

# SENIOR HUNGER SUMMIT

# Kentucky

*A reflection of  
Restoring Dignity  
One Bite at a Time*

## *A Letter From DAIL*

BY MARNIE MOUNTJOY,  
DAIL DIVISION DIRECTOR

October 30, 2019 was a day the Department for Aging and Independent Living (DAIL) was proud of. We held our first ever Senior Hunger Summit. We had internationally recognized experts Dr. James Ziliak, Founding Director of the University of Kentucky Center for Poverty Research; and the National Foundation to End Senior Hunger CEO Enid Borden, to speak on senior hunger and challenged us with making a difference.

Community partners such as the AARP Kentucky, Anthem BlueCross

BlueShield, Humana, Kentucky Community Action Partnerships, WellCare, Pennyrile Allied Community Services and the Pennyrile Area Development District, provided sponsorship to help bring together nearly 200 Kentuckians to bring awareness about senior hunger in Kentucky and to collaborate ideas and strategies to reduce senior hunger.

The day was filled with engaging topics and many individuals left motivated to start new initiatives.

Some of those initiatives were from The Pennyrile Area Development District with fiscal support from the Humana Foundation was set to replicate the hospital meal program at Owensboro Health. The Green River Area Agency on Aging collaborated

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with Owensboro Health to use unused dishes prepared at the hospital to create weekend/emergency meals for seniors. This helps eliminate food waste and benefiting seniors.

AmeriCorp workers helped assist with this by picking up the food from the hospital and portioning out and packaging each meal. Meals are froze until delivered to clients. The Lake Cumberland Area Development District was engaged in conversations with Lindsay Wilson College to develop a program where seniors could dine with university students with the hope of promoting intergenerational social interaction. The Kentucky River Area Agency on Aging and Independent Living started a food bank at their office to ensure that seniors in need could get food quickly in an emergency. Moreover, DAIL was excited to start planning for the next Hunger Summit on October 28, 2020 and to support the many nutrition projects that were in development.

Then the world stopped. COVID-19 hit Kentucky and on March 13, 2020, per the Governor's orders, Kentucky's senior centers were closed to all in-person or face to face programs and services.

Nevertheless, on that day, Governor Beshear made a commitment to all Kentuckians, who are over the age of 60, that if they wanted a meal, they could get a meal. Senior meals were shifted to home delivered meals or drive thru meals. Since March 13, 2020, more than 2 million meals

have been served to Kentucky's seniors. This is more than what the aging network provides in a typical year! How amazing is it that during a pandemic, Kentuckians can still rise up to the challenge and make sure needs are met!

As we settle into our new routine, it is important to focus on what is going well since Kentucky declared a State of Emergency. DAIL was awarded a grant from The Administration for Community Living for Innovations in Nutrition Programs and Services. The purpose of this grant is to equip our Senior Centers with tools and resources they need to prepare and plan for the next emergency. DAIL will collaborate with the National Foundation to End Senior Hunger and the Georgia Division of Aging Services, to develop and test strategies to prepare rural senior centers to respond rapidly, efficiently, and effectively to local, statewide and national catastrophic events. Over the next three-year period, DAIL will measure the risk of senior social isolation and access to regular, reliable, nutritious food sources, through the development of survey tools and will develop resources to address identified needs.

Since we are not able to gather together for a Second Annual Senior Hunger Summit, we wanted to take an opportunity to share some of the great things that have occurred since last year's event. It is our hope to convene a Senior Hunger Summit in 2021. We encourage you to share ideas and efforts and continue the work and commitment across the state to allow Kentucky seniors to be safe at home.

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*-Marnie Mountjoy*

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*-MARNIE MOUNTJOY*

# Grocery Shopping Assistance Program

BY:

DONNA PACE, HARLAN COUNTY  
COMMUNITY ACTION AGENCY &  
TROY ROBERTS, BLUEGRASS  
COMMUNITY ACTION PARTNERSHIP

March 2020 brought the United States a Declaration of National Emergency with one-third of humanity on some form of lock down. Seniors were sheltering in place and having the inability to get much needed provisions. The regional Community Action agencies saw the need.

