



## Best Practices Pantry Guide to Serving Older Adults

This guide was developed from a preferences and experiences survey completed by low-income older adults across the Denver Metro area that use or have used food pantries to meet their nutritional needs.

### *inside . . .*

- Introduction
- Specific Times and Dates
- Printed Materials and Signage
- Dietary Needs
- Other Older Adult Needs
- Layout of Pantry
- Physical Assistance
- Additional Food Programs that Support Seniors

.....

### ■ Introduction and Background Information

Approximately 11,000 baby boomers age into their older adult years, 60 years or older, in the United States every day.<sup>1</sup> Fixed incomes and rising costs in basic living, medical expenses, and even the death of a spouse can quickly transition an older adult into poverty. Increasingly, older adults are finding themselves unemployed, in some cases years before they had planned to stop working.

When older adults age out of the work force and retire, the majority relies exclusively on Social Security Retirement, and joins millions living at or below the federal poverty level. As such, an increased number of older adults are finding it necessary to frequent food pantries at a much higher rate than in previous decades. As of 2011, 10.87 percent of older Coloradans, aged 60 or older, are food insecure.<sup>2</sup> This number roughly translates to 100,000 food-insecure older adults.

Understanding and accommodating for the physical barriers older adults face in acquiring food is the first step in providing older adult-specific services. To best serve older adults, pantries are now tasked with not only providing nutrition, but also adapting their services to provide for the special needs of an aging population, which includes offering a degree of social support to older adult clients.

Hunger Free Colorado has generated this *Best Practices Pantry Guide to Serving Older Adults* to fill current service gaps and best serve older adult clients. We understand there are many limitations on the services food pantries are able to provide; our hope is that pantries will process the information and suggestions provided henceforth and will actively work to tailor them to the pantry services provided to clients, to the best ability of each pantry.

---

<sup>1</sup> See AARP Foundation website, <http://www.aarp.org/aarp-foundation/our-work/hunger/learn-about-hunger/>

<sup>2</sup> Ziliak J., & Gunderson, C. State of Senior Hunger in America 2011 (National Foundation to End Senior Hunger, August 2013). <http://www.nfesh.org/wp-content/uploads/2013/03/State-of-Senior-Hunger-in-America-2011.pdf>.



## ■ Specific Times and Dates

The prospect of visiting a pantry is intimidating for many older adults who are aware of their physical limitations. Providing a specific time/date for older adults will make them more comfortable with the idea of visiting a pantry, and it will enable the pantry to better focus on the senior clients at that time. When being surveyed, one client noted that he rarely used the pantry closest to his residence because of the high volume of young families and children often at the pantry. He felt overwhelmed, overpowered and uncomfortable in such a “rowdy” environment in which he “could not keep up.”

**Pantry Scheduling:** Pantries offering to provide a time or date that is specific for older adults will increase older adult comfort at pantries, and in turn, increase the number of seniors who are able (and willing) to access essential nutritional food from pantries.

**Staff/Volunteers:** Schedule maximum staff and/or volunteers to assist older adults in shopping, receiving food, and transporting food to vehicles, or even delivering to their homes. Ensure enough volunteers are on site to individually assist older adults through the pantry and transport food to vehicles or deliver to in-area homes.

**Delivery:** Transportation is the most common barrier to pantry usage for older adults. After shopping, pantry delivery routes can be designed to maximize delivery areas for greatest amount of time and mileage efficiency. In food pantries that provide certain food items each week, the older adult client may not even need to show up at the food pantry site; just call and have their allotment delivered. The same could be done with the Commodity Supplemental Food Program (CSFP) and/or The Emergency Food Assistance Program (TEFAP).



This busy pantry cannot accommodate all physically-challenged clients into the pantry because of structural barriers.

To address this issue, they have designed a “shopping list” for those individuals to sit and fill out their preferred choices.

A volunteer then fills the order and helps them out the door or to the car. The list is easily updated to coincide with the pantry’s inventory at any given time and printed out as needed.

*-Best Practices Example: Denver Urban Ministries*



.....

## ■ Printed Materials and Signage

In general, informational materials for seniors should be clear enough for older adults with vision problems to read, and concise enough to keep their attention while communicating all important facts and details. Printed materials should be posted at pantry sites as a reference to patrons and staff regarding regular healthy diets and pantry guidelines.

