Understanding the Training Needs of Older Americans Act (OAA) Title VI Program Nutrition And Aging Program Professionals

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Written by:
Jean L. Lloyd, MS, Consultant
& Larry Curley, Consultant

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Executive Summary

ISSUE

Based on discussions with and requests from Title VI directors, the need was raised for the development and implementation of programs to meet the training needs of the Older Americans Act (OAA) Title VI nutrition and aging program professionals. Such training would improve the administration, implementation, quality, efficiency and effectiveness of the implementation of the OAA Title VI Nutrition Program. An environmental scan of available client needs assessments, program surveys, program evaluations, research and studies by federal, non-governmental organizations and research institutions was conducted. This paper and the accompanying reference documents address this topic.

The primary purpose of this paper was to examine the availability of data to help inform how to meet the training needs of OAA Title VI nutrition and aging program professionals. Data and conclusions reached in the studies cited suggest that social determinants of health (SDOH), such as access to healthy food, diet, nutrition and social interactions, play a significant role in determining the health status of the American Indian/Alaska Native/Native Hawaiian (AI/AN/NH) population.

Diet and nutrition can improve the health and well-being of AI/NA/NH elders. Yet it is important to understand the contextual setting of many in this population as well — high poverty rates, low income, low education attainment and high prevalence rate of chronic diseases. One study concluded that one in seven older American Indians will face hunger or food insecurity, thereby substantiating the crucial role that the Title VI Nutrition Program might have in mitigating the situation.

OAA Title VI provides an opportunity to organizations and Tribal governments serving AI/AN/NH elders to improve health and nutrition services. However, as the studies by both the National Association of Area Agencies on Aging (n4a) and the University of North Dakota (UND) conclude: **The available resources are inadequate and fall short of the stated purposes of Older Americans Act Title VI.**

Two key factors, available resources and the level of funding for these programs, affect the services that are needed by AI/AN/NH elders and Title VI program staff. There is also a strong correlation between funding levels and the impact of the programs in Tribal communities.

In addition to bolstering funding, other clear needs exist. The studies cited in this paper identify and suggest the strong correlation between nutrition and health, the unmet needs in Tribal communities, and organizational issues facing Tribal aging programs, which include the high turnover of staff.

Key Take Home Messages

- The OAA major focus is on the delivery of congregate and home-delivered meals to reduce hunger and food insecurity, and to promote socialization and health among AI/AN/NH elders. But Title VI directors shared experiences regarding the limited longevity of directors and the high turnover of staff in Tribal aging programs hinder accomplishment of these goals. These observations identify a need. **New and incoming staff increase the need for continual training and support and specifically for cooks for meal preparation.**
- The strategies that could influence Title VI implementation **include improving existing food programs; promoting food sovereignty and access to traditional foods and expanding locally cultivated foods.** All of these strategies could be part of training for Title VI directors and staff.
- This document identifies the need to **develop and implement a standardized national Tribal nutrition training program.** This would be extremely beneficial in the delivery of healthy, nutritious meals to improve the health status of the elders using these services.
- It is also critical to **evaluate training effectiveness.** At a minimum, a certificate program for **nutrition program staff would provide** the necessary credentials and training to inspire confidence by Tribal elders that the meals meet the nutrition and food safety requirements of the OAA, are appealing, and include foods to reinforce cultural traditions.

Overview: U.S. Native American Population

About 945,000 people age 60 and over identify themselves as Native American (NA) or Alaskan Native (AN) alone or in combination with another racial group. About 549,000 of those elders identify as NA or AN with no other racial group. There are 573 federally recognized American Indian (AI) tribes or AN villages, and more than 100 state-recognized tribes. About 26 percent of AI/AN live at the poverty level, compared to 11 percent of non-Hispanic Whites, in 2012.[1]

This population faces challenges of poor housing and inadequate sewage treatment, cultural barriers, geographic isolation, low income and inadequate access to health care. Leading chronic conditions and causes of death include obesity, heart disease, cancer, accidents, diabetes and stroke. Many of these conditions are directly impacted by food, exercise and behavioral health habits.[2]

Legislative History of the Older Americans Act Title VI

The Older Americans Act (OAA) was signed into law by President Lyndon Johnson in 1965. It is administered by the Department of Health and Human Services (DHHS) Administration on Aging (AoA) within the Administration for Community Living (ACL). In the ensuing years, it was amended several times in response to the expressed needs of the aging community.

The amendments in 1975 authorized grants to Indian Tribes under Title III (grants to states) to provide services (including congregate and home-delivered nutrition services). This was the first step toward recognizing the needs of the nation's Native elder population. Under Title III, funds for aging programs were and currently are allocated to the State Units on Aging (SUAs) based on the total State older population. SUAs then allocated Title III funds to the Area Agencies on Aging (AAAs) to plan and develop services needed by older adults in the Planning and Service Areas. This included the Native elder population whose service providers were the Tribal governments.

With the passage of P.L. 93-638, "The Indian Self-Determination and Education Assistance Act" in early 1975, Tribes began to question why they were not able to receive these funds directly from the federal government rather than having to request funding from either the AAAs or the SUAs.

Under Title VI, services provided include congregate and home-delivered meals, information and referral, transportation, personal care, chores, health promotion and disease prevention, other supportive services and support for family and informal caregivers.

The 1978 amendments to the OAA authorized a separate title, Title VI for Grants for American Indians, Alaska Natives and Native Hawaiians (AI/AN/NH) for nutrition and supportive services. In 2000, Title VI expanded to include caregiver support services. Eligible Tribal organizations receive Title VI grants in support of the delivery of home- and community-based supportive services for their elders, including nutrition services and support for family and informal caregivers.

