The Mary E. Bivins Foundation would like to express gratitude to Susan Severn, Program Officer, for all of her dedication and hard work in completion of the 2018 Senior Hunger Study.
EXECUTIVE SUMMARY

The board and staff of the Mary E. Bivins Foundation have long been committed to the needs of seniors in the Panhandle. Recently, there has been an increased awareness of the fact that a significant percentage of the elderly population, either as a result of limited mobility or insufficient resources, are not able to procure adequate nutrition. And, though many individuals and organizations work to provide food to this population, only a portion of the food needed is being provided to a portion of those in need.

With food insecurity and hunger at high levels and a recognition that the senior population is growing, it was determined that a measurement of food need among the Panhandle’s elderly was critical to setting strategic focus for future philanthropic objectives both internally and potentially among other funders in the community. Given that there are numerous programs effectively providing assistance, it is the intent of this study to provide a better understanding of where food provision gaps exist today and where challenges may exist in the future. It is NOT the intent of this report to provide solutions, but rather to furnish data that can help set the stage for service providers and funders to come together and determine whether or not future action is necessary, what future action might look like and how any new initiatives might be sustained.

In order to identify senior populations where food insecurity is prevalent, staff researched current services and demographic data, reviewed relevant reports and literature and conducted informant interviews. Among the high points of the research is that there are many more small organizations meeting the needs of hungry seniors in the more rural communities than was originally assumed. This includes 22 home delivered programs and 13 congregate meal sites (operating in 2017).

Study results support several key findings, four of which are:

* The contributing factors that lead to food insecurity among the senior population are diverse, and just as there is no single reason for senior hunger, there is no single solution. There is value in the diversity of programs and meal types offered, each of them meeting the need of a different segment of the senior population.

* Food is health. In addition to the humanitarian viewpoint that caring for our seniors is what we as a community should do, there is compelling evidence that food insecurity is associated with a host of poor nutrition and health outcomes among seniors and that high rates of food insecurity will likely lead to additional public health challenges. (Ziliak and Gundersen, 2017b)

* Significant opportunities exist for enhancing the type and level of nutritional assistance being offered to Panhandle seniors in need, especially in Potter and Randall counties.

* There are already many organizations across the region engaged in helping seniors to receive adequate nutrition. Optimal next steps are likely not related to the creation of a new entity to address this issue, but more likely to find a way for existing players to work together to address gaps in services, create awareness and increase efficiencies.

* See Page 29 for a complete list of report findings
As mentioned, this community does not lack for programs dedicated to helping seniors avoid hunger. Yet, there are still older adults that are not getting enough to eat and it is negatively impacting their quality of life. Gaps were found in a number of areas, principal among them were:

* The absence of a coordinated “senior-centric” approach to meeting the needs of food insecure older adults
* Inadequate senior nutrition assistance offerings in Potter and Randall counties
* A lack of awareness regarding existing programs and services both among potential clients and program champions
* Inadequate senior-friendly offerings and environments in food pantries across the region

* See Page 36 for a complete list of identified gaps in service

Additionally, organizational sustainability is a concern, especially in the rural counties where younger populations are decreasing and poverty among the elderly is increasing. Current service providers are struggling with adequate funding and volunteer resources. Many of them are focused solely on this week or this month and have not yet begun to strategically consider future needs. This, coupled with limited thought given to how the growing elder population and ongoing budget cuts could potentially strain current and future services, requires attention.

The issue of senior food insecurity is not unique to our region. Many other communities across the country have already allocated resources to address this issue. Their efforts can provide insight and ideas as to how to collectively move forward. There are numerous city, regional and state assessments. There are tool kits and guides. The Dallas Coalition for Hunger Solutions authored the “Hunger Solutions for the Faith Community” Guide. Athens, Georgia has a Senior Hunger Coalition, and the Minnesota Hunger Initiative produced an Older Adult Toolkit to address this issue. There are resources and people available to help inform and shape this work.
BACKGROUND

In the summer of 2017, a variety of circumstances brought the issue of senior food insecurity to the forefront for a number of funders in the Texas Panhandle. This led to joint discussions between the Amarillo Area Foundation, the Harrington Cancer and Health Foundation, the High Plains Christian Ministries Foundation, and the Mary E. Bivins Foundation. As a result of these conversations and its commitment to provide for the elderly in our community, the Mary E. Bivins Foundation committed resources to enable an in-depth study of the issue of food insecurity among Panhandle seniors.

The study was conducted between October 2017 and January 2018 with three goals in mind: 1) Identify the scope of the issue related to older adults and food insecurity in the Panhandle; 2) Produce a list of resources that will be of assistance to service providers and others addressing this issue; and 3) Provide an impetus for discussion and collaboration among organizations already serving this growing population and hopefully influence action on how to move forward. The research included looking at the needs of seniors who are hungry due to poverty, limited access to food, and reduced physical mobility or cognitive impairment. Though certain populations come into play when analyzing larger community needs, this study does not include the needs of or services available to other populations that struggle with hunger such as children or homeless individuals.

This resource can serve as a first step in helping change-makers understand how to improve the lives of our seniors in meaningful and effective ways. It is anticipated that the information collected via this process will serve as baseline data to provide a benchmark against which future progress can be tracked. The next step will be for key stakeholders to take this data and identify what they see as the most important issues to address, keeping in mind feasibility, effectiveness, and measurability as they determine priorities.
METHODOLOGY

The community assessment began with a review of online materials and media sources including websites, pamphlets, newspapers, and periodicals locally, statewide, and nationally. Resources that lent the greatest assistance were senior and hunger focused organization websites including The National Foundation to End Senior Hunger, Feeding America, the National Council on Aging, and the American Association of Retired Persons Foundation (AARP Foundation). Articles and studies found on these sites were often authored by other institutions, but available via electronic links. Also helpful were a number of online demographic databases including the US Census Bureau and the Department of Agriculture which offered statistics regarding poverty, the Supplemental Nutrition Assistance Program (SNAP) participation rates, food access, and population.

Next, staff engaged entities that understood senior or hunger-related issues on a broader scale in the community. These meetings were an opportunity to identify core issues as well as collect information that would help to build a list of agencies that deliver services. Discussions were held with the Area Agency on Aging (AAA) who provided data about the FoodNet Senior Feeding program (congregate and home delivered) available in Potter/Randall counties as well as the 10 senior feeding programs (congregate and home delivered) operating in the rural counties. Other community partners that provided insight were the High Plains Food Bank (HPFB), the United Way of Amarillo and Canyon, and the Texas A&M AgriLife Extension Service.

Next, a list of agencies was created that included home delivered meal programs, congregate meal sites, and food pantries. Foundation staff visited numerous organizations, called and spoke with additional entities, and spent time at food pantries and senior congregate sites for direct observation and client discussions. Site visits were made in the four quadrants of the Panhandle including (clockwise) Pampa and White Deer; Childress and Quitaque; Tulia and Hereford; and Dumas. Appendix A lists the direct service agencies that were visited and interviewed for this report.

The preliminary phase of data collection also included a senior hunger convening, facilitated by the Amarillo Area Foundation, the Harrington Cancer and Health Foundation, the High Plains Christian Ministries Foundation and the Mary E. Bivins Foundation. In November 2017, 16 participants representing 13 organizations including local government, service providers, funders and other community organizations met to address the issue of food insecurity in the top 26 counties of the Texas Panhandle. The convening was held at The Park Central Senior Living Community facility in Amarillo and was a forum for discussing the issue of food insecurity among older adults in Potter/Randall counties and the other 24 rural counties of the region.

The purpose of the convening was to mobilize insights and support for assessing and addressing the needs of food insecure seniors as well as engaging other potential partners and organizations with resources or expertise in strengthening similar systems. Participants received materials prior to the event that included an overview of the three primary questions to be discussed.
Following the meeting, attendees had the opportunity to complete a survey that allowed them to provide their feedback on the proceedings as well as supply incremental information on suggested next steps. A summary of the convening discussion and the results of the survey are attached in Appendix B.

A follow-up meeting was held on February 22, 2018. Invitees included representatives from the original 13 organizations that participated as well as several additional entities that were suggested at the initial convening. The objective of the second meeting was to discuss the results of this report and determine whether or not there was a desire by the assembled agencies to take action on the data presented here in order to further the community’s efforts to address senior food insecurity.

The methodology outlined above was implemented at the beginning of the study to create a broad-based understanding of the landscape prior to conducting meetings and interviews. And though the approach was effective, several challenges were encountered during the process that impacted outcomes.

Consistent and timely data was an ongoing struggle. The number of people needing food assistance and the amount of food available for distribution are constantly changing as local and national economies improve or weaken and programs are funded or cut back. A year ago, the Area Agency on Aging funded Home Delivered FoodNet program provided six meals a week to 80 individuals in Amarillo. By November 2017, that number was down to 30, due to program cutbacks.

Additionally, studies authored by national organizations are often published one to two years after the data is collected. Several other useful reports are not produced annually and the data upon which their conclusions are based is now several years old. These factors make data comparison across reports and timeframes less reliable.

Most of the other challenges encountered were also related to collecting and comparing data in a meaningful way. Some service providers were hesitant to answer questions over the phone and not open to sharing information about how many they serve or how often. Others are hard to locate or contact – with no web page and no official office hours or point of contact. Data collection techniques were rudimentary and metrics were not consistent among those who were willing to share. The definition of a “senior” varies, with the low end ranging between 50 and 65. At local food pantries, a box or bag of food might include nothing more than a mixture of canned goods or it can include eggs, meat, and fresh produce. Some food pantries allow weekly visits, while others only allow monthly visits. The beauty of the food assistance landscape is that it is organic and community driven. The challenge in this model is that the extent of program variations prevents the collection of consistent metrics and data.
NATIONAL, STATE, AND REGIONAL SENIOR HUNGER

TERMS TO KNOW:

Senior: The age range for “older adults” starts at 50, with those from 50-65 often being the most in need.

Hunger: The physical sensation that results from a lack of food and is a consequence of food insecurity. Risk factors include cost of living, changes in household income, accessibility of food assistance programs, lack of social support and more.

Food Insecurity: This can refer to not knowing where your next meal is coming from, or uncertain availability and access to nutritionally adequate, safe, and culturally appropriate food. It is often characterized by anxiety and feelings of uncertainty about household food supply.

Food Desert: Areas vapid of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers’ markets, and healthy food providers. While food deserts are often short on whole food providers, especially fresh fruits and vegetables, instead, they are heavy on local quickie marts that provide a wealth of processed, sugar, and fat laden foods that are known contributors to our nation’s obesity epidemic. (The American Nutrition Association, n.d.)

NATIONWIDE

Population: The older population (age 65 and above) in the U.S. grew from nearly 35.0 million in 2000 to 46.2 million in 2014. A January 2016 report from the Population Reference Bureau, states that the number of Americans ages 65 and older is projected to more than double from 46 million to over 98 million by 2060.

Additionally, the country’s older population is growing faster than the younger population. Since 2000, the older population in the U.S. increased by 32.2 percent, while those under 65 increased by 10.6 percent during this same period. The projection is that the 65-and-older age group’s share of the total population will rise to nearly 24 percent from 15 percent by the year 2060. (Mather et. al, 2016)

An aging population is driven by a combination of decreasing birth rates and increasing life expectancies; these influences apply globally and nationally. Decreasing the number of children in a population impacts aging data by driving up the median age, and increasing life expectancies drive median ages further up as populations live to increasingly older ages.