- Printed materials for older adults should only contain specific, concise information.
- Fonts should be 14 point and larger.
- Double space body text, when possible.
- Align text to the left margin (flush left).
- Don't wrap sentences around a graphic. Sentences divided by a graphic are difficult to read.
- Serif fonts are preferred, as they are easier to distinguish letters.
- Use dark type on light background.
- Avoid using yellow, blue or green in close proximity. As we age, these colors become increasingly difficult to tell apart. Blue or green text on a yellow background, or vice versa, may make the words appear to blend in with the background.
- Make line spacing 1.5 or double.
- Don't use ALL CAPITAL LETTERS and limit the use of italic, script and fancy fonts.

For additional information on creating print materials for older adults, please visit older adult print guidelines: [http://www.nia.nih.gov/sites/default/files/making\\_your\\_printed\\_health\\_materials\\_senior\\_friendly.pdf](http://www.nia.nih.gov/sites/default/files/making_your_printed_health_materials_senior_friendly.pdf).

.....

## ■ Dietary Needs

With old age frequently comes a myriad of chronic conditions. The top five chronic conditions for older adults are: arthritis, high blood pressure/hypertension, heart disease, diabetes and cancer. Often, older adults are living with more than one chronic condition and require an individual diet plan. The nutritional needs of such conditions are difficult to accommodate in pantries supplied by donations, where the majority of food options tend to be canned and have high sodium levels or are enriched-flour products. Clients with health concerns can connect directly with a registered dietitian through Volunteers of America in the Denver metro area (free of charge and they do home visits). The *Determine Your Nutritional Health* self-screen is a great tool to use with older adults to determine whether they require dietitian or doctor services to develop a needs-based diet.

**Kathy McCool, RD**  
Dietitian, Nutrition Services  
Volunteers of America  
kmccool@voacolorado.org  
**303-297-0408**

**Molly Wright, RD**  
Community Nutritionist  
Volunteers of America  
mwright@voacolorado.org  
**303-297-0408**



Sometimes, just the simplest solution can help senior clients while obtaining food from a pantry. At this Denver pantry, serving older adults employs a system where clients line up and enter through one door and leave out another door to help with the natural flow of traffic. However, staff has taken it one step further in considering the comfort of older adults by switching the entry and exit doors by the time of year. The doors are situated on either the east or west side of the pantry building. In the summer, when it is hot, the clients line up on the west side of the building, so they are shaded from the sun. In the winter, when it's cold, they switch the entry and exit, and have clients line up on the east side of the building where the sun will help keep them warm while they wait. No cost involved—just some ingenuity!

*-Best Practices Example: Senior Assistance Center*

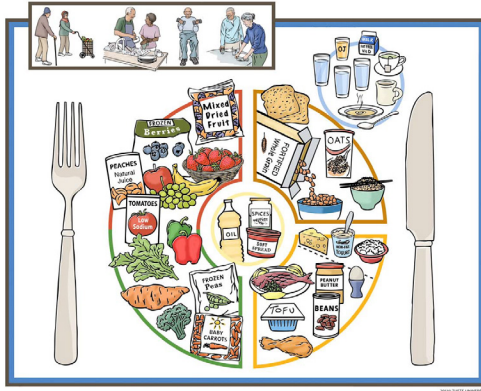


Across the state, the Aging and Disability Resources for Colorado (ADRC) can assist clients in finding local dietitians and doctors to build an individualized diet that addresses chronic health problems. ADRC contact information is listed on the Colorado Department of Human Services, State Unit on Aging website:

<http://www.colorado.gov/cs/Satellite/CDHS-VetDis/CBON/1251649143986>.

Of the older adults surveyed for this best practices guide, 73 percent have chronic health conditions. The chronic conditions most relevant to older adults can often be prevented, delayed or managed by diet. If older adults are provided the proper nutrition preemptively, expensive medical treatments for the various age-related chronic conditions may be decreased, delayed or potentially rendered unnecessary.

Although not a diagnosed chronic condition, many older adults are missing teeth or wear dentures. This is an important consideration because it often limits the diets of affected older adults to soft foods. Food commonly found at food pantries, such as cereal, cannot be comfortably consumed. One client even went so far as to say that he gives away or re-donates any food that is slightly “crunchy” as to avoid discomfort when eating. It is a best practice to ensure that there is soft food available to serve those older adults.