Under Title VI, services provided include congregate and home-delivered meals, information and referral, transportation, personal care, chores, health promotion and disease prevention, other supportive services and support for family and informal caregivers.[3]

Older Americans Act Title VI Funding and Services

Initially, fewer than 30 Tribal programs were funded by Title VI in the early 1980s. Congress appropriated $6 million in the first year of funding. This level of funding remained static over the next few years as the number of Tribes applying for and receiving approval increased. As the number of grantees increased, the funding decreased to previously funded Tribes.

By 2018, there were 270 grantees under the Title VI program. A report by the U.S. Commission on Civil Rights, "A Quiet Crisis, Federal Funding and Unmet Needs in Indian Country," concluded: "This study reveals that federal funding directed to Native Americans through programs at these agencies has not been sufficient to address the basic and very urgent needs of indigenous peoples. Among the myriad unmet needs are health care, education, public safety, housing and rural development. The Commission finds that significant disparities in federal funding exist between Native Americans and other groups in our nation, as well as the general population. Among immediate requirements for increased funding are: infrastructure development, without which tribal governments cannot properly deliver services; tribal courts, which preserve order in tribal communities, provide for restitution of wrongs, and lend strength and validity to other tribal institutions; and tribal priority allocations, which permit tribes to pursue their own priorities and allow Tribal governments to respond to the needs of their citizens."[4] This study clearly underscores that one of the contributing mitigating factors is funding of programs designed to meet the needs of American Indians, including the elderly Indian population.

Total 2019 Title VI funding is $34,308,000. "In Fiscal Year (FY) 2018, grants were awarded to 270 Tribal organizations (representing 400 Tribes and villages), including one organization serving Native Hawaiian elders. Services provided by this program in FY 2017 include:

- Transportation Services, which provided over 700,000 rides to meal sites, medical appointments, pharmacies, grocery stores and other critical daily activities.
- Home-Delivered Nutrition Services, which provided almost 2.5 million meals to more than 24,000 homebound NA elders. The program also provides social contacts that help to reduce the risk of depression and isolation experienced by many homebound NA elders.
- Congregate Nutrition Services, which provided almost 2.4 million meals to more than 61,000 NA elders in community-based settings, as well as an opportunity for elders to socialize and participate in a variety of activities, including cultural and wellness programs.
- Information, Referral and Outreach Services, which provided more than 810,000 hours of outreach and information on services and programs to NA elders and their families, thereby empowering them to make informed choices about their service and care needs." [5]

Title VI Services FY 2017

Social Determinants of Health

The World Health Organization defines social determinants of health (SDOH) as the conditions in which people are born, grow, live, work and age.[6] These SDOH are the economic and social conditions under which people live that help influence their health.[7] SDOH are risk factors in society such as income or employment; availability and access to affordable nutritious food; social isolation or social support; affordable, safe housing; utilities such as cooling in the summer and heating in the winter; transportation and access to community services; neighborhoods; and healthcare systems.

AI/AN/NH are diverse in culture, history, health disparities and nutritional health. Many live in poverty, in poor housing conditions, and in rural and frontier areas. Many have decreased access to health care and decreased access to healthy foods. One result is increased risks of chronic disease — especially obesity, diabetes, heart disease and cancer — which are impacted by access or lack of access to adequate, quality, safe and nutritious food.

A recent report from the Anthem Public Policy Institute indicated that socioeconomic factors and support networks may be responsible for as much as 40 percent of overall health risk. If individual factors such as diet, exercise and health habits are considered, these may account for 80 percent of overall health risk.

The research showed a difference between the perceptions of individuals and academic research on risk factors and their importance. Individuals attributed more importance to food and social support than academic research did.[8] Title VI programs place significant importance on serving healthy meals, providing social activities and decreasing social isolation, and supporting families and caregivers — all of which are SDOH

2) Food Security, Food Sovereignty and Food Deserts

Food security is defined as consistent, dependable access to enough nutritious food for active, healthy living.[9] One of the few studies of hunger and food insecurity among AI/AN elders was completed by First Nations.[10] It found that that one in seven older AIs will face hunger or food insecurity. Through healthy meal provision, coordination with the United States Department of Agriculture (USDA) food assistance programs, and connections to social activities and interactions, the Title VI Program partially addresses hunger and food insecurity among AI/AN.

Recent research has questioned the connection with USDA food assistance programs. Warne and Wescott (2019) discuss the role of SDOH influencing nutrition in Native communities. They posit that rather than addressing hunger and food insecurity, USDA food assistance programs such as Food Distribution on Indian Reservations may not be culturally sensitive and may have contributed to some of the health disparities found in Indian country through the provision of unhealthy food. Although conceding that some USDA food assistance programs have improved by offering healthier foods, this research indicates that more and diverse actions need to be taken to improve nutritional health. The research did not specifically address the Title VI Nutrition Program because it is not funded by the USDA.

In addition, the researchers indicate that there may be resistance by both individuals and Tribes to the incorporation of more healthy foods into meals and to changing dietary habits due to the current acceptance of less healthy foods.

These strategies recommended by the researchers could influence Title VI implementation: improving existing food programs, promoting food sovereignty and access to traditional foods and expanding locally cultivated foods.[11] All of these strategies could be included in training for Title VI directors and staff.

Food sovereignty is the recognition of the right and ability of each Tribal nation to feed its people and the acknowledgement that Native traditional foods are important to the health and well-being of Native people. It includes concepts such as local control of agriculture, access to culturally appropriate healthy sustainable food and use of traditional knowledge in dietary habits and agricultural practices.