Demographers began to see indicators of aging in the U.S. population more than 30 years ago. These population aging trends are expected to reach their peak over the next two decades, with the entry of the Baby Boomer generation (those born between 1946 and 1964) into the elder years. In 2011, the oldest Baby Boomers turned 65, and by 2030 the entire cohort will be 65 years and older, resulting in an elder population of 74.1 million. At that point, over one in five people in the U.S. will be over 64 years of age.
Food Insecurity: “In 2015, approximately 14.7% of seniors in the U.S., translating into 9.8 million seniors face the threat of hunger. When compared to 2001, the fraction of seniors experiencing the threat of hunger has increased by 37%, and the number of seniors rose 109%, where the latter also reflects the growing population of seniors” (Ziliak & Gunderson, 2017a).

TEXAS
Population: Texas’ older population is growing at a faster rate than the state as a whole. The state’s high growth rate is driving the increasing number and share of the older population in Texas. No state added more people than Texas between 2000 and 2014. Additionally, Texas had the fourth fastest growth rate in the nation during this same time. That said, the Texas older population grew at an even faster pace than the state population. Between 2000 and 2014, Texas added over 6.1 million people and grew at a rate of 29.3 percent. Over 1.0 million of the people added were older Texans, producing a 49.5 percent growth rate for this group. This significant increase in such a short time is largely driven by the aging of the Baby Boomer generation. In 2011, the oldest Baby Boomers turned 65; 103,776 seniors were added to the population in that year alone. Another 140,081 were added in 2012; 127,305 in 2013; and 126,033 in 2014. The growth seen in the last year equates to over 345 new seniors added to the older population each day between 2013 and 2014. The state is said to add about 1,000 people per day to the population. By this estimation, one in three individuals added each day is 65 years and older. (Texas Demographic Center, 2016)

Food Insecurity: In 2016, the rate of food insecure seniors in Texas (60+) was 20.3%, a ranking of 47th out of 50 states. The number of individuals being served hot home delivered meals as a percentage of adults age 65+ living in poverty is 17.6%, a ranking of 32nd in the country (Meals on Wheels America).

THE PANHANDLE
Population: The estimated 2016 population for the 26 counties of the Panhandle is 461,522, with 90,353 (or about 20 %) of the population 60 years or older. (Texas DSHS, 2014) Of those persons 60 and older, 48,897 (or 54%) reside in the urban Potter/Randall counties and 41,456 (or 46%) live in the rural counties of the Panhandle region. These percentages have remained consistent since 2013. The counties with the greatest concentration of residents age 60 and over are Randall, Potter, Moore, Gray, Hutchinson, Deaf Smith and Ochiltree, respectively. In addition, 42,246 (47%) are male and 48,107 (53%) are female. The regions has 7,619 persons that are 85 years of age and older with 3,912 (51%) residing in Amarillo and 3,705 (49%) in the rural areas. (Texas DSHS, 2016)

The racial composition of the Panhandle for persons 60 years of age and older in 2016 is 71,265 (79%) Anglo; 2,608 (3%) African American; 13,878 (15%) Hispanic; and 2,602 (3%) other. From the age 60 and over population, 19,088 are minorities. A total of 9,575 (50%) reside in the two urban counties with the remaining 9,513 (50%) living in the rural counties of the region. The number of older individuals living in poverty in 2016 was 8,419 (or 9%) of the 60+ population residing in the Panhandle region.

Food Insecurity: Applying the state-wide Texas senior food insecurity rate of 20.3%, one could assume that in 2016 there were approximately 18,341 food insecure seniors in our region. 2016 data shows Amarillo with a population of 188,884 and 16.7% of that population, or approximately 31,500, over the
age of 60. If one applies the state-wide figure of 20.3% food insecurity among seniors over age 60, one can assume approximately 6,293 seniors within the city limits of Amarillo do not have enough to eat on a regular basis.

Data collected from the United Way’s 2-1-1 service reveals that for the 26 counties of the Panhandle, the number two need recorded for calls from people age 60+ between August 2016 and August 2017 was for food assistance. Of the 2,960 needs recorded during this time period, 295 (approximately 10%) were for food assistance.

<table>
<thead>
<tr>
<th>Needs Recorded</th>
<th>Food Related Requests</th>
<th>% of Requests Related to Food</th>
</tr>
</thead>
<tbody>
<tr>
<td>All 26 Counties</td>
<td>2,960</td>
<td>295</td>
</tr>
<tr>
<td>Potter County</td>
<td>1,934</td>
<td>183</td>
</tr>
<tr>
<td>Randall County</td>
<td>359</td>
<td>36</td>
</tr>
<tr>
<td>Remaining 24 Counties</td>
<td>667</td>
<td>76</td>
</tr>
</tbody>
</table>

Limited access to food in rural counties combined with comparatively high poverty rates creates an increased likelihood of food insecurity, especially among the elderly who struggle with available transportation and reduced physical mobility. The combined factors of access and income are what the Department of Agriculture uses to determine food deserts. (USDA, 2017)

A food desert is defined as a low-income census tract where either a substantial number or share of residents has low access to a supermarket or large grocery store. "Low-income" tracts are defined as those where at least 20 percent of the people have income at or below the federal poverty levels for family size, or where median family income for the tract is at or below 80 percent of the surrounding area's median family income. A recent Community Health Needs Assessment of the Panhandle (using 2010 census data) revealed that 52 of the 119 census tracts (43%) in the Panhandle are categorized as food deserts. When translated into 2010 population figures, 199,845 of the 427,927 (46%) persons in the region lived in food deserts. In Potter County, 10 of the 34 census tracts (29%) are designated as food deserts. In Randall County, 9 of the 29 census tracts (31%) contain food deserts. In the rural 24 counties, 33 of the 56 census tracts (59% are food deserts).
TRENDS

The data provided above presents a picture of a point in time. It is important to place these numbers in perspective and remember that they are a piece of a constantly changing data set. One of the most alarming statistics about senior food insecurity is the rate at which it is growing. 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, the number of food insecure seniors increased 113% between 2001 and 2015. This is a result of both the growing size of the senior population and the increased rate of food insecurity among this population.

Other trends to take into consideration when addressing the issue of senior food insecurity include the impact of disabilities, the unexpected challenges of seniors living above the poverty line, growth in the number of younger seniors, increased divorce rates, and the number of grandparents providing permanent care for their grandchildren. (Ziliak & Gunderson, 2017a)

**DISABILITIES** Seniors living with a disability are more likely to be food insecure than their counterparts. Almost one-third of food insecure older adults are disabled. This suggests that solutions to serve this market should include an awareness of barriers that prevent seniors with disabilities from knowing about and accessing nutrition programs.
LIVING ABOVE THE POVERTY LINE While seniors living below the poverty line experience higher rates of food insecurity than their peers with higher incomes, more than two-thirds of those reporting income for the report live above the poverty line and are facing the threat of hunger. Oftentimes, seniors living above the poverty line do not have access to government assistance programs such as the Supplemental Nutrition Assistance Program (SNAP) or the Commodity Supplemental Food Program (CSFP), both of which help mitigate the risk of food insecurity. The number of seniors in this category is growing.

YOUNGER SENIORS The likelihood that a senior will experience food insecurity decreases as they age. Every year for the last decade, younger seniors have experienced higher rates of food insecurity than their older counterparts. In 2011, nearly 65% of food insecure seniors were below the age of 69. Given that an estimated 10,000 Baby Boomers will turn 65 every day until 2030, solutions should consider the potential needs among seniors in this age range. Craig Gundersen, a professor at the University of Illinois and food security expert, states that the main areas where food insecurity is increasing the most is among Americans making less than $30,000 per year and those between the ages of 60 and 69.

LIVING WITH GRANDCHILDREN The prevalence of food insecurity is higher among seniors living in a household with a grandchild present. Across Texas, family members have stepped up to provide homes for children whose parents cannot care for them. These “kinship care” arrangements include all children who receive care from grandparents, siblings, etc. for a given period of time. In 2015, 268,385 children under the age of 18 in the state of Texas lived in a “kinship household,” with 71% of these children living with a grandparent. While court orders or the foster care system formally establish some Texas kinship care arrangements, the vast majority are informally arranged by families without any interaction with state authorities. Kinship caregivers voluntarily stepped in to become substitute parents and many have limited resources and struggle to assume the sudden financial burden of parenting. (Cooper, 2016) As of January 2017, approximately 534,700 Texas grandparents are raising their grandchildren in homes known as “skip generation” households. These grandparents are often on fixed incomes and are pushed into poverty when they take in their grandchildren. In recent years, nearly one in every five seniors living with grandchildren was food insecure. The needs of this population suggest an intergenerational approach that may help feed both the senior and the child. (Raising Grandchildren, 2017)

HIGHER RATE OF DIVORCE A higher percentage of older adults are divorced compared to previous generations. The number of divorced women ages 65 and older increased from three percent in 1980 to thirteen percent in 2015. Divorced men increased from four percent to eleven percent during the same period. More than one-fourth (27%) of women ages 65 to 74 lived alone in 2014. This number jumps to 42 percent among women ages 75 to 84 and to 56 percent among women ages 85 and older.

According to a 2012 report published by the National Foundation to End Senior Hunger (NFESH), nearly half of the senior households that experienced food insecurity were those where a senior was living alone. There are many things that living alone can do to spur food insecurity, such as not having someone else to help get food from the store and prepare it for you if you are lacking mobility. Living alone factors into depression and the development of dementia, both of which have side effects of the suppression of hunger. The NFESH study notes that “those living alone are twice as likely to experience hunger compared to married seniors” (Ziliak, Gundersen, & Haist, n.d.).
HEALTH IMPLICATIONS

A growing body of research has explored the relationship between health and food insecurity among older adults. Senior food insecurity is an independent risk factor for depression and asthma, poor self-reported health status, and activity limitations, even after accounting for other individual characteristics and income levels. (Ziliak & Gunderson, n.d.)

While food insecurity is associated with reduced nutrient and caloric intake, it has also been associated with obesity and obesity-related conditions, including hypertension and hyperlipidemia. According to research prepared for Feeding America and the National Foundation to End Senior Hunger, food insecurity among seniors is associated with a number of diseases and other negative health consequences. When compared to food secure older American, food insecure seniors are:

- 60% more likely to experience depression
- 53% more likely to report a heart attack
- 52% more likely to develop asthma
- 40% more likely to report an experience of congestive heart failure

Food insecurity is a social and economic condition and many older adults must choose between spending their limited resources on utilities, rent, food or medicine. Nationwide, 63% of households with at least one senior are making choices between paying for food and paying for their medicines or medical care (Weinfield, et. al, 2014). More than 40% of food insecure seniors report skipping medications or delaying purchasing medications, a phenomenon known as cost-related medication non-adherence.

