



National Association of Nutrition and Aging Services Programs

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Comments and Listening Session Summary for the 2022 White House Conference on Hunger, Nutrition, and Health

Organization:	National Association of Nutrition and Aging Services Programs (NANASP)
Venue:	Virtual convening held June 28, 2022
Participants:	18 NANASP members, 3 NANASP staff
Discussion Focus:	Ways to strengthen federal, state and local policies and programs related to older adult nutrition
Why This Is Relevant:	The White House stated: “We’re especially interested in actions that will help eliminate disparities and support the diverse range of individuals and communities that are impacted by hunger and diet-related diseases, including communities of color, rural communities, people with disabilities, older adults , LGBTQI+ people, military families, and military veterans.”

Background

The National Association of Nutrition and Aging Services Programs (NANASP) is a 1,100-member national membership organization for persons across the country working to provide more than 4 million older adults healthful nutrition and other community-based services. As an organization, we are involved in policy advocacy for older adult nutrition as well as broader aging services, including preventive health measures like vaccination, malnutrition, bone health, and elder abuse prevention.

NANASP members primarily serve meals to older adults, including congregate meals (served in senior centers and other group settings) and home-delivered meals (commonly known as Meals on Wheels programs). These nutrition programs are mainly funded through the federal Older Americans Act (OAA). The OAA Nutrition Program serves over 2 million older adults annually in all states and territories with federal funding for the program totaling around \$1 billion in FY 2022. Pandemic emergency relief bills provided significant additional funding for the program in 2020 and 2021.

General Overall Comments from NANASP

In the process of addressing the five pillars, NANASP seeks to ensure that specific actions that might be undertaken by either the Executive Branch or Congress include a distinct recognition of the nutritional needs of an increasingly diverse older adult population. These actions should have the objective of improving the health of older adults through good nutrition while emphasizing screening and nutrition care plans to address older adults who are at risk of or who are suffering from malnutrition.

NANASP also seeks to have the national network of community-based senior nutrition programs given greater recognition and support for the Conference's goal of ending hunger by 2030. This should include having the conference urge stronger ties between health care systems, hospitals, long-term care facilities and these community-based nutrition programs.

NANASP also urges that this Conference:

- Strongly endorse policies and practices which allow the safe restoration of congregate nutrition programs for older adults—while recognizing that home delivered meals remain another essential option for other older adults and providing this program with adequate resources as well.
- Recommend closer ties between community-based transportation services and nutrition services to achieve the recommendation of Pillar 1 (“End hunger by making it easier for everyone... to access and afford food... and improve transportation to places where good food is available.”)
- Make improved and expanded nutrition education available to older adults to aid them in making informed healthy nutrition choices.
- Have as a goal the elimination of food deserts by 2030.
- Implore food manufacturers and those in wholesale and retail nutrition to revise food pricing structures to place high-quality nutritious foods on a competitive pricing scale as foods with poor nutrition quality. Similarly, the conference should encourage the fair pricing and promotion of culturally appropriate healthy foods.
- Recommend distinct public-private partnerships to achieve expedited enrollment in nutrition safety net programs for eligible older adults such as the Supplemental Nutrition Assistance Program.
- Direct relevant federal agencies to conduct a national nutrition innovation inventory of successful pilots or programs which have led to improved access to quality food.
- Recognize through data collection the value of the Older Americans Act Nutrition Program to future savings in Medicare and Medicaid.

Responses to Listening Session Questions

We gathered a small group of our members to hold a focused listening session on ways in which the White House, working with federal, state, local, and private partners, could improve these

federally-funded older adult nutrition programs. The following points summarize NANASP members' responses to the suggested listening session questions:

1. How has hunger or diet-related disease impacted you, your family, or your community?

- NANASP members mainly serve older adults who experience hunger, food insecurity, malnutrition and/or diet-related chronic diseases.
- Many older adults served by NANASP members are unable to cook or shop for themselves, so they rely on congregate and home-delivered meals programs for nourishment.
- Another barrier that older adults face is transportation to meal sites and grocery stores.
- Some older adults experiencing hunger may not have enough food that they are “excited to eat” and that is healthy for them. For example, the pandemic food boxes that were provided in 2020 contained a lot of food older adults could not eat because of the salt content and other factors.
- Many of these older adults also experience social isolation and loneliness, which is also combated by the Older Americans Act (OAA) nutrition programs.
- The increasing diversity of the older adult population is a key factor – and not just racial/ethnic diversity, but also LGBTQ+ populations, older adults with disabilities, and a varying age range of older adults who are living longer as a population.