Harlan County Community Action Agency decided to assist the elderly and vulnerable population and those in quarantine any way they could.

With closures, limited access to stores, physical distancing and the sheer fright among elders, they decided to start a Shoppers Assistance Program. Without any designated funding, Harlan County Community Action used \$500.00 to start the program. They provided this shopping service at no charge to the community, along with a link on their website to place orders. They also accepted phone orders for food, personal items and pharmacy drop off/ pick up. Daily routes were set up by district and each district had a designated delivery day. Supplies and food

were delivered door to door as needed. The program has grown to be quite successful. In fact, a staff person has been hired to operate this program that keeps our most precious community members safe as they are receiving needed food and supplies.

Just a few weeks into March of 2020, the Bluegrass Community Action Partnership had to immediately shift the operations of every program service they provided. The fact that many of their agency staff were working from home, didn't change the circumstance that those who needed their services increased quickly. This was the case with every department except one. The transportation program, BGCAP Transit, went from performing about 1200 one-way trips daily, to 2000 almost overnight. This continued for several weeks until the agency came up with the idea to grocery shop for anyone over 60 years of age or disabled; knowing many of them would be anxious and uneasy about going to the store.

Bluegrass Community Action Partnership already had a call center in place along with drivers and vehicles in each county. Since the trips were down significantly and Kentucky was under a Federal Emergency, Community Action presented the idea to the Kentucky Transportation Cabinet Office of Transportation Delivery who loved the idea. Seniors were now able to

*contact the call center and instead of booking a trip to the grocery store, seniors gave the call center their grocery order. A driver was then provided with the list, shopped and then delivered the groceries to the senior's door. The senior reimbursed Blue Grass Community Action Partnership for the cost of the groceries only.*

*As the pandemic has progressed, the number of people calling has decreased, likely because people have identified family members that can shop for them. Many seniors that are continuing to call have no one else to help them and are still afraid to go to the store. Currently, Bluegrass Community Action Partnership has been approved to continue providing this service until the end of December 2020.*



# Feeding Seniors Through School Nutrition

BY SUE GREENWELL,  
AGING DIRECTOR

The COVID-19 pandemic was in full swing in March 2020. Senior Centers had closed and people were trying very hard to stay at home. Many families experienced job loss, financial challenges, along with food shortages, reduced trips to the grocery store, and in some cases, reduced contacts with senior family members. Some seniors were faced with food insecurity for a number of reasons including but not limited to: loss of income, loss of support systems, fear of going to the grocery, food shortages, and the increasing cost of food.

Lincoln Trail Area Agency on Aging (LTAAA) worked hard to assure that all seniors who requested meals were receiving either a drive thru meal or a home delivered meal. All clients on the home delivered meal waitlist were added for services. During that time period of anxiety and fear, Lincoln Trail Case Management staff realized that some clients were also receiving "snack meals" that were provided by the Hardin County School System. While delivering meals to their students, since schools had been closed at this point of the pandemic, seniors could also pick up a snack meal. Seniors reported that having both types of meal assistance was very beneficial in that they did not have to worry about having enough food, leaving their home or financial issues.

The meal assistance was helping with both anxiety and food insecurity. While some participants were receiving both meals, it was determined that by far, the majority of the people receiving the Hardin County School meals were not receiving any other meal assistance from the LTAAA.

In early April, Case Management staff realized that the Hardin County School meals were going to be reduced due to limited funding available to continue with the senior meals. This issue was of concern for seniors who felt that they needed both meals but more importantly, it would be a great hardship for the people receiving the school meals only. At that time, the Lincoln Trail Area Agency on Aging reached out to the Hardin County School system to see if a partnership could be developed since LTADD had funding that could be utilized for senior meals. Arrangements were quickly made to collect the necessary NAPIS data and ensure that drivers making deliveries had background checks and would visibly view the senior in the process of meal delivery. The Department for Aging and Independent Living approved the nutritional content of the snack meal.