An older adult experiencing very low food security is nine times more likely to skip medications to save money than one who is fully food secure. (Pooler, et. al, 2016)

Other research reveals that without proper nutrients, seniors are at risk of the following:

- Deteriorating mental health
- Lengthened hospital stays
- Increased rates of hospital readmission
- Decreased resistance to infections
- Increased disability
- Deterioration of existing health conditions
- Low body weight
- Heightened risk for chronic health conditions and depression
- Increased falls
- Poor wound healing
- Delayed recovery from surgery
- Premature institutionalization
### Health Outcomes by Food Insecurity Status for All Seniors

<table>
<thead>
<tr>
<th>Health Outcome</th>
<th>Food Secure (1)</th>
<th>Food Insecure (2)</th>
<th>Difference (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetic</strong></td>
<td>0.17</td>
<td>0.28</td>
<td>0.11**</td>
</tr>
<tr>
<td>Self-Reports of General Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Excellent</strong></td>
<td>0.10</td>
<td>0.03</td>
<td>-0.07**</td>
</tr>
<tr>
<td><strong>Excellent or very good</strong></td>
<td>0.39</td>
<td>0.13</td>
<td>-0.26**</td>
</tr>
<tr>
<td><strong>Excellent, very good, or good</strong></td>
<td>0.75</td>
<td>0.45</td>
<td>-0.30**</td>
</tr>
<tr>
<td>Suffers from depression</td>
<td>0.06</td>
<td>0.20</td>
<td>0.14**</td>
</tr>
<tr>
<td>At least one ADL limitation</td>
<td>0.63</td>
<td>0.83</td>
<td>0.20**</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>0.57</td>
<td>0.68</td>
<td>0.11**</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>0.54</td>
<td>0.58</td>
<td>0.04</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>0.07</td>
<td>0.11</td>
<td>0.04**</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>0.10</td>
<td>0.11</td>
<td>0.01</td>
</tr>
<tr>
<td>Heart attack</td>
<td>0.09</td>
<td>0.15</td>
<td>0.06**</td>
</tr>
<tr>
<td>Cancer</td>
<td>0.23</td>
<td>0.13</td>
<td>-0.10**</td>
</tr>
<tr>
<td>Reports of chest pain</td>
<td>0.29</td>
<td>0.40</td>
<td>0.11**</td>
</tr>
<tr>
<td>Gum disease</td>
<td>0.14</td>
<td>0.27</td>
<td>0.13**</td>
</tr>
<tr>
<td>Gum health? (1-excellent 5-poor)</td>
<td>2.70</td>
<td>3.51</td>
<td>0.81**</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>0.03</td>
<td>0.04</td>
<td>0.01</td>
</tr>
<tr>
<td>Asthma</td>
<td>0.11</td>
<td>0.21</td>
<td>0.10**</td>
</tr>
</tbody>
</table>

**Notes:** Food secure is defined as 2 or fewer affirmative responses in the Food Security Supplement; food insecure is defined as 3 or more affirmative responses. Column (3) = column (2) – column (1). * p ≤ 0.05; ** p ≤ 0.01.

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**Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES**

(Ziliak & Gunderson, 2017b)

Numerous studies show that food insecurity is associated with poor nutrition and health outcomes among seniors which implies that high rates of food insecurity among older adults can impact public health systems and expenditures. This suggests that providing solutions to food insecurity among seniors could help stifle the growth of health care expenditures for older adults. As such, agencies across the country have deemed the link between nutrition and health significant enough to implement assessment tools to help determine the level of food insecurity experienced by patients. These assessments can be used as the basis for referrals or, in areas where food providers have waiting lists, as a mechanism by which to rank individuals as high priority or low priority for receiving services.

There are a number of assessment tools in use and much debate about the effectiveness of various questionnaires. The United States Department of Agriculture U.S. Adult Food Security Survey Module (or Federal Assessment tool shown on the next page) is used by agencies receiving federal funds and includes 10 questions. Questions 1 & 2 relate to running out of food; question 3 relates to the individual’s nutrition and intake of “balanced meals”; and questions 4 through 10 address eating patterns and weight issues – but only as they relate to finances.
Other research promotes shorter questionnaires, with the hope that decreasing the length of the tool will increase the medical community’s willingness to implement it. Hager, et al. (2010) validated the use of a two-item food security screening tool (shown on the next page) with high levels of sensitivity (97%) when compared to the longer USDA Food Security Survey Module. The two-item tool identifies individuals and households as being at risk for food insecurity if they respond positively to either or both of the questions.

### USDA - U.S. Adult Food Security Survey Module

1. “We worried whether our food would run out before we got money to buy more.” Was that often, sometimes, or never true for you in the last 12 months?

2. “The food that we bought just didn’t last and we didn’t have money to get more.” Was that often, sometimes, or never true for you in the last 12 months?

3. “We couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for you in the last 12 months?

4. In the last 12 months, did you or other adults in the household ever cut the size of your meals or skip meals because there wasn’t enough money for food? (Yes/No)

5. (If yes to question 4) How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

6. In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food? (Yes/No)

7. In the last 12 months, were you ever hungry, but didn’t eat because there wasn’t enough money for food? (Yes/No)

8. In the last 12 months, did you lose weight because there wasn’t enough money for food? (Yes/No)

9. In the last 12 months did you or other adults in your household ever not eat for a whole day because there wasn’t enough money for food? (Yes/No)

10. (If yes to question 9) How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

* This 10 question survey is intended for use in households where no children age 0 – 17 are present. For households with children age 0 -17, there are an additional eight suggested questions.

(Economic Research Services, 2012)
Based on this approach, the American Association of Retired Persons (AARP) Foundation published a resource guide and toolkit entitled *Implementing Food Security Screening and Referral for Older Patients in Primary Care* in November of 2016. “The guide provides a rationale for the importance of food security screening older adults, offers suggestions on how to implement screening and referrals, and describes community partnerships that can help ensure that patients’ needs are addressed.” (Pooler, et al., 2016)
FOOD ASSISTANCE IN THE PANHANDLE

Not all nutrition assistance programs are the same. Some deliver meals to a person’s home, some provide hot meals in a group or congregate setting, and others provide pantry items and/or produce. This study is not intended to compare the value of different types of nutrition assistance programs. It does not address food quantity, quality, variety or number of unduplicated people - all of which would be useful information points moving forward. It also does not address the nutritional value of the food served. Many of the programs researched have a nutritionist that assists in determining menus and serving size. Some programs, however, simply do not have the resources to focus on nutritional value. Their resources are stretched just to provide a basic meal to those in need. The goal of this study is to define the types of assistance available and provide baseline data regarding the number of programs and, when possible, clients per program type and location.

TYPES OF FOOD ASSISTANCE  The primary types of food assistance available to seniors in the Texas Panhandle and reviewed here include:

1. Congregate Meal Programs
2. Home Delivered Meal Programs
3. Food Pantries
4. Food Box Delivery
5. The Supplemental Nutrition Assistance Program (Food Stamps)

Appendix C provides a comprehensive list of the food assistance agencies identified during the course of this study. This is not to say that other forms of assistance are not available. There are church groups and other organizations that provide for individuals in their community, but there is neither sufficient awareness nor a breadth of service to merit inclusion at this time.

Congregate meal sites: Congregate meals are served in community settings such as senior centers, churches and senior housing communities. These meal sites offer an opportunity to meet new or old friends and engage in social activities while having a nutritious meal. Most sites offer a hot lunch and some offer evening meals. At present, there are 11 congregate meal sites operating on a daily basis (five times per week) in Potter and Randall counties and an additional 13 congregate sites operating in the remaining 24 counties. There are also organizations, especially in Amarillo, that offer congregate meals to homeless persons, but those programs are not included in this study. Though there are certainly many seniors who are homeless, their needs are distinct and the ability to collect data on and communicate with that population is outside the scope of this effort.

It is important to note, that congregate meal programs differ in many ways. Some charge a set price, others have a sliding scale or leave a jar out for donations. Some allows only seniors to eat while others permit individuals of any age to eat, but will charge if the person is under the age of 60. In the Panhandle, on average, a non-senior would pay $6.00 to eat.
Other factors that vary according to site include:

- Availability of second helpings
- The option to take food home if there is extra
- Number of days per week a meal is available
- Meal Source – some congregate sites have their own kitchen staff, while others purchase prepared food and are responsible only for serving the food and providing administrative support.

**Home delivered meals:** Home delivered meals are offered by a number of organizations across the Panhandle. Some are part of Meals on Wheels America (the leadership organization supporting the more than 5,000 community-based programs across the country that are dedicated to addressing senior isolation and hunger), while others provide home delivered meals as part of a local or county initiative or the region-wide Area Agency on Aging (AAA) elderly feeding initiative partially funded with state and national funds allocated through the Older Americans Act of 1965. Home delivered meals can be a major factor in determining whether or not a senior is able to remain in their home rather than moving to an assisted living facility.

There are at least 25 home delivered programs in operation in the Panhandle. Three of these are in Potter/Randall counties and 22 are in the outlying areas. As of January 2018, only five (Armstrong, Carson, Lipscomb, Oldham and Roberts) of the 26 counties have no home delivery service for their residents.

The benefits of a home delivered meal are many. It provides an option for individuals whose physical condition and access to transportation prevent them from visiting a grocery store or accessing a congregate meal site. It also fulfills the needs of seniors who can no longer cook for themselves even if the necessary food was made available. Additionally, the daily visit from a volunteer provides a safety check as well as much needed company to these isolated individuals. Data from Meals on Wheels America reveals that 81% of their clients say the program improves their health; 92% say it enables them to remain living at home; and 90% say it makes them feel more safe and secure. (Meals on Wheels America, 2017).

The Amarillo AAA Home Delivery program is more about food and less about relationships, as three senior friendly frozen meals are delivered twice a week (for a total of six meals) by a paid staff person whose job is to deliver food, rather than a volunteer who willingly spends time with each person on their route. The majority of the other home delivered programs are about relationships, community and safety as much as they are about food.

The types of variations for home delivered programs exceed those of congregate solutions. Most home delivered programs offer a hot meal five days a week. Some provide food for a sixth day, but not many. The majority of home delivered programs deliver one hot meal at a time. And there are home delivery programs that will, for some of their needy clients, deliver two meals at lunch time so that the recipient has something to eat that night.
Perhaps one of the most significant program elements is where the service will deliver – how far their reach extends. The majority of home delivered programs stay within the city limits. There are at least three programs, however, that have implemented models that allow them to serve additional seniors outside their immediate area. Both Hall County Home Delivered Meals and Dumas Meals on Wheels have implemented a hub and spoke model that provides a method for them to extend their delivery radius. In Dumas, a volunteer picks up several meals and delivers them to a designated drop off spot in Cactus. From there, local volunteers in Cactus pick up the meals from the drop off spot and deliver them. The same happens for Sunray. Hall County Home Delivered Meals (located in Memphis) has a similar model that allows them to serve the residents of Turkey and Silverton. Pampa Meals on Wheels utilizes a variety of mechanisms to get meals to residents in Lefors. This model is effective not only from the perspective of utilizing a single kitchen to serve multiple communities, but it also allows for seniors to be served by individuals from their own town which increases the likelihood of socialization and connectivity.

Payment methods and requirements also vary. The majority of the rural Meals on Wheels charge little to nothing for their services. Both the Amarillo and Canyon Meals on Wheels have a more formal payment requirement. Amarillo Meals on Wheels charges its clients $2.25 per meal while Canyon charges $2.40 per meal.

Another varying factor for home delivered programs is where the meals come from. Amarillo and Dalhart purchase the meals they deliver from the local hospitals. Canyon purchases their meals from United Supermarkets. Some rural home delivered programs, such as Dumas and Pampa have an independent kitchen that prepares their meals. Other locations have a single “senior kitchen” that prepares food for both the congregate and home delivery clients. The food source can be a determinant of both nutritional value and cost.

Finally, there are a number of home delivered programs that go beyond just offering the standard meal. In Dumas, pet food is delivered on Monday of each week. Volunteers discovered that often, meal recipients were splitting the food they received with their pets. Now, dog and cat food is donated and delivered weekly so that program participants can care for their pets and still receive the full nutritional value of the meals provided to them. Other locations provide holiday baskets with flashlights, blankets and other items. In Dalhart, local restaurants donate food one Saturday per month providing a little extra variety and another meal. A survey conducted by the Wichita Falls Meals on Wheels indicated that 54% of clients had to ration portions of their weekly meals so they would not go hungry on Saturdays and Sundays. In an effort to ensure that seniors can eat a healthy meal seven days a week, the Wichita Falls Meals on Wheels launched a weekend delivery program in March 2017.