2. What specific actions should the U.S. Federal government, including the Executive Branch and Congress, take to achieve each pillar? What are the opportunities and barriers to achieving the actions? Actions should include specific policy and/or programmatic ideas and changes as well as funding needs.

- Many of the actions that NANASP members cite as important to ensuring the best and most effective operations of their programs (and thus enabling them to nourish as many older adults as possible) are federal and regulatory in nature.
- Members cite increased flexibility as their number one need beyond increased funding.
- For example, members stated that the dietary guideline requirements for meals served under the OAA nutrition program are unrealistic, that there is a disconnect between “real world” eating patterns and the guidelines. One member stated that these programs are different than ones serving children because adults have the right to choose how they consume food, the right to self-determination. In other words, they feel that healthy meals are important but flexibility in meal service is also an important aspect of quality of life concerns.
- Another common topic was the funding structure of the program. Members agreed that there isn't enough room for innovation in meal services – for example, that “grab and go” meals from congregate nutrition sites cannot be funded as a congregate meal, or that food boxes with ingredients for cooking specific foods cannot normally be considered a home-delivered meal. Many participants stated that Congress/the Administration should consider collapsing the separate congregate and home-delivered

nutrition funding streams into one flexible stream and/or create a third stream that could be used for other innovative approaches.

- One common suggestion was to create waivers to policies at the local level – for example, in a specific location, flexibility in following the dietary guidelines could be requested as long as it could be justified.
- Another issue that several cited was a lack of funding and support for good nutrition education and useful chronic disease prevention programs. One member said that she would love to host more of both programming but she does not have the funding to hire qualified staff to create and implement the programs or to hire outside workers (i.e. local dietitians, doctors, etc.) to provide the education.
- Funding for workforce (since volunteerism has lapsed as a result of the pandemic), renovations, vehicles, kitchen equipment, better ventilation, etc. is also needed – potentially as a set-aside under either title III-B or III-C of the OAA. For example, one member said that current regulations do not allow for vehicle purchase but do allow for vehicle leasing under title III-C.

3. What specific actions should local, state, territory and Tribal governments; private companies; nonprofit and community groups; and others take to achieve each pillar?

- Members are concerned about state interpretation of OAA-related regulations – that some states are less flexible than others in their interpretation and do not allow for realities on the ground. They also said that both states and area agencies on aging should be conducting focus groups with providers and older adults to get their input on what is truly needed.
- Members discussed the importance of physical activity, particularly for those who are homebound. They said that modified exercises could be safely linked with meal delivery by local programs, potentially with an “accountability buddy” assigned by a meal program to ask about physical activity. One member said that it’s about physical movement in general and to emphasize that concept – and that programs need to meet older adults on their specific ability levels with regard to activity.
- Members said that local programs might use door hangers and free coffee to get older adults in the door of programs – and use other older adults to market their programs.
- Ultimately, programs need to be culturally authentic and accessible to those with limited English, people without technology, and people with limited literacy.
- Local programs should be located in transit-heavy areas with usable sidewalks and in buildings that are ADA-compliant.

4. What are opportunities for public- and private-sector partners to work together to achieve each pillar?

- Members cited the need for funding for studies to capture program innovations, studies on the health outcomes of participants receiving congregate and home-delivered meals,

whether in-person hot meal delivery is preferable to shipped frozen meal delivery, and other related research.

- Members would like to partner with schools, YMCAs, etc. to create intergenerational meal programs and exercise activities.
- Members would like to further partner with hospitals and other health care providers to have them offer pro bono classes and nutrition/health education to their older adults, since providing in-house staff for these classes is so cost-prohibitive.

5. What are innovative, successful activities already happening at the local, state, territory, and Tribal levels that could inform actions at the Federal level?

- Restaurant partnerships to provide older adults with meals in a congregate space are increasingly common.
- Many health systems are partnering with community-based organizations to offer nutrition education, health education, farmers market “prescriptions,” and discharge planning.
- One program has a grant to provide their older adults with food from local farmers, much like the USDA program to get fresh food into schools.
- Medically-tailored meals programs are springing up nationwide; these programs could receive funding.
- One program is marketing to homeless older adults, using a shelter as a congregate meals site to connect them with food and other wrap-around services.
- Some programs are using YouTube videos and other digital media for their nutrition and health education programs.
- In Los Angeles, they have sought dietetic interns from local universities and partnered with the University of Southern California for a cyber café to combat social isolation.
- Popular chronic disease self-management classes are the Diabetes PATH classes, Matter of Balance, and tai chi. Some programs are working with local hospitals, their local Alzheimer’s Association chapter, and their county extension offices to provide evidence-based programming and health screenings.