As part of the food sovereignty movement, strategies address the issue of food deserts. **Food deserts** are locations without ready access to fresh, healthy and affordable foods.[12] If there is less reliance on foods brought into communities from other places and more reliance on locally grown and/or processed foods, there may be more food security and healthier diets. This could possibly decrease the intake of too much sodium, added sugar and saturated fat, which are known to have adverse health effects. Traditional diets are limited in sodium, added sugar and saturated fat and are healthier due to the use of lean protein, fruits and vegetables, and whole grains as well as traditional food processing and preparation methods.

Other factors that impact the health and well-being of AI elders include substandard housing; limited available housing stock on most Indian reservations; roads and transportation, especially when the nearest healthcare facility is 40 miles away over impassable roads during inclement weather; and communication systems that are either unreliable or non-existent. These are all examples of key SDOH. In a study by the Navajo Nation Division of Health, Dr. Gayathri Kumar identified food deserts as a significant

issue and said that where there are stores, the availability of healthy foods is limited and more expensive.[13]

A unique approach to addressing the nutrition needs of Tribal communities is one taken by the Navajo Nation, which published a toolkit to develop and implement comprehensive Tribal food policies and laws.[14] The toolkit is designed to increase Tribal food sovereignty and security.

It is unclear, however, if the toolkit or the use of the toolkit has had an impact in improving the health and well-being of the Navajo people, i.e. decreasing prevalence of diabetes, obesity or chronic diseases. Evaluation of its impact on the health data is too early to determine its effectiveness. Still, it is an example of laws, policies and programs that tribes could develop that emphasize traditional foods and limit sodium and sugar intake by regulating sales of junk food in Tribal communities.

Poverty influences access to healthy food. Food insecurity is higher in low-income populations and food deserts are more prevalent in lower income areas. Surveys of 18,134 Native elders found that 47.3 percent of Native elders had incomes below $14,999 compared to 15 percent of the U.S. adults aged 65 and older — or a poverty rate three times higher.[15] This UND survey assesses the health and social needs of Native elders in Tribal communities every three years. The 2017 poverty threshold was $11,756 for a single older adult living alone.

AI/AN/NH program elders are poorer and influenced by their food environment. Concepts of food security, food sovereignty, use of traditional foods, and food deserts may influence what food is or is not be available to local tribes to be eaten at home and served in the Title VI Nutrition Program. The prevalence of food insecurity, food deserts, and lack of access to healthy foods emphasizes the importance of serving healthy meals as well as meals that reinforce culture. Other SDOH such as poor housing, transportation limitations and healthcare access also impact AI/AN/NH health and well-being.

2) Service Needs

The population of elderly American Indians is growing with each decade. They are living longer, and recent studies indicate they have a high rate of diabetes, obesity and chronic diseases. These factors contribute to high health care costs in Tribal communities and the expenditures of the Indian Health Service's (IHS) Preferred Referral Care (PRC), formerly Contract Health Care funds. PRCs are designated funds appropriated by Congress to the IHS to pay for specialty care that is not provided by the IHS, such as heart surgery and liver transplants. Unfortunately, these funds are limited and it is not unusual that funds appropriated in October, the new fiscal year, are depleted by March of the following year. The result is that if one needs a heart transplant in July, he would have to wait until October when the new appropriations are allocated.

The incidence and prevalence of chronic diseases among the AI elderly population are also captured in the UND "Identifying Our Needs: A Survey of Elders" Title VI Cycle VI Needs Assessment surveys. The data show that "American Indian elders have a higher prevalence of chronic disease than other races in the U.S. population yet are largely overlooked in research and in proposed federal, social, and tribal interventions. We identified the influence of social variables on the health status of AI/AN/NH elders and found that 90% of elders surveyed from 2011 through 2014 had at least one chronic disease."[16] Comparatively, the National Council on Aging, using 2015 Medicaid and Medicare data, reported that 80 percent of older adults of all race/ethnic groups had at least one chronic condition.[16]

According to the UND data, high blood pressure, diabetes and arthritis were the three leading chronic conditions for AI/AN/NH elders. The frequency of hypertension among AI/AN/NH elders (59 percent) nearly mirrored the national average (58 percent). However, other chronic conditions among AI/AN elders occurred at double the national average. Specifically, 54 percent of the AI/AN/NH elders reported diabetes, compared with only 27 percent of the U.S. population aged 65 years or older. Thirtyone percent of all U.S. adults aged 65 or older were diagnosed with arthritis in 2015, compared with 47 percent of AI/AN/NH elders. About 78 percent of AI/AN/NH elders were considered overweight/obese compared to 62 percent of all U.S. adults aged 65 or older.[16]

The Kumar study suggests there is substantial evidence that improvement of the population's diet and nutrition might reduce the incidence and prevalence of these chronic diseases. As in studies by Adamsen and others (2018), it is possible that with the improvement of diet and nutrition, the life expectancy of AI elders could be increased.

2) Social Interactions/Social Connectedness

Social interaction and social connectedness are basic SDOHs, essential to health and quality of life. Loneliness, including feeling socially isolated or feeling a lack of companionship, has major implications for the physical, emotional and cognitive health of older adults. An evaluation of the Title III Nutrition Program found that better social integration and socialization can delay memory loss, reduce obesity and hypertension, and lower mortality. Greater social integration has been associated with Medicare savings.[17]

Similar benefits may occur with the Title VI Nutrition Program as well.

Like Title III and in keeping with the purposes of the OAA Nutrition Program, a primary component of the Title VI Nutrition Program is socialization and social activities. Social activities reduce social isolation and reinforce culture and tradition.

Social isolation and living in rural areas present barriers to this basic SDOH in Indian country. Research has found that cultural practices, traditions, ceremonies, spiritual practices, traditional dance and beadwork are important to resilience and related to improved physical health and lower rates of depression. An examination of the UND survey results suggest that a "degree of participation in traditional cultural practices is directly related to happiness and a sense of peacefulness and calm among AI/AN/NH elders."[18]

Understanding the National Title VI Program: Client and Staff Needs.