In addition to funding, and in some cases even more so than funding, the greatest challenge for the majority of home delivered meal programs is an adequate volunteer base to make deliveries. Rural communities in particular struggle with an aging volunteer base that is not being replenished by the next generation.
**Food pantries:** Food pantries are the most prevalent type of food assistance found throughout the region. There are at least 20 food pantries in Amarillo, three in Canyon and an additional 37 located across the Panhandle. See Appendix D for a list of all of the Amarillo food pantries and Appendix E for a chart illustrating the frequency and hours of operation for Amarillo food pantries. This section will provide an overview of different food pantry models as well as the food pantry landscape in our region.

The Feeding America study, *Hunger in America 2010*, found that seniors so often are limited by fixed or no incomes, and are shown to be among the most consistent pantry clients. According to the data, seniors are disproportionately represented among clients visiting pantries in six or more months during the prior year. Over half (56%) of elderly clients aged 65+ are recurrent clients, meaning they have used a pantry every month within the prior year. Additionally, one out of three recurrent clients are age 60+ (33 percent) as compared to 23 percent. Overall, fewer than one in 10 senior clients age 65+ (9 percent) are new/nascent, compared to 19 percent of all clients. (Echevarria & Santos, 2011)

![Chart 2: Pantry Client Age by Frequency of Use](image)

(Echevarria & Santos, 2011)

Many food pantries are operated in or by churches. Some are supported by ministerial alliances that bring together a number of different churches to more effectively meet the needs of the community. This is true in Spearman and Collingsworth County. Many food pantries that started in churches have grown enough that they are now supported by the community rather just a single church and some have even created their own 501(c)(3). The White Deer Lighthouse Food Pantry and the Harvest House pantry in Pampa are great examples of this type of growth and independence. Additionally, a number of the rural congregate feeding sites have emergency food pantries.

Household income/number of individuals in the household is the formula most frequently used to determine food pantry eligibility. The majority of intake processes require proof of residency, a name, monthly income, number of people in the household, types of government assistance being utilized by
the household (SNAP, WIC, Reduced School Lunch, Medicaid, Section 8 Housing, etc.). As with all programs, there are many variables. Perhaps one of the most important is the amount and type of food offered. The majority of food pantries that were interviewed for this study indicated that they never have to turn people away due to a lack of food on their shelves. But many of them are not able to offer their clients protein rich foods or fresh produce, both of which provide enhanced nutrition. Shortages in produce and protein are most often the result of budget constraints, but there are some small pantries that do not have access to refrigeration that would allow them to store fresh items even if they were available. Some pantries are able to provide only two or three grocery bags of canned goods, while others can provide additional quantity and quality.

Frequency of visits is also a determining factor for food pantries. Some pantries will allow weekly or monthly visits. Washington Street Family Service Center provides a family with a punch card that allows households to access the pantry only five times per year. However, the Washington Street Center does make exceptions for seniors, who are allowed to come in monthly. The pantry in Childress offers monthly visits, but also puts out limited goods three days a week that are donated from the local Walmart. These items, which are picked up three mornings a week by the food pantry staff, are available in limited quantity to any client who comes in that morning.

**TYPES OF FOOD PANTRIES**

**Traditional:** A facility or organization that provides clients with pre-packaged bags or boxes of food.  

**Client Choice:** A client choice pantry allows clients to select their food instead of receiving a pre-packed or standard bag of groceries. They are not given items they have already, do not like, or cannot eat for health or personal reasons.

**Mobile:** A mobile food pantry uses a truck to deliver fresh produce, dairy products, and other food and grocery products directly to distribution sites where people need food.

**Designated:** A pantry whose services are available only to a specific population, such as past clients, mothers to be, seniors or church members.

There are several operating models for food pantries. Traditional pantries often provide pre-assembled bags or boxes of food, based upon the number of people in the household. As such, a 75 year old widow would receive substantially less food than would a household with a mom and four children. However, traditional pantries that do not allow for individual choice, are not always senior friendly – in terms of size, packaging, taste or nutrition.

Client choice pantries allow participants to select food that meets their family’s ethic, religious, medical and taste preferences. The amount of food allowed is a function of the number of individuals in the household. These facilities look like a small supermarket. Customers are allowed to select the type of produce, grain, protein, canned goods and other foods they would like.
The Connecticut Food Bank published a guide for implementing client choice in its member food pantries. (Fatima, n.d.) Included in the booklet is a list of weaknesses associated with the traditional “pre-bagged” model. Among them are:

- Recipients may have allergy, religious, and/or dietary restrictions that prevent food from being used
- Valuable volunteer and staffing time is spent packing bags and little time is spent interacting with clients
- Does not take into account the needs and preferences of the families receiving the food
- It is demeaning for clients to be told what to eat
- Clients may lack the capacity to prepare the food they receive
- Not all food given to clients is used, resulting in waste
- Sometimes to create identical bags, pantries must use resources to purchase foods that are not available at their food bank

Research from Second Harvest Gleaners of West Michigan’s Waste Not/Want Not project found if people are given arbitrary selections of food without regard to their needs, tastes, habits, traditions, abilities, and circumstances that up to half the food given will not be consumed by intended beneficiaries. This finding is further supported by first-hand experiences of pantry volunteers and clientele who indicated that by giving users items that they neither want nor can use, valuable food resources in the community are wasted. (Arnold, 2004)

The Food Bank of East Alabama authored On Your Way to Offering Client Choice – A Hand Book for Food Pantries. (Food Bank of East Alabama, n.d.) It provides detailed information including a description, necessary equipment, required space and advantages for four client choice models; Supermarket, Table, Window, Inventory List. See Appendix F for a copy of the Handbook.

The mobile pantry program directly serves clients in areas of high need in an effort to supplement other hunger-relief agencies in that area. Through a mobile pantry, a truckload of food is distributed to clients in pre-packed boxes or through a farmers market-style distribution where clients choose to take what they need. The mobile pantry program expands the capacity of a regional food bank to distribute food by removing barriers that prevent access to underserved areas, and allows for fast and flexible delivery of rescued food and grocery products including meat, produce and baked goods. Mobile food pantries exist in Armstrong, Briscoe, Hall, Hemphill, Ochiltree and Oldham Counties.

Additionally, there are designated food pantries that serve very specific audiences and are not open to the public. Patsy’s Place in Amarillo operates a pantry for its graduates. The Refuge in Dumas has a small pantry for its current and past clients suffering from addiction. In general, these pantries are not included in this study, due to the limited reach. The exception is Catholic Charities food pantry in Amarillo. This pantry is open only to seniors and disabled residents of Amarillo. In the fall of 2017, they were serving a little more than 700 clients per month and Executive Director Jeff Gulde indicated a measurable increase in the need for their services in recent years.
Food box delivery programs: Senior box programs, which are in operation across the country, are designed to improve the health and nutrition of senior citizens. There are two box delivery programs in Amarillo. The Senior Ambassador Coalition’s Grocery Delivery and Food Program currently serves approximately 60 clients (as of fall 2017) who are unable to shop for themselves and live in poverty. Each box contains staples including meat, dairy, rice, soup, and beans.

In October of 2017, the High Plains Food Bank began administering the Commodity Supplemental Food Program (CSFP). The Texas Department of Agriculture has an agreement with the United States Department of Agriculture to administer the CSFP in Texas. The High Plains Food Bank, a contracting entity of the program, has been given a caseload of 2,000 participants to serve per month. After the 2,000 caseload is met, the Food Bank will start a first come, first served waiting list.

As of January 1, the High Plains Food Bank had enrolled 696 seniors in the program. On average, only 520 of the boxes are delivered as clients pass away, have transportation issues that prevent them from picking up the boxes, or simply forget about the distributions. Clients who miss their designated delivery are directed to another distribution location and the food bank makes every attempt to ensure receipt. Zack Wilson, the HPFB Executive Director states that “The ultimate goal for 2018 is to fill all 2,000 spots with qualified seniors and begin to build a waiting list of clients. Larger food banks operating a 2,000 client caseload typically have a waiting list of 1,000 or more.”

The purpose of the CSFP is to improve the health and nutritional status of elderly persons 60 years of age or older who are at or below 135% of the Federal Poverty Guidelines through nutrition education activities, and the donation of supplemental foods. Each month, CSFP participants receive one 25 to 30-pound box of shelf-stable groceries, and a two-pound block of cheese to supplement their diets. Items include cereal, canned fruits and vegetables, canned animal proteins, additional protein items such as dry beans and peanut butter, grains, liquid milk, and dry milk on alternating months. Each item provided to CSFP clients is intended to be a healthy addition to meals they prepare at home when other food sources are running low.

While CSFP does not provide a complete diet, the senior food package is designed to provide nutrients typically lacking in the diet of that population, including protein, calcium, potassium, magnesium, several vitamins, and fiber. A 2012 USDA study rated CSFP’s senior food package at 76.6 on the Healthy Eating Index (HEI), significantly higher than the HEI score of 57.5 for the average American diet. The report further found that the CSFP senior food package provides 23% of seniors’ total energy needs and contained a third or more of the recommended daily reference intake (DRI) for protein, calcium, vitamins A and C, and several B vitamins.

Protein is provided through foods like peanut butter, dry beans, and tuna. Milk and cheese provide calcium. Canned low-sugar fruits, low-sodium vegetables, and juice deliver essential vitamins. USDA made several nutritional improvements to the CSFP food package in 2011 to reduce sugar, salt, fat content, and increase whole grains.
Supplemental Nutrition Assistance Program (SNAP): The Supplemental Nutrition Assistance Program helps eligible low-income households purchase food. Participants must meet certain income and resource requirements to be eligible for SNAP. Participants receive a debit card that enables them to buy food at participating retailers. The amount depends upon their household size, income, and other circumstances that affect their ability to afford a basic diet. Currently, over 40 million people participate in SNAP each month, and they receive on average about $125 per person per month.

In 2015, the median SNAP benefit for people over 60 was $128 per month. For one-person elderly households, which comprise nearly 80% of all enrolled households with a person over 60, the median benefit was $108 per month. In Fiscal Year (FY) 2014, 83% of all eligible individuals were enrolled in SNAP. Sadly, just 42% of eligible elderly individuals were enrolled in the program, including just 24% of elderly individuals living with other people. Though this is a significant improvement from the 35% of eligible elderly individuals who were enrolled in FY 2007, there is still much room for improvement.

Nationally, 42% of eligible elderly individuals are enrolled in SNAP. In the Panhandle, only 23.9% of households with people 60 years or over are enrolled in SNAP.

There are numerous studies, guides and papers dedicated to encouraging and aiding older adults to access SNAP. The Food Bank reports 23.9% or 7,757 individuals with one or more people 60 years or over in households receiving SNAP across the Panhandle. It is important to note that those statistics, which are made available through the USDA’s SNAP Community Characteristics survey, are for Texas Congressional District 13 – which includes not only the Panhandle but also 20 other counties across North Texas including the principal city of Wichita Falls (www.maptechnica.com/congressional-district-map/TX/13/4813).

The states with the highest proportion of eligible seniors enrolled in SNAP in 2012 were those in the northeast and New England and Pacific Northwest. These states tend to have well-developed and well-funded benefits enrollment mechanisms (e.g. simplified online applications) and populations that are generally easier to reach and more amenable to applying for government assistance. On the other hand, the states with the lowest proportion of seniors enrolled tend to be larger and more rural. California has the lowest elderly participation rate, with only 17.9% of eligible people over 60 enrolled in SNAP, nearly seven percentage points lower than the next lowest state.

