

Senior Nutrition Program Webinar Takeaways

Advancing Health Equity through Meal Programs Serving Older Adults

May 13, 2021

[Webinar recording](#)

Learning Objectives

- Introduce a systems approach and three practices for building healthy communities and advancing health equity.
- Identify the assumptions, policies, and practices that influence current patterns of inequities.
- Demonstrate ways to use levers within senior nutrition programs to decrease disparities in health and nutrition.

Speaker #1

Judy Simon, MS, RD, LDN, National Nutritionist, ACL

- Intent of the Older Americans Act (OAA):
 - Reduce hunger, food insecurity, and malnutrition.
 - Promote health and well-being.
 - Enhance socialization.
- OAA targets adults 60 and older who have the greatest social and economic need including those that are:
 - Low income.
 - Members of minority groups.
 - Residents of rural communities.
 - Not proficient in English.
 - At risk of institutional care.
- Food insecurity and health issues faced by seniors:
 - Money for food.
 - Money for medicine.
 - Ability to shop.
- Senior Nutrition Program has shown positive results and impact, including improved health and cost savings (e.g., lower healthcare utilization).
- Resources:
 - [Justification of Estimates for Appropriations Committees Link](#)
 - [AGing, Independence, and Disability \(AGID\) Program Data Link](#)
 - [National Survey of OAA Participants Link](#)
 - [Using Groceries and other Nutrition Services to Meet Senior Needs](#)

Speaker #2

Jeanne Ayers, RN, MPH, Senior Advisor, Healthy People Healthy Democracy Initiative, VoteSAFE Public Health

- Health equity means achieving the conditions in which all people have the opportunity to realize their health potential without limits imposed by structural inequities.
- To advance health equity, we need to develop the capacity to influence systems that create healthy communities.
- Embrace a systems approach to creating healthy communities:
 - Identify existing patterns that contribute to good/poor health.
 - Understand the meaning of the pattern and what sustains it.
 - Learn what can be done to change the pattern.

- Health disparities aren't simply due to lack of access to health care or poor choices.
 - Often the result of policies that systematically disadvantage some people including:
 - People of color and American Indians.
 - LGBTQ.
 - Low income.
 - People with disabilities.
- Differences in opportunity:
 - "Communities of opportunity" have access to factors that contribute to better health (e.g., grocery stores, housing, IT connectivity).
 - "Low-opportunity communities" often lack these and other factors, which can lead to poor health status:
 - Poor health status contributes to a variety of health disparities (e.g., diabetes, cancer, obesity).
- Structural racism is the normalization of an array of dynamics (e.g., historical, cultural, institutional, and interpersonal) that routinely advantage white people while producing cumulative and chronic adverse outcomes for people of color and American Indians.
- To change patterns:
 - Organize the narrative, organize people, organize resources.
 - Use tools, such as data collection and analysis, reports, white papers, etc.
 - Ask questions:
 - Are we always working with the same people?
 - Do we need to work with different partners?
 - Examine policies, processes, values, beliefs, and assumptions, keeping in mind that tension and partnership often work together.
- Lessons learned:
 - Health equity must be organic and intentional.
 - Requires commitment and leadership above all.
 - Imperfect process – the work is ongoing.

Speaker #3

Sara Koenig, MS, RDN, CD, Elder Nutrition Program Manager, Wisconsin Bureau of Aging and Disability Resources

- Pre-pandemic, in proportion to Wisconsin's older adult population, the state:
 - Served:
 - Native elders.
 - Black older adults.
 - Hispanic older adults (congregate meals).
 - Underserved:
 - Asian elders.
 - Hispanic older adults (home-delivered meals).
- Programs reflected the fact that 92% of the state's 60+ population is white.
- Reviewed policies and practices and how to serve a more diverse population.
- Explored three areas:
 - Food served.
 - Dining environment.
 - Administrative policies.
- Hmong Dining Center Case Study:
 - Hmong people have lived in Manitowoc County for more than 40 years.
 - They were not using senior services available to them.
 - Discussions revealed barriers of:
 - Language.
 - Transportation.
 - Culture.
 - Began offering culturally appropriate meals along with interpreters and activities.