The Administration for Community Living (ACL) evaluates federally funded programs on a regular basis including program implementation, service, accomplishments and outcomes, and participant feedback. These evaluations are conducted through independent contractors like ICF International (the National Title VI Program Evaluation), the University of North Dakota (Identifying Our Needs: A Survey of Elders) and the National Association of Area Agencies on Aging (Serving Tribal Elders Across the United States). The next section reviews current progress of these Title VI Program national evaluations.

National Title VI Program Evaluation

According to the Year 2 Interim Report, most elders and program staff indicated that Nutrition Services served a critical need. Data from elders and staff indicated that the program meal was the only hot and nutritious meal that they had in the day, in part because it was difficult for many of the elders to cook due to illness or disability. Both elders and staff emphasized the crucial role of the meals, the social and cultural connections that occurred during mealtime, and importance of the meal and activities to stress reduction for elders and family caregivers.

One elder reported, "We come here and share. Everybody is eating it. It makes you feel good...It's the way the cook prepared it. The native culture, you have it here and we all share that because we can't go home to do that, have native food."

Elders in some programs offered suggestions to improve meals, including rotating menus more often, serving more traditional foods, and providing separate meals to meet special dietary needs such as for allergies and diabetes. Because many programs serve fewer than five days per week, elders suggested serving more meals per week would be helpful. Staff recognized the validity of these suggestions and responded that they could improve quality, variety and number of meals per week if more funding was available.[19]

The Interim results of the Title VI evaluation reinforce the nutritional value of the meals, the social connectedness among participants that occurs at the site, the role of the nutrition program in supporting family and caregivers, and the importance of native culture and traditional foods. All of these factors provide a basis for recommendations for improving nutrition services.

Comparison of National Surveys

National Survey of OAA Title III Nutrition Program Participants vs Identifying Our Needs: A Survey of VI Cycle VI Needs Assessment

The National Survey of OAA Title III participants in 2014 found that "63 percent of Home-Delivered Nutrition Program participants relayed that the program meal provides one-half or more of their food for the day. More than half (52 percent) of Home-Delivered Nutrition Program participants live alone. About two-thirds (69 percent) of Home-Delivered Nutrition Program participants are over the age of 75."[20] Since this survey was implemented, succeeding studies have shown similar results.

A similar survey of OAA Title VI participants by UND reported that out of a sample of 18,134 Native elders, 15 percent were using Home-Delivered meals; however, more than twice this number (34 percent) would use these services if they were available. From a needs perspective, this finding suggests that the Title VI Home-Delivered meals are meeting approximately half of the perceived needs as expressed by the elders. Compare this data with the Title VI Congregate meals program, wherein 17 percent of the respondents indicated they participate in the programs and another 18 percent would participate in the meals programs if they were available. This suggests that only 50 percent of the elders' perceived needs are being met by the program.[16]

National Title VI Program Survey

Serving Tribal Elders Across the United States

The National Association of Area Agencies on Aging (n4a) and the Scripps Gerontology Center at Miami

University surveyed Title VI directors on the needs of Title VI programs across the country. Their 2017 report, "Serving Tribal Elders Across the United States," provides valuable data and a snapshot of the successes and unmet needs of the Title VI programs. This report cited the First Nations study, which concluded that one in seven older American Indians will face hunger or food insecurity, thereby substantiating the crucial role that the Title VI Nutrition Program might have in mitigating the situation.[21]

The survey examined other aspects of the Tribal service delivery system including questions related to organizational structure and staffing of the program; programs and services; elder abuse programs; use of technology and infrastructure; partnerships for service delivery; health care and long-term care services; and training and technical assistance needs of the programs and staff.

The report considered the environmental context of Tribal elders nutrition programs to be critical in assessing the status of the program. Respondents indicated that Title VI funds were used to provide Congregate meals (96 percent) and Home-Delivered meals (95 percent), and 72 percent used Title VI funds for senior center activities. Tribes accessed other sources such as Tribal, OAA Title III, state and smaller miscellaneous other funding to meet this need. Despite leveraging funds from other sources, funding remains a constant constraint. The report indicates the need for more funding for case management, caregiver services and increased access to assisted-living housing.
The "Serving Tribal Elders" report provides key information on organization and staffing patterns of Title VI programs. The turnover rate among Title VI programs is high and there is a constant need for training and re-training to ensure continuity and maintain a quality program.

Limited Title VI staff training and inadequate staffing levels are basic program implementation difficulties.

The report identifies staff training and inadequate staffing levels as basic program implementation difficulties. The mean number of full-time staff is two; part-time staff is also two; and volunteers is one. This adds up to a mean of four full-time equivalents (FTEs). Given these constraints, staff assume multiple roles within programs, from meal preparation and intake functions to providing information and referral, coordinating caregiver and transportation programs and writing grants. The result is that services are limited to those most crucial to funding sources, i.e. congregate meals, home-delivered meals, transportation and caregiver services.

The report discussed current training and future needs. Currently staff and volunteers received training in food safety (99 percent), menu planning (86 percent) and diabetes awareness (78 percent). The report indicates unmet needs in the areas of staff computer literacy (69 percent), and the need for both computer software (59 percent) and computers (56 percent). Resource development was identified as a key training need.