In FY 2002, Massachusetts had the second lowest senior participation rate in the country at 16.0%. In FY 2012, it had the second highest at 60.9%. In that time, Massachusetts waived interviews for elderly beneficiaries, implemented a standard medical expense deduction of $90 (recently increased to $155), simplified and shortened its application to two pages, created a statewide call center, extended the certification period to 12 months and modified reporting requirements to require beneficiaries to notify the state agency only when there was a change in income that would alter benefits. Advocating for
changes to state processes and procedures for SNAP administration is likely outside the scope of what will result from this study, but increasing awareness of SNAP benefits and facilitating access to SNAP benefits are initiatives that have significant potential.

**THE VOLUME OF FOOD ASSISTANCE AVAILABLE** The volume of food assistance provided to regional seniors can be looked at through multiple lenses. Some community assessments assess the sheer volume of food provided (pounds) while others look at meals served or clients served. This study provides data on the number and type of service providers available in each community and when available the number of congregate and home delivered meals served on an average day. The chart below provides a comprehensive look at the number of programs by program type.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Number of Sites/Programs</th>
<th>Seniors Served</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Congregate Meals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potter/Randall</td>
<td>11</td>
<td>372</td>
</tr>
<tr>
<td>24 Rural Counties*</td>
<td>13</td>
<td>356 +</td>
</tr>
<tr>
<td><strong>Home Delivered Meals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potter/Randall</td>
<td>3</td>
<td>260</td>
</tr>
<tr>
<td>24 Rural Counties **</td>
<td>22</td>
<td>732+</td>
</tr>
<tr>
<td><strong>Food Pantries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potter/Randall</td>
<td>23</td>
<td>TBD</td>
</tr>
<tr>
<td>24 Rural Counties</td>
<td>37</td>
<td>TBD</td>
</tr>
<tr>
<td><strong>Box Programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potter/Randall</td>
<td>2</td>
<td>729</td>
</tr>
<tr>
<td>24 Rural Counties</td>
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<td>0</td>
</tr>
<tr>
<td><strong>SNAP</strong></td>
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<td></td>
</tr>
<tr>
<td>Potter/Randall</td>
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<td>TBD</td>
</tr>
<tr>
<td>24 Rural Counties</td>
<td>1</td>
<td>TBD</td>
</tr>
</tbody>
</table>

* Congregate Meal Data for the 24 counties is still being collected. The 356 meals recorded here does not reflect meals served in Pampa, Nazareth or Dumas.

** Home Delivered Meal Data for the 24 counties is still being collected. The 732 meals recorded here does not reflect meals served in Friona, Nazareth, Perryton or Stratford.

Data in this table is as of December 2017.

These numbers do not include all senior feeding initiatives. Smaller communities may have churches that provide a congregate meal to seniors once a month or volunteers that deliver a meal to a sick parish member. Programs that are specific to non-senior populations such as Kids Café, College/University food pantries, homeless shelters, etc. are not included here. Also not incorporated are pilot programs such as the food pantry initiatives being offered to staff at Baptist St. Anthony’s Hospital and patients at Texas Oncology.

Finally, though we have a strong estimate of the number of food pantries in the region and anecdotal evidence that indicates most food pantries believe approximately one-half of their clients are older adults; we do not yet have a specific number of clients served by all of the food pantries in the region, thus making it impossible to estimate the number of seniors served by local food pantries.
BARRIERS TO PARTICIPATION IN FOOD ASSISTANCE PROGRAMS

Even in communities that offer a wide array of food assistance programs, there are still barriers that prevent older adults from taking advantage of services available to them. Some of the more commonly documented obstacles are:

- Access
- Availability
- Awareness
- Program myths and misinformation
- Pride
- Limited English proficiency
- A burdensome application process

ACCESS AND AVAILABILITY

When considering the issue of “access” to food assistance there are variety of factors to be addressed and those considerations may differ greatly between rural and urban areas. One factor that was discussed earlier and does apply to the entire Panhandle, is the existence of food deserts. Food deserts impact all community members, but can hit seniors especially hard. In Potter/Randall counties there are more programs available that offer nutritional assistance to seniors than there are in other towns. However, the ratio of services to population is more limited and many seniors are more isolated in Amarillo than are their peers in smaller towns and communities.

One fundamental barrier is transportation to where services are offered, whether they be food pantries or a congregate meal site. A number of the food pantries in the region indicate that more than half of their clients are seniors. However, many of these seniors no longer drive or do not have access to a vehicle. As such, they are dependent upon a ride from a friend or public transportation. The Comanche Trail Food Pantry (open two times per month and located at 2700 E. 34th Street) provides clients with plastic sacks filled with shelf stable foods. The weight of these bags would make it taxing for a senior to transport home via public transportation. This physical challenge may well prevent some hungry seniors from utilizing this resource.

In the more rural communities, transportation to food pantries and congregate sites can be an even more significant barrier. Some food pantries allow seniors to have a “proxy,” that is allowed to pick up food for them and deliver the items to the home of the older adult enrolled in the program. Other communities such Borger, Pampa and Dimmitt offer more comprehensive services for seniors through their HutchCares Living at Home, GrayCares Living at Home and Castro County Hands of Hope Programs. These organizations provide services to seniors that allow them to remain independent longer. Sample services include light housework, yard work, shopping, and transportation to personal and medical appointments.
Within Amarillo, the majority of the existing congregate sites are located within senior housing facilities or in neighborhoods that have a significant senior population in close proximity. Prior to the implementation of the Food With Friends Program in 2017, there were eight congregate sites in Amarillo and one in Canyon. Five of these were located inside senior living facilities and four resided in independent senior citizens centers (ASCA, Canyon Senior Citizens Center, Hilltop Senior Center and Wesley Community Center). Two of the four centers, Hilltop and Wesley, are neighborhood focused and both are located in lower income neighborhoods. The two new Food With Friends sites, St. John Baptist Church and ACTS Community Resource Center, also located in lower income neighborhoods, maintain a strong community focus and have many participants who walk to the center for their meal. These 10 Amarillo sites (illustrated in the map below) still leave significant neighborhoods without access to any type of local congregate meal offering. (Update as of July 2018 – There is no longer a congregate feeding site at St. John Baptist Church.)

Access also hinders home delivery programs, especially in the rural communities. A number of rural home delivery programs wish they could serve seniors who reside outside of the city limits, but do not have the volunteers or resources to do so. Similarly, Meals on Wheels of Canyon delivers only inside the city limits and the Meals on Wheels of Amarillo also restricts its delivery area to Amarillo proper.
There are also small towns that do not have the infrastructure to implement their own home delivery program, yet they are far enough from a larger town that their residents cannot receive services. As mentioned earlier (page 18), both Dumas Meals on Wheels and Hall County Home Delivered Meals (in Memphis) have implemented hub and spoke delivery systems that increase the area they can reach.

Some seniors also struggle with navigating the facility itself, whether it be a congregate site or a food pantry. The Canyon Senior Citizens Center is in the basement of a church and the Childress food pantry is in the basement of a local building. Older adults’ physical limitations may prevent them from being able to access these facilities.

Hunger Free Colorado generated the Best Practices Pantry Guide to Serving Older Adults (Hunger Free Colorado, n.d.) and the Minnesota Hunger Initiative created an Older Adult Toolkit (Minnesota Hunger Initiative, n.d.) that includes a checklist of resources and tools that food pantries can use to remove barriers for seniors. Among the best practices and checklist items are the following:

**Physical/Structural:**
- Ramps and handicap accessible doors
- Items on shelves within reach rather than on very high or low shelves
- Assistance to help in reading small print on items or forms
- Benches or chairs that seniors can rest in while they wait their turn
- Assistance available for carry out
- Good lighting
- Small, strong bags with good handles

**Purchasing Practices:**
- Items available that are easy to open
- Can and boxes that provide smaller serving sizes
- Process that allows for a family member or caregiver to pick up items for older adults
- Special labeling or information related to typical health conditions for seniors such as items that are low in sodium, or low in fat
- Special programs that allow older adults and caregivers to come more than once a month and pick up fewer items each time
- Items that can be prepared in a microwave for those not comfortable with cooking on a stove

The Older Adult Toolkit made available by the Minnesota Hunger Initiative also includes a thorough self-assessment to determine how well an entity serves older adults. It also has a simple questionnaire to help determine whether or not a senior is at risk of poor nutritional health along with recommendations for marketing and messaging to older adults. See Appendices F and G for samples of these tools.

**Awareness** Many seniors are not aware of the services that are available to them or they may be misinformed about their eligibility. Misinformation about benefits and costs of a program are also a
challenge, as it can lead potential clients to believe that they cannot afford a service, which may be free to them. This is particularly true in Amarillo, where older adults can be more isolated.

Many communities, including the Panhandle have resources dedicated to ensuring that information about programs such as SNAP and CSFP is shared accurately, and that assistance is available to answer questions and complete the application process. The High Plains Food Bank assists residents with their SNAP application. They also provide information to food pantries and other locations (libraries, senior centers, government offices) to help create awareness. Additionally, the Food Bank works with the Texas A&M AgriLife Extension staff, who provide program and technical support to food bank staff in the field providing application assistance.

Today, the most comprehensive lists of available services are available online through benefit banks, agency listings, the United Way, etc. However, most seniors are not comfortable with technology and do not know how to go about searching for what they might need. For some older adults, the most accessible resource (other than a personal referral) may be the United Way’s 2-1-1 service.

**OTHER FACTORS** Pride and program stigma are significant deterrents to seniors. Many older adults do not want to use services that others could use or they are ashamed that they need assistance. Although seniors commonly utilize government assistance in the form of Social Security benefits and Medicaid, they may distinguish other programs such as SNAP or the CSFP program as a form of welfare or public assistance, separate from other government programs. This distinction may deter them from applying.

And even those who are aware may have difficulty with the enrollment process. Participants in a 2013 AARP study in New York identified the complexity of the SNAP application itself as one challenge. In many states, the SNAP application is lengthy and can require extensive documentation to verify an individual’s personal and financial information before benefits can be issued. The process of filling out the application may be difficult for seniors with cognitive or physical limitations. Even with assistance, some seniors may not remember or have the ability to provide the documentation required to complete the application.
FINDINGS

This report demonstrates that the threat of hunger among seniors in the Panhandle is a real and growing challenge. There are a number of additional observations that can and should shape a decision as to whether or not to move forward with a collective approach to addressing this issue and how that might be done.

GOOD WORK IS ALREADY HAPPENING

Though the issue of senior hunger is a serious one, there are numerous entities acting to address the problem. Home delivered programs, congregate feeding sites, food pantries and others are striving to help our seniors remain healthy and in their homes through nutrition assistance. Appendix C shows that there are 49 organizations providing meals directly to senior clients in the Panhandle, and 60 food pantries available to access as well.

In addition there is a strong infrastructure of regional agencies that provide these organizations with expertise and support. The Food Bank offers food, program assistance, training and more. The Area Agency on Aging provides the planning, coordination and implementation of congregate and home delivered programs that are enabled by the Older Americans Act. The United Way operates the regional 2-1-1 service that helps seniors locate food and other types of assistance. The Texas A&M AgriLife Extension Center in Amarillo has a Gerontology and Health Program focused on the health and well-being of the region’s aging population. Staff assist with SNAP education and offer healthy cooking classes for seniors. A Time to Share provides support to Amarillo Seniors through holiday gift baskets and more. Panhandle Community Services (PCS), whose mission is “to work with community partners to change lives and lead change for low-income people bridging the gap from poverty to self-sufficiency,” operates 13 service centers across the region. PCS’s 2014 Strategic Plan includes several goals that focus on creating increased access to healthy and nutritious food as well as educating low-income people about food budgeting, preparation and healthy eating habits. PCS also operates the Texas Panhandle Retired and Senior Volunteer Program (RSVP) which allows older volunteers to utilize their life experience and skills to answer the call of their neighbors in need. The program serves 12 counties including Armstrong, Carson, Collingsworth, Deaf Smith, Donley, Gray, Hutchinson, Moore, Ochiltree, Potter, Randall, and Swisher.