The above activities allowed for the partnership to move forward. A total of 153 Hardin County residents were assisted with approximately 2,500 snack meals that were funded by the Lincoln Trail Area Agency on Aging. These meals were prepared and delivered by the Hardin County Schools. This partnership helped to assure seniors were fed during the initial days of the COVID-19 pandemic. Due to the school year ending and resources becoming

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*-Sue Greenwell*

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even more limited, this ended the partnership of the snack meals. The participants were given information to apply for a drive by congregate or home delivered meal through LTADD Area Agency on Aging.

# *Food Banks Benefit Seniors and Senior Centers*

BY BRENT CARMAN

The Purchase Area Development District (PADD) operates the Commodity and Food Bank Programs, the regional programs that provide food and non-food products to individuals and families in need who reside in the Purchase Area. Products are distributed through non-profit organizations such as food pantries and community kitchens. These programs are federally funded through the US Department of Agriculture, shared maintenance donations from participating organizations, and public and private donations. The PADD utilizes three programs to supplement food and non-food items to the underprivileged. The first is Feeding America. PADD is a member of the organization and serves as the regional food and grocery distribution site for the donated food and grocery provider for over 33 charities in the PADD Region.

The second program is the Commodity Supplemental Food Program (CSFP) that works to improve the health of low-income seniors at least 60 years of age; pregnant or breastfeeding women or other new mothers up to one year postpartum; infants; up to age six. Commodity Foods are purchased by the United States Department of Agriculture from national manufacturers. They are distributed nationwide to CSFP warehouses and packaged for distribution to participants in the local area.

The third program is the Emergency Food Assistance Program (EFAP) which is a federal program that helps supplement the needs of low-income Kentuckians by providing them with

Kentuckians by providing them with healthful foods at no cost. Under EFAP, commodity foods are made available to local agencies for distribution to underprivileged households for use in preparing meals for in-home consumption, or to organizations that prepare and provide meals for those in need.

When I became involved as the Associate Director for Aging, at PADD, part of my responsibility was to oversee the provision of food prepared and delivered by the Senior Citizens Centers (Senior Centers) in the PADD area. In my time as Associate Director of Aging, it became abundantly clear that there are many challenges facing both the Senior Citizens Centers and the older adults. Due to the increasingly high cost of food and fixed incomes, this has led to food insecurity for many of the older adults which has escalated the need for the meals provided by the Senior Centers. Therefore, the Senior Centers are providing more meals to older adults on limited budgets and resources. Specifically, the Senior Citizens Centers in the PADD Area were struggling financially to maintain services. The Senior Citizens Centers follow the federal guidance under the Older American's Act (OAA). The Department for Aging and Independent Living manages the OAA program for the state of Kentucky. The Older American's Act states that a meal can be provided that meets a minimum of the 1/3 daily nutrition recommendations for older adults. Meals are served at the senior centers and home delivered meals are provided to those who are unable to attend the congregate site.

Meals offer a variety of seasonal foods that are appealing and appetizing. Menus rotate quarterly to reflect seasonal foods and to try to benefit from in-season produce. There are no minimum qualifications to participate in the meal program if you attend the senior centers. To qualify for a home delivered meal, the participant unable to

attend the senior center due to transportation or medical conditions that confine them to their home. There are no income requirements to participate in the meals program; however, donations are accepted. All meal donations are used to expand the meals program. In addition, the number of food insecure older adults in the area have been increasing for a variety of reasons, such as, closing of grocery stores, the rural nature of the region and the difficulty in securing transportation to and from grocery stores, and the increasing concentration of elderly adults that are on limited incomes.

I immediately thought of the need in the community and how the Senior Centers could benefit from inexpensive source of food. I discussed the potential of having a Senior Center approved by the Feeding America Board, to access food from the distribution center. It started with one Senior Center being approved as a test of trial. If the trial went well than, the Board would consider approving other Senior Citizen Centers with the PADD area.

The procedure for accessing or ordering food is as follows:

- >All items are purchased by the pound. The cost for this food is as between 1-19¢ per pound.
- >The approved group can also order food from a list of items issued monthly.

The initial trial was a resounding success. Each Senior Citizens Center that has applied has been sanctioned and permitted to access the food from the Distribution Center. Now each center spends less on commodities and is able to operate in a more fiscally responsible fashion. Most importantly, with successful collaborations between organizations, we have been able to help reduce food insecurity for our older adults. To this end, shelf stable or frozen foods can be acquired knowing that the commodities can be used for future meals. By being proactive, the centers have reduced the need to purchase more costly.