Nutrition Quality Standards

The Title III and VI Nutrition Programs are designed to promote the general health and well-being of older adults. The services are intended to:

- Reduce hunger and food insecurity,
- Promote socialization, and
- Delay the onset of adverse health conditions.[23]

The OAA requires both Title III and Title VI to adhere to basic nutrition quality standards. Under Title III, the OAA requires that all meals served using OAA funds adhere to the current Dietary Guidelines for Americans, provide a minimum of one-third of the Dietary Reference Intakes, meet state or Tribal and local food safety and sanitation requirements, and be appealing to older adults.[24]

Title VI requires that meals served are to be comparable to those funded under Title III, be substantially in compliance with Title III, be provided in a manner that preserves and restores their respective dignity, self-respect, and cultural identities, and takes into account subsistence needs, local customs, and other characteristics that are appropriate to the unique cultural, regional, and geographic needs of the Indian populations to be served.[25]

As a result of these legislative requirements, Title VI program directors and staff need a basic understanding of nutrition, health conditions related to nutrition, menu planning, food service and food

production, food safety and sanitation, and site operations as well as cultural traditions and foods representative of the AI/AN/NH population being served. These requirements are in addition to the federal and Tribal administrative requirements such as reporting, fiscal management, human resources and computer skills needed to operate a program.

Current Professional Training Availability

The AoA provides training and technical assistance to Tribal organizations to support the development of comprehensive and coordinated systems of services to meet the needs of NA elders. Training and technical assistance is provided through national conferences, regional cluster trainings targeted to the needs of a specific region, site visits, monthly webinars, website, e-newsletters, telephone and written consultations, and through the Native American Resource Centers.[25] Despite these efforts, Title VI directors have requested more specific training targeted to meeting the needs of the Title VI Nutrition Program.

Current Literature Review

There is limited current published literature about the AI/AN/NH elders, nutrition of Native elders, the OAA Title VI Nutrition Program, or its operations. The National Resource Centers at the University of North Dakota (https://ruralhealth.und.edu/projects/nrcnaa), at the University of Alaska (https://www.uaa.alaska.edu/academics/college-of-health/nrc-alaska-native-elders/) and the University of Hawaii (http://manoa.hawaii.edu/hakupuna/) list publications specific to the AI/AN/NH elders, but capture limited information on the OAA Title VI Nutrition Program (see Appendix 1). Also listed is a website from First Nations, which includes a bibliography on various topics including Native nutrition and health. This bibliography includes few references to Native elders.

As a result, current published literature provides little guidance for specific training needs, and the sources cited in this document may provide the best foundation.

Publicly available websites provide the information necessary for staff training for the Title VI Nutrition Program on nutrition, health, food service, sanitation and program implementation. (See Appendix 2.)

Discussion

Each of the cited studies, surveys and reports provides the contextual basis for an examination of the role nutrition plays in the health and well-being of elderly American Indians. The contextual setting includes the high poverty rates, low income, low education attainment and high prevalence of chronic diseases. Each of these variables are SDOH. As this population ages, the lower life expectancy and the high loss of lives during the greatest period of productivity will have a significant social and health impact. There also will be a significant impact from the high costs (social and financial) associated with statistical data on housing, income, etc. among the AI population.

The sources conclude the crucial role that diet and nutrition play in improving the health and well-being of AI/AN/NH elders. For AI/AN/NH elders, Title VI of the OAA provides an opportunity to improve these conditions. However, as the studies by both n4a and UND conclude, **the available resources are inadequate and fall short of the stated purposes of Title VI of the OAA.**

These sources concur with the statement that "It is the purpose of this title to promote the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives, and Native Hawaiians that are comparable to services provided under Title III" and "that such services and benefits should be provided in a manner that preserves and restores their respective dignity, self-respect and cultural identities."[25]

The provisions of the OAA as it relates to both Title VI and Title III depend heavily on congressional funding that supports the organizational structure and staffing of Tribal programs. **Two key factors—available resources and the level of funding for these programs— impact the provision of services needed by both AI/AN/NH elders and Title VI program staff.**

Conclusions

Data and conclusions reached in the studies cited suggest that SDOH such as access to healthy food, diet, nutrition and social interactions play a significant role in determining the health status of the AI/AN/NH population. There is also a strong correlation between funding levels and the impact of the programs in Tribal communities.

The primary purpose of this paper was to examine available data to help inform how to meet the training needs of OAA Title VI nutrition and aging program professionals. The summarization cannot ignore the important variable of resources. Concurrently, the studies cited in this paper identify and suggest the strong correlation between nutrition and health, the unmet needs in Tribal communities, and organizational issues facing Tribal aging programs, which include the high turnover of staff.

Recommendations

ONE

New and incoming staff increase the need for continual training and support and specifically for cooks for meal preparation. The experiences shared by Title VI directors regarding the limited longevity of directors and the high turnover of staff in Tribal aging programs highlight this need.

TWO

Thee strategies that could influence Title VI implementation include improving existing food programs, promoting food sovereignty and access to traditional foods and expanding locally cultivated foods. All of these strategies could be part of training for Title VI directors and staff.

THREE

Staff in Tribal aging programs would significantly benefit from the development and implementation of a standardized national Tribal nutrition training program. This training program would be extremely beneficial in the delivery of healthy nutritious meals to impact the health status of the elders utilizing these services.

FOUR

Implementing policies and procedures to ensure continued measurement and evaluation of training effectiveness is critical. At a minimum, a certificate program for nutrition program staff would provide the necessary credentials and training to inspire confidence by Tribal elders that the meals meet the nutrition and food safety requirements of the OAA, are appealing, and include foods to reinforce cultural traditions.