The Food Bank and several rural entities have also engaged retail partners. Through a partnership initiated by the High Plains Food Bank, Walmart and United provide food pantries, home delivered kitchens and senior centers with produce and other goods that have reached their “sell by” date but are still good for consumption. This relationship allows rural organizations greater access to fresh produce and items that are not generally available through the Food Bank, and to obtain these items for free.

Additional community strengths include a demonstrated interest in the needs of the elderly, as exhibited by the Senior Ambassadors Coalition, the Panhandle Regional Planning Commission and the City of
Amarillo’s recent Blue Print for the 21st Century initiative. Similarly, local funders including the Amarillo Area Foundation, High Plains Christian Ministries, the Harrington Cancer and Health Foundation and the Mary E. Bivins Foundation support a number of senior related initiatives and are currently partnering to advance a collaborative approach towards addressing food insecurity among older adults.

**FINDING**

**FOOD IS HEALTH**

Research, some of which is referenced earlier in this report, has identified a strong link between nutrition and health among older adults. This correlation makes the issue of senior nutrition about more than just food or compassion or caring for our neighbor. The broader implications of the resulting health outcomes is that not addressing the issue of food insecurity among older adults will likely lead to additional public health challenges for our region. As such, a key potential avenue to curtail the growth of health care expenditures on the growing senior population is to diminish the problem of food insecurity.

**FINDING**

**NOT ALL SENIOR FOOD INSECURITY IS THE SAME**

The root causes of senior food insecurity vary. Transportation, food access, mobility, poverty, awareness, perception and cognitive ability are just a few of the factors at play. As a result, there is no “one size fits all” solution for addressing these diverse scenarios. Seniors with no transportation will likely not benefit from a congregate meal site they can’t get to. Home bound adults with limited incomes are not helped by a home delivered meal that they cannot pay for. Pantry items that require cooking will be of questionable assistance to a person who is no longer able to safely prepare a meal on the stove. The implication of this finding is that the development of community solutions should center on the needs of clients rather than agency offerings. Only then will there be a better understanding of which segments of the senior population are slipping through the cracks and how we can better meet their needs.

**FINDING**

**EACH PROGRAM TYPE HAS UNIQUE CHALLENGES**

As outlined above, there are a number of distinct program types already operating in the Panhandle. Food pantries, congregate meal sites, home delivered meals, box programs and more. Though there are some universal challenges such as awareness, volunteer support and funding, the needs of these different programs vary.

Congregate Meal Program Challenges:
- Client transportation
Declining enrollments – fewer “young seniors” wanting to participate
- Food quality and choice (at times, limitations encumbered as a result of federal funding)
- Inconsistent, unreliable and unstudied donation policy/process
- Aging facilities
- Long term sustainability

Home Delivered Program Challenges:
- Kitchen space
- Aging equipment
- Adequate volunteers
- Awareness
- Increasing enrollments and waiting lists
- Implementation of recent changes to AAA policy regarding the removal of those with home health care from the home delivered program

Food Pantry Challenges
- Access to food most needed/desired by their clients
- Facility location and access
- Facility maintenance
- Administration

SNAP (Food Stamps) Challenges
- Awareness
- Perception
- Adequate resources to enroll participants

Commodity Supplemental Food Program (CSFP) Challenges
- Adequate resources to enroll participants
- Resources to enable box delivery (personnel and transportation)
- Cold storage for dairy products

According to a study completed for Meals on Wheels America by Mathematica Policy Research, the average cost to provide a senior with meals for a year (assume 250 feeding days) is approximately $2,765. The cost of one day in the hospital, meanwhile, is around $2,271, according to the Henry J. Kaiser Family Foundation. “Meals on Wheels People,” a Portland, Oregon based service and one of the largest in the country, says it costs $2,500 annually to provide daily meals to a homebound senior, while cost of institutional care for a year in Oregon is around $60,000.

Community Servings, a Boston-based nonprofit, has been providing medically tailored meals for nearly three decades to individuals with chronic diseases who have trouble shopping and preparing food.
This organization has already persuaded some insurers to cover its food delivery service as a medical expense, based on the broader case that bringing patients healthy food can save the health care system money. According to David Waters, the CEO of Community Servings, a week’s worth of meals for a client runs about $120. “If we can prevent a patient from being in the hospital for one day, we save enough money to feed them for 6 to 12 months.” (2017)

In Florida, the Community Caring Center of Greater Boynton Beach has implemented the “Creating Healthier Community” initiative. The Center’s website (www.cccgbb.org) states that “The revolving door at hospitals are full of seniors with chronic diseases suffering from malnutrition because of the critical choices they face every day between purchasing food or medication, paying rent or utilities. This costs taxpayers millions of dollars. Healthy diets aren’t just good sense, they’re also good for the economy!” This group estimates that the cost to the community for a year of institutional care for a senior is $86,000 vs an estimated $23,000 to age in place. When applied to the 258 frail and elderly living in their community, those figures save taxpayers an approximated $11,094,000 annually.

OFFERINGS DIFFER BETWEEN POTTER/RANDALL AND RURAL COUNTIES

Though there are home delivered and congregate meal programs as well as food pantries across the entire Panhandle region, there are significant differences in how and to what degree the issue of senior food insecurity is being addressed in the rural counties vs. Potter and Randall counties. Variations in food, the size of the community, access, meal sourcing, meal pricing, facility condition, organizational capacity, community awareness, and available funding sources are just some of the dissimilarities that could impact any approach to serve more seniors or serve them more effectively.

These disparities suggest that future efforts to address the issue of hunger among older adults divide the region into a minimum of two territories; Potter/Randall counties and the remaining 24 counties.

LONG TERM SUSTAINABILITY IS A GROWING CONCERN

Long term sustainability is a growing concern for many senior centers and the meal programs they operate, particularly in the rural communities. In Amarillo, Hilltop is challenged by declining memberships. The same is true in Canyon, Hereford and White Deer.

One of the greatest concerns resulting from this decline is long term sustainability. As meal participation decreases and membership dues dwindle, there is often not adequate revenue to keep programs operational on a regular basis. This has resulted in some programs closing and others cutting back to serving meals only once or twice a week.
Additionally, many of the buildings in which these centers operate are outdated and in disrepair. There are no funds for capital improvements and the declining use of the facilities raises questions in the community as to the long term value of such a major expense. Until recently, the Hedley Senior Citizens Center, which provides both congregate and home delivered services, was in a 104-year old building. The Canyon Senior Citizens Center serves lunch in the basement of an unused church. It is dark, poorly maintained and not very senior friendly. The White Deer Senior Citizens meet and eat in an old restaurant on the town square. This building too is in disrepair.

**FINDING**

**BREADTH OF SENIOR OFFERINGS IS NOT FULLY DEPENDENT ON POPULATION**

Mapping the location of senior program offerings and population data reveals that the breadth of senior offerings in a community is/was not always directly correlated to population. The ten largest population centers in the Panhandle (all with more than or close to 5,000 residents, based on 2016 census data) all have a congregate meal site, a home delivered meal program and at least one food pantry. Each of these towns also operates a senior citizens center that serves older adults in other ways such as exercise, crafting, outings, games and fellowship.

After that, the correlation between population and senior offerings becomes less reliable. Quitaque, with only 370 people has a vibrant senior feeding program that includes a congregate meal and home delivery to seniors in Quitaque, Silverton and Turkey. Hedley (population 308) provides 12 home delivered meals and 45 congregate meals on an average day. Canadian, however, a well-established community with a strong infrastructure has neither a congregate meal program nor a senior center and struggles with consistent operation of a food pantry. Its Meals on Wheels, which is operated out of the local nursing home serves 26 meals per day.

It appears that the availability and strength of feeding programs in a community can be as dependent upon a strong advocate as anything else. Tri-County Meals in Quitaque was started by Kay Calvert, a local resident who fought not only to establish this community resource – but also to establish it in such a way that it would collaborate with rather than compete with efforts in neighboring towns. In Hedley, a mother and daughter team have kept the program operating for many years, often on a shoestring budget.
### Senior Nutrition Resources Available in Panhandle Population Centers

<table>
<thead>
<tr>
<th>Town</th>
<th>County</th>
<th>Pop</th>
<th>Home Delivered</th>
<th>Congregate</th>
<th>Senior Center</th>
<th>Food Pantry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amarillo</td>
<td>Potter/Randall</td>
<td>199,582</td>
<td>2</td>
<td>9</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Pampa</td>
<td>Gray</td>
<td>17,762</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Canyon</td>
<td>Randall</td>
<td>15,138</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Hereford</td>
<td>Deaf Smith</td>
<td>14,915</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dumas</td>
<td>Moore</td>
<td>14,691</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Borger</td>
<td>Hutchinson</td>
<td>12,865</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Perryton</td>
<td>Ochiltree</td>
<td>8,870</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Dalhart</td>
<td>Dallam</td>
<td>8,307</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>Childress</td>
<td>Childress</td>
<td>6,096</td>
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<td>1</td>
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<tr>
<td>Tulia</td>
<td>Swisher</td>
<td>4,717</td>
<td>1</td>
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<td>Phillips*</td>
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<tr>
<td>Dimmitt</td>
<td>Castro</td>
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<td>Friona</td>
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<tr>
<td>Spearman</td>
<td>Hansford</td>
<td>3,336</td>
<td>1</td>
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<tr>
<td>Cactus</td>
<td>Moore</td>
<td>3,179</td>
<td>**</td>
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<td></td>
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<tr>
<td>Canadian</td>
<td>Hemphill</td>
<td>2,915</td>
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<td></td>
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<tr>
<td>Panhandle</td>
<td>Carson</td>
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<td></td>
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<td>Wellington</td>
<td>Collingsworth</td>
<td>2,153</td>
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<td>Memphis</td>
<td>Hall</td>
<td>2,137</td>
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<td>Stratford</td>
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<td>1</td>
</tr>
<tr>
<td>Fritch</td>
<td>Hutchinson</td>
<td>2,032</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Shamrock</td>
<td>Wheeler</td>
<td>1,946</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
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<tr>
<td>Sunray</td>
<td>Moore</td>
<td>1,931</td>
<td>**</td>
<td></td>
<td></td>
<td>1**</td>
</tr>
<tr>
<td>Clarendon</td>
<td>Donley</td>
<td>1,857</td>
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<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Stinnett</td>
<td>Hutchinson</td>
<td>1,831</td>
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<td></td>
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</tr>
<tr>
<td>Bovina</td>
<td>Parmer</td>
<td>1,777</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Wheeler</td>
<td>Wheeler</td>
<td>1,625</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Booker</td>
<td>Lipscomb</td>
<td>1,599</td>
<td></td>
<td></td>
<td></td>
<td>1^</td>
</tr>
</tbody>
</table>

* The relative proximity to Borger provides services to those in Phillips.  
** Cactus and Sunray are served by the Dumas Meals on Wheels.  
^ The Food Pantry in Booker is a mobile Food Pantry.

**FINDING**

WE ARE NOT THE FIRST COMMUNITY TO FACE THIS CHALLENGE

Numerous cities and regions have already dedicated resources to alleviating food insecurity among older adult populations. Their work, easily accessible via the internet, can provide ideas, benchmarks and...
planning tools that can help our community more effectively address this issue. There is an opportunity to learn from them and to use their models, findings, and methodologies to shape our path forward.