# Malnutrition in Older Adults: Consequences of NOT Fueling Your Body

BY AMANDA STOESS MS, RD, LD  
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The first week of October is recognized as Malnutrition Awareness Week (1). Malnutrition can occur for many different reasons. It is common in older adults but is often undiagnosed and untreated (2,3). Food insecurity, or a lack of access to healthy, affordable foods, can cause malnutrition, however, that is not always the case. More often than not, malnutrition is caused by a lack of variety of essential nutrients. Some older adults who experience malnutrition consume the same food items every day with little to no variety. Reasons for this lack of variation are convenience, lack of transportation, ability to stand long enough to prepare food, ease of preparation, and/or cost. Some older adults who suffer from chronic diseases, which place them on a strict diet, will eat a very limited amount of food items. This can cause deficiencies of key nutrients. Mental health disorders can also cause malnutrition. For example, depression, anxiety, and dementia can all lead to limited food intake (4,5). Over time, this can develop into

malnutrition. Malnutrition, defined by the Academy of Nutrition and Dietetics, is “a physical state of unbalanced nutrition” (6-8). Those that are malnourished can be either underweight or overweight. Older adults who are malnourished and underweight may have concerns with food security and access to nutritious foods. Some who are overweight and are malnourished may eat too many calories with limited variations of nutrients. Doctors and registered dietitians diagnose malnutrition by reviewing weight history, lab results, physical appearances, and food intake history. With proper meals, dietary supplements, disease management, and/or optimal healing, malnutrition can be resolved. Many patients, where malnutrition goes undiagnosed, often have multiple readmissions to the hospital.

Malnutrition can have many signs and symptoms that are often the same or similar to many diseases and side effects experienced due to age and/or medications. Some signs and symptoms are unexplained weight loss, fatigue, weakness (muscle atrophy), constipation/diarrhea, long recoveries from injury or illness, fluid retention, breathing difficulty, and chills/poor circulation (9, 10,11). Since these are similar to other side effects, malnutrition often goes unnoticed and undiagnosed. Those who are malnourished due to a lack of nutrients (proteins, fats, and carbohydrates) are more likely to be underweight. A lack of protein is most common. This could be due to higher food costs, difficulty preparing them, and

protein-restricting diets. With other nutrients, deficiencies include missing vitamins and minerals. Vitamins and minerals are found in food but can also be found in supplements. Some medications and diseases may cause a nutrient deficiency; however, a lack in variety of foods can also cause this. For example, when a person only eats a bologna sandwich on white bread every day for lunch and dinner, there is a limited amount of nutrients provided by that specific meal. Due to the calorie and fat content of the sandwich, the client may not look malnourished immediately. Also if asked, the client will say they have food available in the home; however, without offering details, the malnutrition may go undiagnosed.

A ‘malnutrition screening tool (MST)’ is utilized to assess patients for malnutrition. The most common malnutrition screening tool consists of two questions: Have you experienced any unintentional weight loss? If so, how much? The answers provided are a range of pounds lost that are weighted. The second question is: Have you been eating poorly due to a decreased appetite? Based on this screening tool score, this gives medical teams and caregivers an opportunity to find out more to help better treat the patient. Some of the Area Agencies on Aging and Independent Living (AAAIL) in Kentucky conduct malnutrition screenings on older adults. The agencies conduct the screening initially for each participant and then again annually. Along with the

malnutrition screening tool, each participant receives a nutrition risk assessment. The 'DETERMINE' nutrition risk assessment tool asks about diet, eating habits, medications, weight changes, physical ability to shop for groceries, and social interactions at meal times. Those who score a six or higher are considered at nutrition risk. A referral for nutrition counseling is made for anyone identified with a nutrition risk. The AAAIL's continue to look for assistance for older adults to help lower the clients' nutrition risk and malnutrition scores. Other assistance may be referral to food banks, local religious organizations that provide food/transportation assistance, social gatherings, etc. Check out your local Senior Center today to get connected and to determine your risk!

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