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Appendix 1

Listing of Published Literature on American Indians June 2019

Key Resources

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Tomayko EJ, Prince RJ, Cronin KA, Parker T, Kim K, Grant VM, Sheche JN, Adams AK. Healthy Children, Strong Families 2: A randomized controlled trial of a healthy lifestyle intervention for American Indian families designed using community-based approaches. Clin Trials. 2017 Apr;14(2):152-161. doi: 10.1177/1740774516685699. Epub 2017 Jan 9. PMID: 28064525 [PubMed - indexed for MEDLINE] Free PMC Article

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Wetherill MS, Williams MB, Taniguchi T, Salvatore AL, Jacob T, Cannady T, Grammar M, Standridge J, Fox J, Spiegel J, Blue Bird Jernigan V. A Nutrition Environment Measure to Assess Tribal Convenience Stores: The THRIVE Study. Health Promot Pract. 2018 Sep 21:1524839918800968. doi: 10.1177/1524839918800968. [Epub ahead of print] PMID: 30238822 [PubMed - as supplied by publisher]

Appendix 2

Food and Nutrition Websites for Older Americans Act Title VI Program Accessed June 2019

Administration on Aging and Older Americans Act

2016 Compilation of the Older American Act: https://legcounsel.house.gov/Comps/Older%20Americans%20Act%20Of%201965.pdf

Administration for Community Living Published Guidance: https://acl.gov/about-acl/administration-aging-program-instructions

Fact sheet for Title VI: https://acl.gov/programs/services-native-americans-oaa-title-vi

Fact sheet for Title III: https://acl.gov/programs/health-wellness/nutrition-services

Data at a Glance for Title VI, including Census Data https://agid.acl.gov/DataGlance/NA/

Did You Know....Questions and Answers about the Older Americans Act Nutrition Program: https://acl.gov/sites/default/files/programs/2016-11/OAA-Nutrition-Program-FAQ.pdf

Emergency Planning Resources https://acl.gov/programs/emergency-preparedness

Fact Sheet for Title VI: https://acl.gov/programs/services-native-americans-oaa-title-vi

Fact Sheet for Title III: https://acl.gov/programs/health-wellness/nutrition-services

Funding Allocations for States and Tribes: https://acl.gov/about-acl/older-americans-act-oaa

Title VI Evaluation: https://acl.gov/sites/default/files/programs/2018-03/ACL_TitleVI_Evaluation_Report_FINAL_508.pdf

Title VI Resource Centers: https://acl.gov/programs/services-native-americans-oaa-title-vi

Older Indians: website includes checklist for Title VI grants, archived cluster training presentations, webinars, resources, frequently asked questions, reporting and record keeping, and implementation manual https://olderindians.acl.gov/

National Resource Center on Nutrition and Aging http://nutritionandaging.org/

AARP Foundation

https://www.aarp.org/aarp-foundation/

Lifelong Disparities Among Older American Indians and Alaska Natives https://www.aarp.org/ppi/info-2015/lifelong-disparities-among-older-american-indians-and-alaska-natives.html

Multicultural Fact Sheets https://www.aarp.org/research/topics/life/info-2017/multicultural-population-state-fact-sheets.html

Crossing the Great Divides: A Guide to Elder Mobility Resources and Solutions in Indian Country https://www.aarp.org/livable-communities/act/walkable-livable-communities/info-12-2012/crossing-great-divides-guide-elder-mobilityresources-indian-country.html

Demographics

Administration on Aging Statistical Profile https://acl.gov/aging-and-disability-in-america/data-and-research/minority-aging

Office of Minority Health https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62

National Resource Center on Native American Aging (NRCNAA) https://ruralhealth.und.edu/projects/nrcnaa

National Resource Center for Native Elders https://www.uaa.alaska.edu/academics/college-of-health/nrc-alaska-native-elders/

National Resource Center for Native Hawaiian Elders http://manoa.hawaii.edu/hakupuna/

Emergencies

Food Preparedness https://www.ready.gov/food

Food Safety During Power Outages https://www.in.gov/isdh/files/Power_Outages__2_.pdf

Federal Emergency Management Administration (FEMA) https://www.fema.gov/

Disaster Planning https://www.ready.gov/
Capacity Building Toolkit for Including Aging and Disability Networks in Emergency Planning https://www.naccho.org/uploads/downloadable-resources/Capacity-Building-Toolkit-for-Aging-and-Disability-Networks-2-5-19.pdf

Food Safety

Centers for Disease Control and Prevention:
https://www.cdc.gov/foodsafety/
https://www.cdc.gov/features/food-safety-smarts/index.html
https://www.cdc.gov/foodsafety/people-at-risk-food-poisoning.html
https://www.foodsafety.gov/risk/olderadults/index.html
https://www.foodsafety.gov/risk/deliveries/index.html - home-delivered meals

Food and Drug Administration:
Food Code 2017: https://www.fda.gov/food/fda-food-code/food-code-2017

Recalls, Outbreaks, and Alerts: https://www.fda.gov/food/recalls-outbreaks-emergencies

Food Safety During Power Outages: https://www.in.gov/isdh/files/Power_Outages__2_.pdf

General Food Safety: https://www.foodsafety.gov/

National Restaurant Association: ServSafe https://www.servsafe.com/

United States Department of Agriculture: General Information - https://www.usda.gov/topics/health-and-safety

Food Safety Fact Sheets - https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets

Is it done yet? - https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/teach-others/fsis-educational-campaigns/is-it-done-yet

Thermometers and Food Safety - https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/teach-others/fsis-educational-campaigns/thermy/thermometers-and-food-safety/ct_index

Choose My Plate
http://www.choosemyplate.gov/food-safety

2016 Resource Guide for American Indians and Alaska Natives
https://www.usda.gov/sites/default/files/documents/2016-usda-tribal-guide.pdf

Food Ordering and Purchasing

United States Department of Agriculture
https://www.fns.usda.gov/tn/food-buying-guide-school-meal-programs

https://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs

Food Security

Centers for Disease Control and Prevention Who is Food Insecure....https://www.cdc.gov/pcd/issues/2016/16_0103.htm

Feeding America: https://www.feedingamerica.org/

Research on Senior Hunger https://www.feedingamerica.org/research/senior-hunger-research