The Elders at the Table (EAT) Coalition is a Central Indiana collaboration to end hunger and malnutrition one senior at a time. In 2013, the EAT Coalition received a $150,000 grant from the Central Indiana Senior Fund, for its Alleviating Senior Hunger initiative. The grant helped EAT implement comprehensive and integrated strategies to increase low-income seniors’ knowledge of and access to nutritious food sources. This initiative was administered through the local Agency on Aging, Meals on Wheels of Central Indiana and other EAT coalition members. Today, EAT offers SNAP Education and Outreach, a Proxy Shopper Program that engages volunteers to shop at local food pantries and deliver groceries to homebound seniors, co-located senior-friendly food pantries at congregate meal sites to help seniors who face difficulties obtaining food from traditional food pantries and a meal voucher program that offers individuals aged 60 years and older to purchase discounted meal vouchers to be redeemed at approved local restaurants and cafeterias. Similarly, organizations in Athens, Georgia formed the Athens Senior Hunger Coalition.

Other communities take a more comprehensive stance on eliminating hunger in their community. The Texas Hunger Initiative (Baylor University School of Social Work) along with the NYC Coalition Against Hunger produced the “Neighborhood Guide to Food & Assistance – Lubbock Edition” and the Dallas Coalition for Hunger Solutions published a guide entitled “Hunger Solutions for the Faith Community.” These groups focus first on the issue of hunger – regardless of a demographic profile – and then break the issue of hunger down further to look at specific population.

**FINDING**

**REMOVING BARRIERS IS KEY**

The Panhandle is composed primarily of small autonomous towns. The physical space between them and their distinct histories means that each one operates independently with little focus on assessing their role in addressing a broader issue or sharing best practices. This does not mean, however, that their systems are broken or operating ineffectively.

Dalhart’s Meals on Wheels offices in and operates out of Coon Memorial Hospital. The Canadian Meals on Wheels is in a nursing home. The Dumas Meals on Wheels is located in a city building and shares space with a day care center and Pampa has its own large, free-standing building dedicated to all things senior. The models fit the communities, their needs, their available resources, their history and geography.

What is not needed is an outside entity to come in and assess how they might do things better. Instead, efforts to assist senior nutritional programs in the outlying towns should be focused on helping them to identify barriers and then serving as a resource to help them eliminate or reduce those barriers so that they can improve efficiencies, reach more people and increase their sustainability.
THE ABSENCE OF A COORDINATED “SENIOR CENTRIC” APPROACH TO MEETING THE NEEDS OF FOOD INSECURE OLDER ADULTS

Though there are many organizations working to serve the seniors of the Panhandle, strategic collaboration is limited. The majority of organizations put their agency at the middle of the circle. They are the central point with their funders, partners and clients around them. As each agency engages in their own “my agency first” models and perspectives, the actual seniors are left floating around the outer edges of the schematic and many of them get lost.

The lack of a comprehensive senior food insecurity discussion also means that this concern has not been addressed in relation to the larger issue of hunger in our region. As referenced earlier, some communities chose to address hunger at all levels and include the needs of seniors as part of this larger conversation. Other groups have come together to solve the unique issue of feeding older adults.

What is needed is a more client centric and holistic view of the needs of the older adult population. This is not to say that individual agencies need to change their mission or area of expertise, but rather that there are opportunities to work together to identify geographic areas that are not being served, population segments that are not being adequately assisted, etc.

Such an approach will also potentially facilitate referral opportunities – helping to ensure that each senior is served by the program or programs that best meet their needs. The Meals on Wheels of Contra Costa County, California has a collaborative care management model that partners Meals on Wheels with local senior outreach services and healthcare institutions to make client-centered care management possible.

Source: Costa County Meals on Wheels 2015 Annual Report
Finally, if it is decided to move forward with a community approach, there is an opportunity to bring additional resources to the table that may have skills or knowledge that are not currently being used in addressing this issue.

**INADEQUATE OLDER ADULT NUTRITION ASSISTANCE OFFERINGS IN POTTER AND RANDALL COUNTIES**

Nutrition assistance programs targeted to seniors need not only exist, they must also have sufficient resources to provide for the client base without waiting lists; they must be geographically suited to the needs of the population; and they must be affordable. There are several indicators that suggest that the existing programs in Potter and Randall counties do not meet these parameters.

**CONGREGATE MEAL OFFERINGS**

**Location:** The chart below shows the location of the existing congregate meal sites in Potter/Randall counties and the average number of meals served per location. An assessment of the locations of current senior meal sites reveals that there are areas that are not being served by a congregate program. Given that research reveals that transportation and access are significant barriers and that community bonding is a strong benefit of a congregate site, it is recommended that steps be taken to identify additional senior congregate sites that could operate out of underserved neighborhoods such as Eastridge and Southlawn.

**CONGREGATE MEAL SITES IN POTTER & RANDALL COUNTIES**

<table>
<thead>
<tr>
<th>Program</th>
<th>Street Address</th>
<th>Avg. Daily Meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acts Community</td>
<td>202 S. Louisiana</td>
<td>35</td>
</tr>
<tr>
<td>ASCA</td>
<td>1217 S Tyler</td>
<td>85</td>
</tr>
<tr>
<td>Bivins Village</td>
<td>3201 Tee Anchor Blvd</td>
<td>25</td>
</tr>
<tr>
<td>Canyon Senior Center</td>
<td>1719 5th Ave</td>
<td>15</td>
</tr>
<tr>
<td>Hilltop</td>
<td>1311 N. Taylor</td>
<td>22</td>
</tr>
<tr>
<td>Independence Village</td>
<td>4700 S. Virginia</td>
<td>30</td>
</tr>
<tr>
<td>Mariposa Apartments</td>
<td>509 Jason Avenue</td>
<td>35</td>
</tr>
<tr>
<td>Northwest Village</td>
<td>6101 I-40 West</td>
<td>14</td>
</tr>
<tr>
<td>St. John Baptist Church</td>
<td>2301 NW 14th</td>
<td>30</td>
</tr>
<tr>
<td>Wesley</td>
<td>1615 S Roberts St</td>
<td>27</td>
</tr>
<tr>
<td>Winwood Senior Center/Village</td>
<td>4421 Ridgecrest Circle</td>
<td>19</td>
</tr>
</tbody>
</table>

**Availability:** At least one of the FoodNet congregate sites (Independence Village) has a waiting list, meaning that there are seniors in that facility who qualify for meal assistance and who want to participate but cannot because the number of meals for which there is funding at that location is at capacity. The current waiting list at Independence Village is approximately 20. ACTS Community Center Food with Friends Site in San Jacinto does not keep a waiting list. Due to an absence of federal...
and state regulations, the onsite team has the flexibility to decrease portion sizes, if necessary, so that everyone has at least something to eat. ACTS Community receives 35 meals per day. According to the program coordinator, many days there are more than 60 seniors who show up to eat. This means that those 60, and sometimes more, are sharing food that was meant to feed 35.

**HOME DELIVERED MEAL OFFERINGS**

**Location:** Analysis of the zip code data for Amarillo’s two delivered programs also indicates that there are parts of town that are not being served by a home delivery provider. Additionally, MOW of Amarillo covers only inside the Amarillo city limits and MOW of Canyon covers only inside the Canyon city limits. That leaves all seniors outside the city limits without access to a home delivered meal.

Some of the Amarillo congregate meal sites have waiting lists or there may be a resident who is disabled to an extent that they are not able to join in the congregate meal. There is no homebound option for these seniors. The FoodNet home delivery program is at capacity and the Amarillo Meals on Wheels program does not deliver to any senior housing facility that offers a congregate meal program. This means that anyone at those sites who cannot get to the dining room and/or who cannot get beyond perhaps that dining room to get groceries, does not have a meal – especially now that funding constraints have frozen the program. In the fall of 2017 there were on average, 20-25 seniors on the AAA congregate program waiting list and fewer than five on the Amarillo MOW waiting list.

**Availability:** Neither Meals on Wheels of Amarillo nor Meals on Wheels of Canyon have significant waiting lists. Both organizations average less than five on their respective waiting lists. However, analysis of the percentage of seniors (age 60+) receiving home delivered meals in Amarillo and Canyon as compared to other communities in our own region as well as other cities of similar size, reveals that a significantly lower percentage of seniors in Amarillo and Canyon are receiving home delivered meals.

<table>
<thead>
<tr>
<th></th>
<th>Lubbock</th>
<th>Amarillo</th>
<th>Canyon</th>
<th>Pampa</th>
<th>Dumas *</th>
<th>Moore County</th>
<th>Hereford</th>
<th>Tulia</th>
<th>Wichita Falls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>219,640</td>
<td>188,814</td>
<td>12,015</td>
<td>17,789</td>
<td>14,537</td>
<td>21,750</td>
<td>14,999</td>
<td>4,322</td>
<td>92,664</td>
</tr>
<tr>
<td>60 Plus Population</td>
<td>33,069</td>
<td>30,909</td>
<td>1,722</td>
<td>3,706</td>
<td>2,040</td>
<td>2,860</td>
<td>2,145</td>
<td>899</td>
<td>16,588</td>
</tr>
<tr>
<td>Home Delivered Meals/Day</td>
<td>700</td>
<td>240</td>
<td>30</td>
<td>133</td>
<td>108</td>
<td>108</td>
<td>80</td>
<td>42</td>
<td>850</td>
</tr>
<tr>
<td>Percent of 60 + Population Served</td>
<td>2.12%</td>
<td>0.78%</td>
<td>1.74%</td>
<td>3.59%</td>
<td>5.29%</td>
<td>3.78%</td>
<td>3.73%</td>
<td>4.67%</td>
<td>5.12%</td>
</tr>
</tbody>
</table>

*Dumas Meals per Day and Percent of 60+ Served is skewed, given that the program delivers to all of Moore County, not just the city of Dumas. That is why Moore county data is also provided.

Data as of December 2017.
**Perceptions Regarding Affordable Options:** There are three home delivery programs in Potter and Randall counties: Meals on Wheels of Amarillo, Meals on Wheels of Canyon, and FoodNet. The AAA funded FoodNet Home Delivery program is free to recipients who meet criteria. Both Meals on Wheels of Amarillo and Meals on Wheels of Canyon charge for services, but also provide financial assistance. Meals on Wheels of Canyon charges $2.40 per meal. Meals on Wheels of Amarillo, as the result of long standing relationships with Baptist St. Anthony’s and Northwest Hospitals, is able to provide its meals for only $2.25 per meal – the same price it pays to the hospital. For some individuals, however, $10.00 per week is more than they can afford.

Amarillo Meals on Wheels states that approximately 80-85% of its clients are able to pay, and that the other 15-20% request financial assistance. The perception however, among some Amarillo residents who meet criteria for this program is that they cannot enroll unless they can pay. The availability of scholarships to meet the needs of those who cannot pay is not widely known.

Combining the 47 clients who receive financial assistance from MOW (20% of 235 approximate current MOW clients) with the 40 seniors who receive free meals from FoodNet, yields a total of 87 homebound seniors who are receiving meals at low or no cost. U.S. Census data indicates that:

- 30% of seniors living in Amarillo are living alone
- 7% of Amarillo senior households have an annual income of less than $10K and 27% less than $20K
- 21% of Amarillo residents 60 and over received food stamps in the last year

Based on the number of age 60+ persons residing in Amarillo, the prevalence of poverty and the relatively low health scores of our state and our region – one can extrapolate that there are likely more than 87 age 60+ seniors in Amarillo who cannot afford to pay for a meal.

Many of the agencies in the outlying 24 counties do not have a set price. Clients have the option to make a donation, and many do – but there is clear messaging that there is no payment expected. Lubbock Meals on Wheels does not state a price for their service. Their website is clear regarding the fact that ability to pay is not a factor in receiving services. During the enrollment process, the administrator asks clients if they are “able to contribute” towards the cost of their meal.