## My Plate For Older Adults

For a printable version of the image above:

<http://www.nutrition.tufts.edu/research/myplate-older-adults>

### ■ Dietary Suggestions:

Older adults require a diet high in nutrient-dense foods and fiber, and lower in calories. Foods low in fat, sodium, sugar and carbohydrates are the optimum offerings when serving older adults. In the survey of older adult pantry clients used to inform this guide, 54 percent of respondents said that their nutritional needs are not met or are only somewhat met through all of their food resources. Medications often times have side effects that lead to diarrhea and vomiting, so fluids are necessary. Fluids can be replaced with drinks such as water, milk and juice, or low-sodium soups and juicy fruits and vegetables.

- **Ideal Proteins:** Eggs, lean meats, canned chicken, fish, dried beans or nuts, tuna, sardines, tofu, legumes and lentils.
- **Fruits and Vegetables:** Fresh, diverse fruits and vegetables are best, but understandably can be difficult for a food pantry to acquire. Canned or frozen fruits and vegetables can still provide needed nutrition. If low-sodium and low-sugar canned items are not available, elderly clients should be encouraged to drain and rinse the canned contents to remove the unwanted, unhealthy additives.
- **Grains:** Whole wheat, oat, or multi-grain breads, pastas (whole wheat preferred), rice (brown preferred), quinoa and cereals rich in whole grains.
- **Dairy:** Dairy can provide needed protein, calcium and vitamin D. It should be low-fat when possible. Low-fat milk, buttermilk, yogurts, and cheeses can add variety to a daily diet. Soy milk, calcium-fortified almond milk, and Lactaid are good substitutes for dairy products.
- **Dietary Suggestions:** Older adult-specific healthy diet materials, such as the *My Plate for Older Adults* developed by Tufts University, should be available for clients to help guide them in healthy food choices.

.....

## ■ Other Older Adult Needs:

There are a number of other items older adults require, some of which cannot be purchased with SNAP benefits (also known as food stamps).

- Kitchen Essentials: Plastic/foil wrap, sandwich bags, paper towels, napkins, laundry and dish detergent, cleaning products, coffee, teas, spices (other than salt) and other condiments (ketchup, mustards, chili sauce, salsa).
- Toiletries/Hygiene Products: Razors, shampoo/conditioner, lotion, adult diapers, toilet paper, hand soap, toothpaste, toothbrushes, shaving cream and deodorant.
- Pet Supplies: A pet might seem like a luxury to others, but it is sometimes the only daily companion for an older adult. Many will feed their pet before themselves. Pantries able to provide basic needs for these furry “family members” are incredibly beneficial for older adult pet owners. Dog and cat food, treats, litter, and other basic pet supplies would be appreciated by older adult clients who otherwise have to purchase these things out of their own pocket.

.....

## ■ Layout of Pantry

It is important to be mindful of the physical limitations of older adult clients when determining the layout of your pantry. Frequently, walkers and wheelchairs require wider aisles for access. **It is recommended that aisle ways be a minimum of 48 inches wide with doorways and entryways at least 36 inches wide.** If your building/pantry is not handicap accessible, it would be beneficial to both staff and clients to have a preconceived plan detailing the process to accommodate disabled clients who are not able to climb stairs or walk around the pantry (e.g., bringing a “shopping list” to the client, then having a staff member or volunteer collect the items selected by the client).

Also, remember to stock items that are essential to older adults—or staple items for older adults—at a level that requires minimal reaching, bending or squatting. Eye level to hip level is the best parameter. Pantries should also clearly label or provide pantry guidelines for clients who are deaf or hard of hearing (e.g., “Take Two Bread Products” next to the grain station.)

.....

## ■ Physical Assistance

The assistance provided to older adults should not be drastic, as older adults do not like to feel helpless or patronized. Rather, this assistance should take the form of a pantry “shopper” aiding them throughout the process, helping them select and carry food.

Older adults are incredibly appreciative of a cheerful presence, greeting them and making them feel welcomed.

One client surveyed said she frequently feels sad, downtrodden and embarrassed utilizing food pantries; she said that a friendly staff member or volunteer to greet her and ask about her day makes her feel like “a human” and helps her retain her

dignity throughout the process. A similar theme with clients surveyed at various pantries was the impact that the staff and volunteers have on their experience. A staff who exchanges pleasantries with clients, provides cheerful assistance and engages in conversation with this generation is invaluable to an older adult's pantry experience.