United States Department of Agriculture, Economic Research Service
https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us

https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/readings/#elderly

General Nutrition Information

Dietary Guidelines for Americans:
https://health.gov/dietaryguidelines/2015/

Choose My Plate: Practical Tips for Implementing the Dietary Guidelines for Americans
https://www.choosemyplate.gov/dietary-guidelines

http://www.choosemyplate.gov/10-tips-nutrition-education-series

American Society on Nutrition: Current Developments in Nutrition
Social Determinants of American Indian Nutritional Health
https://academic.oup.com/cdn/advance-article/doi/10.1093/cdn/nzz054/5497919?searchresult=1

Tools and Resources:
https://health.gov/dietaryguidelines/2015/resources.asp

Information for Consumers about Diseases and Conditions
Centers for Disease Control and Prevention:
https://www.cdc.gov/diseasesconditions/index.html

Native Diabetes Wellness Program
https://www.cdc.gov/diabetes/ndwp/index.html

Healthy Tribes: https://www.cdc.gov/healthytribes/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fchronicdisease%2Ftribal%2Findex.htm

https://www.cdc.gov/chronicdisease/tribal/index.htm

Indian Health Services: https://www.ihs.gov/forpatients/

National Indian Health Board: https://www.nihb.org/sdpi/food_and_fitness.php#food

National Institute on Health: American Indian and Alaska Native Health: Information for People and Communities
https://americanindianhealth.nlm.nih.gov/subtopic/2/Health-Wellness/35/Eating-Healthy-and-Nutrition

National Institute on Aging: https://www.nia.nih.gov/health/topics

Office of Health Promotion and Disease Prevention: https://healthfinder.gov/

Dietary Reference Intakes Information:
https://www.nal.usda.gov/fnic/dietary-reference-intakes

Academy of Nutrition and Dietetics https://www.eatright.org/

- Position Papers: https://www.eatrightpro.org/practice/position-and-practice-papers/position-papers
- Practice Papers: https://www.eatrightpro.org/practice/position-and-practice-papers/practice-papers
- Position Paper of the American Dietetic Association, American Society on Nutrition and the Society for Nutrition Education and Behavior: Food and Nutrition Programs for Community Residing Older Adults
https://www.eatrightpro.org/-/media/eatrightpro-files/practice/position-and-practice-papers/position-papers/pp_foodnutritionprogramsolderadults.pdf
- Information for older adults: https://www.eatright.org/for-seniors

Nutrition Labeling

Food and Drug Administration - Food Label:
https://www.fda.gov/food/food-labeling-nutrition

Food and Drug Administration – Changes to the Food Label:
https://www.fda.gov/food/food-labeling-nutrition/changes-nutrition-facts-label

Food and Drug Administration – New and Improved Nutrition Facts Label
https://www.fda.gov/food/nutrition-education-resources-and-materials/new-and-improved-nutrition-facts-label

Nutrition, Physical Activity and Older Adults

National Institute on Aging: Nutrition and Physical Activity-Go4 Life
https://go4life.nia.nih.gov/

National Institute on Aging: Healthy Eating
https://www.nia.nih.gov/health/healthy-eating

National Institute on Aging: Physical Activity Go4Life:
https://www.nia.nih.gov/health/exercise-physical-activity

Centers for Disease Control and Prevention:
https://www.cdc.gov/prc/study-findings/healthy-aging.html

https://www.cdc.gov/pcd/issues/2016/16_0098.htm - Older Indians' Perspectives on Health, Arthritis and Physical Activity

National Institutes of Health: American Indian and Alaska Native Health https://americanindianhealth.nlm.nih.gov/
https://americanindianhealth.nlm.nih.gov/subtopic/2/Health-Wellness/47/Elders-Health

https://www.nhlbi.nih.gov/health/healthdisp/an.htm Heart Health

Recipe Sites:

AARP
Slow Cooking: Maidu Indian Style
https://blog.aarp.org/2012/08/09/maidu-indian-banana-acorn-muffin-recipe /

Native Origins Cooking Series
http://videos.aarp.org/search?q=Native%20Origins

Basic Quantity Production:
Food for Fifty - Download for free
http://www.survivorlibrary.com/library/food-for-fifty.pdf 11th edition

http://www.pdfsdocuments.com/food-for-fifty-13th-edition.pdf

https://www.nwcbooks.com/get/ebook.php?id=ULRbvgAACAAJ

United States Department of Agriculture: Quantity Standardized Recipes from USDA https://www.fns.usda.gov/usda-standardized-recipe

Health and Human Services Recipe Sites – recipes are family sized:
Healthy Recipes http://www.cdc.gov/healthyweight/healthy_eating/recipes.html

Keep the Beat: Heart Healthy Recipes http://www.nhlbi.nih.gov/health/resources/heart/ktb-recipe-book

National Heart Lung Blood Institute Recipe Books: http://www.nhlbi.nih.gov/health/educational/lose_wt/eat/recipes.htm
https://healthyeating.nhlbi.nih.gov/

National Institutes of Health
American Indian Health-Recipes http://americanindianhealth.nlm.nih.gov/eating.html

Recipes from the Departments of Health and Human Services and Agriculture: http://www.nutrition.gov/shopping-cooking-meal-planning/recipes

Health Organization Recipe Sites:
American Cancer Association:
https://www.cancer.org/healthy/eat-healthy-get-active.html

https://www.cancer.org/healthy/eat-healthy-get-active/eat-healthy.html

American Diabetes Association: Food, Fitness, Recipes, Healthy Cooking, http://www.diabetes.org

American Heart Association: Recipes, Healthy Cooking, Physical Activity
http://www.heart.org/

Traditional Foods Recipe Sites:
American Indian Health-Recipes:
http://americanindianhealth.nlm.nih.gov/eating.html