- The pandemic resulted in an increase in home-delivered meal participation by all groups, except Hispanic/Latinx.
- Next steps:
 - Dig deeper into the data.
 - Ask key questions (e.g., should dining even reopen in some communities? Should dining centers move to a different location?).
- Resources:
 - [County Health Rankings—Robert Wood Johnson Foundation](#)
 - [Mobilizing Action Toward Community Health \(MATCH\)](#)
 - [Policy Evaluation Tool](#)
 - [Race Forward’s Racial Equity Impact Assessment Tool](#)
 - [Government Alliance on Race & Equity \(GARE\) Racial Equity Toolkit](#)
 - [Milwaukee County Racial Equity Framework](#)

Speaker #4

Raia Contractor, MPH, Grants and Data Manager, Baltimore City Health Department

- When the pandemic hit, Baltimore City Health Department (BCHD) partnered with city agencies, nonprofits, and community-based organizations to ensure home-based food support was available to older adults.
- Public Health Impact Model shows four levels of how seniors obtain food; BCHD developed a plan of action for each level:
 - Level 1: Family and Friends.
 - Level 2: Neighborhood Organizations.
 - Level 3: Senior Living Facilities.
 - Level 4: Maryland Access Point (MAP), the state’s Aging and Disability Resource Program.
- Levels 1 & 2: To raise community’s awareness of MAP, developed a “LEAN On” communications program:
 - Link to ways to get food and meet needs.
 - Explore other services.
 - Ask for help when you need it.
 - Nobody has to do it alone – we’re all in this together.
- Level 3: To address meal delivery at city’s 115 senior housing sites:
 - Converted congregate meals sites to “Grab & Go” meals.
 - Partnered with the Salvation Army to deliver meals 3x a day, 7x a week during the height of the pandemic.
 - Conducted weekly calls and surveys to assess community needs.
- Level 4: To address home-delivered meals and groceries:
 - MAP expanded staff as calls tripled during COVID.
 - Meals on Wheels increased meal delivery.
 - BCHD began grocery box delivery through partnerships with Salvation Army, Maryland Food Bank, and Amazon.
- Results:
 - More than 2.2 million meals delivered in 2020.
 - Improved data on/relationships with senior housing sites.
 - Currently assessing zip code data to evaluate strengths/weaknesses of food response.
- Resources:
 - [Redlining, Black butterfly and white L](#)
 - [COVID-19 food distribution response in Baltimore City](#)
 - [Baltimore City food environment briefs and maps](#)
 - [Baltimore City neighborhood health profiles](#)

Speaker #5

Philip Lanier, MSW, Nutrition Specialist, AgeOptions

- Nearly 1 in 3 older adults in suburban Cook County, Illinois is racially or ethnically diverse.
- To operate a successful meal program, food, culture, and friends all need to be familiar.
- Research revealed that:
 - Food and social interaction were top two reasons that seniors attend a congregate dining site.
 - Socialization is especially important to racially diverse populations.
- During the pandemic, minority populations were especially hard hit.
- AgeOptions looked for creative ways to serve these populations and ensure equity, including establishing relationships with culturally connected community partners to:
 - Use idle adult day care service vans and drivers to deliver home meals.
 - Partner with Top Box Food to include more fresh food in home-delivered meals.
 - Partner with an Arab American food supplier to create custom boxes for the Ramadan holiday.
 - Create home-delivered food boxes tailored to Middle Eastern preferences.
- AgeOptions was awarded a three-year grant from ACL to explore:
 - How home-delivered groceries can fit under the OAA.
 - How programs can help meet unmet needs of isolated or ethnically/culturally diverse populations.
- Expanding nutrition equity in your programs:
 - Start with standard food box and add/subtract items based on population preference.
 - Provide recipes tailored to cultural/ethnic population.