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**Is there a fee for service?**

*During the enrollment process, you will be asked if you are able to contribute toward the cost of your meals, and if so, how much you would like to contribute per meal. Monthly statements are sent to those who are able to contribute. No one is denied service due to an inability to contribute.*

As rural towns and communities struggle to maintain younger populations, economies and way of life, community infrastructure begins to suffer. Senior centers are less utilized and falling into disrepair and as the current generation of volunteers begins to step down, organizations struggle to replace them with younger people. Similarly, a large percentage of paid staff at rural feeding programs are seniors themselves. The concept of succession planning is almost non-existent. One program director retired, but had to come out of retirement after no other suitable replacement could be found. Some of these organizations are unhealthily reliant upon a single champion, and that champion is often a senior.

Staff and volunteers in all of the senior programs assessed are well intentioned. Most work very hard to serve their neighbors and make ends meet, but few of them have financial, non-profit managerial, or strategic planning expertise. This process highlighted the broad range of management skills that exist in many senior organizations across the region. Some can tell you every fact and figure, budget numbers, volunteer rosters, and more. Others do not know how to create an operational budget. Others were unaware that their 501(c)(3) status had been revoked more than two years prior.

It is not clear if there is an understanding of the anticipated growth that will take place in the senior population over the next 10-15 years or the impact that growth will have on communities and service agencies. Amarillo has begun to explore the impact of an aging population, with its 21st Century Blueprint project – but there is limited detail about how that effort will impact senior nutrition, especially among homebound and low income segments of the population.

Many of the organizations interviewed for this report acknowledge these challenges, but have not addressed them in any strategic way. Some organizations just keep doing what they are doing and don’t think about the future. Others know that something needs to be done if they want to keep the doors open in the future – but have no idea where or how to begin or even the questions to ask.

Gaps in awareness have multiple impacts. First, there is a general lack of understanding regarding the issue of senior food insecurity – how prevalent it is and the implications for those in need. This limited awareness stunts service offerings, funding, volunteer support and more. This is more obvious in Potter and Randall counties than it is in the rural communities. In the outer 24, the general proximity and degree of familiarity results in community members better able to observe instances of decreased activity, limited mobility or poverty. In Amarillo, it is easier to ignore the need – because the faces of those in need may not be familiar.
Also, there is limited awareness of the services that are available and how to access them. Service listings can be found on the internet, but even there they vary significantly. Panhandle Community Services has a list of food pantries as does the Chamber of Commerce. The Food Bank has a list of partner agencies, but it addresses the Food Bank’s partnership with those agencies. The Food Bank does have a more comprehensive list of food pantries in Amarillo, their location, contact information and hours – which is easy to read and access. But as detailed earlier, food pantries can be a less than optimal fit for some seniors. Additionally, the internet is not a place where many seniors would think to look for assistance and even if it was – many do not have access. Other online resources include the National Council on Aging’s Find my Benefits Portal (www.benefitscheckup.org/) – but most seniors would not know to look there.

The United Way of Amarillo & Canyon helps residents connect with services through its 2-1-1 line which provides comprehensive information and referral service to individuals and agencies in the top 26 counties of the Texas Panhandle. Calls are answered by friendly, trained specialists with a database of community services at their fingertips. All information and referrals are free, confidential and aimed at connecting those who need help with the most appropriate resources available. However, that list also appears to be less comprehensive than it could be. Agencies have to opt in to be included in the 2-1-1 list of available services, but perhaps if there were a more compelling message as to why it is important to be listed or more deliberate outreach, more organizations might be included.

Some communities have come together to develop a list of available food nutrition services – putting all of the options in one place. Lubbock, in conjunction with the Texas Hunger Initiative and the NYC Coalition Against Hunger created a Neighborhood Guide to Food & Assistance. In Arkansas, the Fighting Senior Hunger Coalition (n.d.) of Benton and Washington Counties, created a booklet to help direct older adults and their caregivers to available services. The booklet is friendly, easy to use and targeted to seniors. After introducing the partners, the first page states:

The first thing we learned is that the food is out there and available. So, the goal became to combat hunger among seniors by connecting them with the resources, programs, services, and activities that currently exist. We have come together as a community coalition of providers from both counties to commit to work together to keep the community informed of what is offered through local programs and the food pantries that are operating in the area. We also want to share nutrition ideas to help everyone make the best choices and improve the nutritional value of what is eaten, whenever possible. We’ve compiled this information to help you access all the resources available in our community.

Please know you are not alone.

The coalition of agencies and organizations in this brochure are here because we want to help make sure that people have the food they need and become aware of the resources in our community. We want to reach as many of the people in need of food as humanly possible because there is no reason anyone should go without. There is no shame in getting a little help now and then when it is needed. When you’re able, you’ll help someone else, and probably have already done so many times during your lifetime. That is what being a community is all about, reaching out to help each other and Fighting Hunger Together.
A sample page from the guide is attached in Appendix H. Such guides or booklets could be created for a region and shared with medical offices, churches, senior centers, etc. Direct comparisons of services would help ensure that seniors are directed to the assistance that best meets their geographic location as well as their physical and monetary requirements.

Awareness is about more than just having a list of available services. It is also about having a powerful message that resonates with the community. Only when the issue of senior hunger has a face and a human story associated with it will it begin to resonate with the general population. Increased visibility combined with more robust and compelling messaging will help not only those in need, but also all those who want to support relevant programs – funders, community partners and volunteers especially.

A LACK OF INTENTIONAL COLLABORATION BETWEEN HEALTHCARE PROVIDERS AND NUTRITION ASSISTANCE OFFERINGS

As outlined in the report, numerous research studies have demonstrated the strong link between senior nutrition and senior health. Yet, there are few, if any, strategic partnerships between members of the healthcare community and advocates for senior nutrition. Healthcare providers see this particular population on a regular basis. They can serve as a screening agent and a referral service. The prescreening of all senior patients for food insecurity is one way in which some healthcare professionals have already started to address the issue of senior food insecurity.

The AARP Foundation, in collaboration with IMPAQ International, created a resource guide and toolkit entitled Implementing Food Security Screening and Referral for Older Patients in Primary Care. The document provides information about how food security screening and referral systems work, how to get started, characteristics of successful systems and the role of community partners. In Colorado, Kaiser Permanente Colorado Health System implemented a two-question food security screening too. Patients with a positive screen are referred to call the Hunger Free Colorado Hotline. The patient then speaks with a representative at Hunger Free Colorado to receive information about nutrition assistance resources. Boston Medical Center’s primary care providers screen patients and those that screen positively receive a printed referral that they can bring to the onsite food pantry. Across the country, communities dedicated to eliminating food insecurity and its negative health outcomes among older adults are actively engaging the healthcare community in their discussions, strategic plans and program implementation.

The connection between healthcare and nutrition can also work in reverse. Congregate feeding sites are an opportunity to provide participating seniors with information, checkups, referrals and more. For a senior who may not be aware they need to see a doctor or may not have access to basic healthcare, screenings and checkups provided free of charge and available where they are may increase their overall health.
AN ABSENCE OF SENIOR FRIENDLY FOOD PANTRIES

It is estimated that there are 60 food pantries in the Panhandle. 23 of these are in Potter/Randall Counties and 37 are located in the remaining 24 counties. Estimates from administrators at local food pantries confirm national trend data that upwards of 40% of food pantry participants are seniors. Of those 60 food pantries, only one is a senior only food pantry. Some of the pantries make allowances or assist seniors in special ways, but there are no broad reaching initiatives underway to assess how well any of these food pantries meet the needs of their senior clients.

The Minnesota Hunger Initiative published an Older Adult Toolkit that includes a useful assessment tool to help food pantries determine the degree to which their facility, purchasing policies, transportation offerings and complimentary services meet the needs of older adults. The study also includes results from a 2015 Minnesota “Older Adult Food Shelf Survey” (Appendix I) that provides useful insights into why seniors may not access local food pantries and how food pantries could serve them better.

In addition to the structure and purchasing policies, the type of food available is important. Many seniors, especially those living alone, do not want to or are not able to prepare nutritious meals. Jeff Gulde from the Catholic Charities Food Pantry in Amarillo states that some items such as canned chicken, tuna, beans and franks, etc. are in high demand and do not last long on the shelf when available. He, along with several other Food Pantry administrators were very interested in the idea of senior friendly frozen meals, which could provide their older clients with a nutritious, well balanced, easy to prepare meal.

A LACK OF INFORMATION SHARING

As detailed in Gap 2, information about services available to seniors is disparate and there appears to be no entity or effort in place to compile that information in such a way that it serves the needs of the senior – not the needs of the publishing entity.

The PRPC website provides information about its contracted service and links to some state and federal programs – but no easily accessible link to local nutrition options. Similarly, the Panhandle Community Services website details programs regarding veterans’ programs, utility assistance, weatherization and even the Retired Service Volunteer Program – but nothing about how to connect to food. Though all organizations need to operate within their mission scope – one is left to ask who owns the issue of senior hunger and how is it being addressed by the community.
The United Way 2-1-1 list of agencies includes only four of the 24 Home Delivered Meal Programs, Amarillo, Childress, Dumas and Pampa, leaving 20 programs not included. Similarly, the 2-1-1 list includes only six of the 20 Amarillo Food Pantries. Some pantries may not wish to be publicized as they seek to serve a small and well-defined target audience, but other agencies and service providers may have just fallen through the cracks.

In California, the Encino Chamber of Commerce compiled an online service directory as a guide to help senior citizens and their families locate information on questions that arise when health and welfare are in a state of transition. Included on the website (www.seniorservicessfv.org) is a tab for food and grocery services. This page details available options for food assistance, meal sites, meal delivery to the homebound and nutrition assistance. Other communities have created similar lists and directories and made them available online and via a more traditional paper format.

Other benefits of a more comprehensive list of providers include clients well matched with the service provider that best meets their situation rather than just the one they could find, and increased opportunities for referrals among agencies. It has been mentioned that recent changes in home delivered programs administered through the AAA could have a significant impact on home delivered clients.

Again, there is much good work being done across the Panhandle in regards to helping seniors stay healthy and independent, particularly in the area of nutrition assistance. However, the lack of coordination among participating entities and the failure to look towards the future has resulted in an absence of community wide goals. Every agency can tell you how many people it is feeding, but it is less likely to be able to tell you how many seniors in town are still in need. How does our region collectively begin to identify where we are in terms of meeting the need of eliminating food insecurity among our older adults, where we want to go, and how can we get there?

What are the metrics that should be addressed? Is it number of seniors fed via home delivered? Is it an even geographic disbursement of congregate sites? Is it an increase in senior friendly pantries? Is it adding a way to provide weekend meals for congregate and home delivery programs so that those seniors can eat over the weekend? Are there state or national benchmarks that the community should compare itself to?

In many ways, it does not matter which agency is feeding hundreds of people via home delivery and which group is providing congregate meals to another hundred. What does matter is the fact that efforts have been so siloed that there is no one asking questions such as, “Who isn’t being fed?” and “How do we find a way to feed them.”
REFERENCES


Ziliak, James P., Gundersen, Craig, & Haist, Margaret. (n.d.) The Causes, Consequences, and Future of Senior Hunger in America. Retrieved from https://pdfs.semanticscholar.org/8b96/75cf8502c5830aa48bfe59e3c3d4a3e99245.pdf
## APPENDICES

| APPENDIX A: | List of Organizations Interviewed for Hunger Study |
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| APPENDIX C: | Overview of Senior Feeding Initiatives across the Panhandle (Agency List) |
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| APPENDIX F: | On Your Way to Offering Client Choice – A Handbook for Food Pantries |
| APPENDIX G: | Food Shelf Assessment |
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