Department of Wildlife Management – North Slope Borough
http://www.north-slope.org/assets/images/uploads/Traditional%20Foods%20Recipes.pdf

Healthy Traditions: Recipes from Our Ancestors https://ruralhealth.und.edu/projects/nrcnaa/pdf/cookbook.pdf

iGrow South Dakota State University:
http://igrow.org/community-development/local-foods/native-american-gardens/

Intertribal Bison Cooperative:
http://itbcbuffalo.com/view/recipes

List of recipes from Indian Country Today utilizing traditional native foods:
http://indiancountrytodaymedianetwork.com/department/native-recipes

List of Native Berry Recipes from the Survivor Library http://www.survivorlibrary.com/library/native-berry-recipes.pdf

Traditional Native Recipes:
www.aihd.ku.edu/recipes/index.html
(American Indian Health & Diet Project)

Tribal Connections:
www.tribalconnections.org/health_news/native_roots/april2004p3.html

Sources of American Indian Food Products
American Indian Foods http://www.americanindianfoods.com/

Intertribal Bison Cooperative http://itbcbuffalo.com/view/recipes

United States Department of Agriculture Recipe Sites – recipes are family sized:
Recipe Finder http://healthymeals.nal.usda.gov/recipes

What's Cooking? USDA Mixing Bowl, recipes, cookbooks, menus http://www.choosemyplate.gov/recipes-cookbooks-and-menus

Recipes for tribes using USDA commodity foods http://www.fns.usda.gov/fdd/recipes/hhp/fdpir-cookbk_river1.pdf

Recipes from the Departments of Health and Human Services and Agriculture http://www.nutrition.gov/shopping-cooking-meal-planning/recipes

Traditional Foods and Utilization

Alaska Native Tribal Health Consortium
https://anthc.org/

https://anthc.org/what-we-do/traditional-foods-and-nutrition/

https://anthc.org/what-we-do/traditional-foods-and-nutrition/alaskan-plants-as-food-medicine/

https://anthc.org/what-we-do/traditional-foods-and-nutrition/food-distribution-program-on-indian-reservations/

https://anthc.org/what-we-do/traditional-foods-and-nutrition/store-outside-your-door/

Healthy Native Foods for American Indian Communities
http://www.americanindiancancer.org/wp-content/uploads/2015/06/TOOLKIT_NEW_04-2015.pdf

Alaska Department of Health
http://dhss.alaska.gov/sites/takeheart/documents/traditionalfoods.pdf

Alaska Cooperative Extension
http://www.uaf.edu/ces/foods/

American Indian Cancer Foundation Resources https://www.americanindiancancer.org/resources-2

Healthy Native Foods Toolkit https://www.americanindiancancer.org/wp-content/uploads/2014/01/Toolkit_NEW_03_2014-2.pdf

First Nations Resources from Canada
Professional: Food Safety for First Nations People of Canada: A Manual for Healthy Practices
https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/reports-publications/health-promotion/food-safety-first-nations-people-canada-manual.html

Professional: Traditional Foods: Are They Safe for First Nations Consumption?
http://www.afn.ca/uploads/files/rp-traditional_foods_safety_paper_final.pdf

Consumer: Food Safety Tips
https://www.canada.ca/en/health-canada/services/food-safety-vulnerable-populations/food-safety-first-nations.html

Native Food Resource Center www.nativefoodsystems.org/ This site addresses assistance in the form of financial and technical support, including training materials, to projects that address agriculture and food sectors in Native communities.

Ordering Nutritious and Indigenous Foods: Guidelines and Checklist
https://www.americanindiancancer.org/wp-content/uploads/2017/12/IFGChecklist.pdf

State of Alaska Division of Environmental Health – Food Safety and Sanitation Program
http://dec.alaska.gov/eh/fss/food/traditional_foods.html

http://keepitsacred.itcmi.org/traditional-foods-resource-guide/

http://anthc.org/news/second-edition-of-traditional-food-guide-supports-modern-health/

Traditional Foods Project 2008-2014
https://www.cdc.gov/diabetes/ndwp/traditional-foods/index.html

Training for USDA Funded Child Nutrition Programs

(Professional Standards for Nutrition, Operations, Administration, and Communications/Marketing)
The site is geared to the various USDA funded Child Nutrition Programs, but includes information on culinary techniques, quantity recipes, food safety in on-line, webinar, and video formats. Some materials such as administration are geared toward administration of USDA funded programs, but provide a format that shows how to provide successful training.
https://professionalstandards.fns.usda.gov/

Websites for American Indians, Alaska Natives, Native Hawaiians

Feeding Ourselves: Food Access, health disparities, and the pathways to healthy Native American Communities Seeds of Native Health: http://seedsofnativehealth.org/resources/

http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_475566.pdf

First Nations Development Institute: http://www.firstnations.org/

- Nourishing Native Foods and Health http://www.firstnations.org/programs/foods-health
- Knowledge Center http://www.firstnations.org/knowledge-center/foods-health

Senior Hunger and Food Insecurity in Indian Country: Community Based Solutions to Improve the Health and Well-Being of Tribal Elders http://www.firstnations.org/system/files/Senior_Hunger_in_Indian_Country.pdf

Indigenous Food Sovereignty Sources Guide
https://www.firstnations.org/wp-content/uploads/publication-attachments/Food_Sovereignty_Bibliography_FINAL2.pdf

North American Traditional Indigenous Food Systems http://www.natifs.org/

Social Determinants of American Indian Nutritional Health
Warne, D. and Wescott, S. Social Determinants of American Indian Nutritional Health. June. 2019. https://academic.oup.com/cdn/advance-article/doi/10.1093/cdn/nzz054/5497919?searchresult=1