.....

### ■ **Additional Food Programs that Support Older Adults**

Most food pantries are not able to provide sufficient food to meet all nutrient necessities of older adults. To provide a continuum of nutritional support, the following older adult programs can be implemented or advertised in food pantries.

.....

#### **Congregate Meals:**

Congregate meal sites provide a nutritious meal served in a social atmosphere. Meal sites are sponsored at older adult housing buildings, recreation centers and other community organizations such as faith-based organizations and possibly food pantries. Older adults must be 60 years of age or older to participate, but a younger spouse can eat for the recommended "donation" as any older adult participant. Those 60 or older who cannot pay will not be denied participation in the program. A person under 60 years of age who would like to eat at a site must pay full price, approximately \$7.25 for the Denver metro area (adjusted for cost across the state). Funding for this federal program is allocated through the State Unit on Aging to the Area Agencies on Aging, who contract with meal sites to serve older adults.

.....

#### **Commodity Supplemental Food Program (CSFP):**

In Colorado, the federally funded program, Commodity Supplemental Food Program (CSFP) provides added nutrition to older adults 60 years of age or older. Food is purchased by USDA's Food and Nutrition Services (FNS) and distributed in limited allotments to participating States. Colorado receives, stores and determines qualified participating households through an application process administered through area food banks, and then distributes to qualifying participants in various ways. The approximately 40-pound CSFP food packages do not provide a complete diet, but rather are a source of the nutrients typically lacking in the diets of the target population. CSFP is dispersed once per month, per household.

.....

#### **Home-Delivered Meals:**

Funded through federal monies allocated by the Older Americans Act (OAA), state dollars designated for older adult programs, as well as grants and donations, home-delivered meals programs support homebound older adults by delivering meals to them. Nutrition counseling and education are also required of the meal providing agency. Funding is allocated through the State Unit on Aging, to Area Agencies on Aging throughout the state, who then contract the service. To qualify, older adults must be 60 years or older and be assessed as homebound to

receive home-delivered meals. In addition, low-income older adults are targeted for participation. Donations from participants are suggested, but those who cannot pay are not required to do so in order to receive services.

.....

***Totes of Hope™ – Seniors:***

Totes of Hope™ – Seniors, an extra help program for older adults, supplied by Food Bank of the Rockies in their service area, provides a supplementary bag of senior-specific items not always distributed at food pantries. These programs are funded through grants and community donations and are unfortunately very limited due to need versus capacity. Generally, low-income senior housing sites and centers administer this program.

.....

***SNAP:***

While 63 percent of the survey participants do receive benefits from the Supplemental Nutrition Assistance Program (SNAP), commonly known as food stamps, they still utilize food pantries to meet their food needs. Of those that receive SNAP benefits, 48 percent receive less than 50 dollars a month in benefits.

SNAP provides low-income households with the financial resources to purchase groceries. Each county in Colorado has its own Department of Human Services or Department of Social Services, which is responsible for overseeing the program. Eligibility rules and programs are the same across the state, but there can be differences in county administrative processes. SNAP application assistance should be offered by trained staff or volunteers. For pantries without the capacity to offer application assistance, a partnership with another organization that can provide this service and make regular visits to assist clients should be arranged.

.....

***TEFAP:***

The Emergency Food Assistance Program (TEFAP) is a USDA program that purchases food and distributes it to each state, calculating each fair share by poverty level (60 percent) and unemployment (40 percent). Each state administers and distributes food to local food bank agencies that then send the food to specified community food pantries. They, in turn, distribute the food to qualifying low-income persons. In Colorado TEFAP allotments are calculated by each county's SNAP applications and unemployment rate. The approximately 40-pound box of food contains balanced nutrients and is dispersed once per month, per household.

Integral Support: A special thanks to Denver Urban Ministries, Senior Assistance Center, Servicios de La Raza and Colorado Department of Human Services, State Unit on Aging, for providing input and reviewing this *Best Practices Pantry Guide to Serving Older Adults*. We are also grateful for the input of the older adults who completed the pantry survey used to direct this project.

*For more information, please send questions to [info@hungerfreecolorado.org](mailto:info@hungerfreecolorado.org).*