



Nutrition and Aging Resource Center

2024 Partnership Webinar Series Evaluation Report

February 2025

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This resource was supported in part by a cooperative agreement No 90PPNU0002 from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or HHS policy.

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Executive Summary

Partnership was identified as a top training need in the Nutrition and Aging Resource Center (NRCNA) 2022 Needs Assessment. The NRCNA launched a four-part webinar series, Navigating Partnerships: Connection to Collaboration, to meet the aging nutrition network's training needs.

Partnership experts hosted four one-hour webinars. The first webinar provided foundational information on partnerships, and the last three webinars were examples of successful partnerships from different sectors with the aging network. The webinars included 1) leveraging resources to grow and maintain successful partnerships, 2) healthcare sector partnerships, 3) university partnerships, and 4) state and local government partnerships with the aging network.

The webinar series aims to increase attendees' knowledge of the subject matter and for attendees to utilize this knowledge for action in their programs and organizations. Following each webinar, viewers were asked to complete an online retrospective survey to evaluate the webinar's effectiveness (Step 5: Assessing Effectiveness of the Social Marketing Theory).

The survey assessed the key outcomes, including attendance patterns, change in perceived subject matter knowledge, level of behavioral intention to carry out recommended action steps, and webinar quality (i.e., overall satisfaction, professionalism, reliability, utility, understandability, and future attendance).

Key Take-Aways

Attendance

- Achieved a **high attendance rate (39.1%)**, with 1,268 registered and 378 attending. This is a 66% increase in the number of registrants and a 34% increase in the number of attendees than last year.
- Most utilized promotion strategies were **Administration for Community Living (ACL) promotion (i.e., newsletter)**, **NRCNA e-newsletter**, and **NRCNA email listserv**. This year ACL promotion took first place over the NRCNA e-newsletter compared to previous years. ACL promotion likely contributed to the increase in registrants and attendees.
- **Engaged new NRCNA users** and professionals who were aware of the NRCNA but had yet to utilize an NRCNA resource or service.

Outcomes

- **Increased** perceived **knowledge** of webinar subject matter.
- **Elicited high behavioral intention to carry out recommended action steps.**
- **Achieved high satisfaction** and webinar quality outcomes (scoring higher than 4 out of 5-point scale).
- **Almost all (99%)** would **attend future NRCNA-sponsored training** and **recommend them to a colleague.** Most planned to discuss webinar content with colleagues and/or supervisors and some referred colleagues to attend the webinar/webinar series.
- **Increased NRCNA partnership (97%) and healthcare (193%) webpage views** during webinar months.

To ensure the webinar continues to engage consumers and produce high outcomes, future webinars should consider the following:

- Schedule future webinars based on respondent preferences: **monthly webinar frequency (67.4%)** and **Wednesdays (55.3%)**. The preferred month was evenly split between June, July, and August.
- Utilize popular promotion strategies: **ACL promotion, NRCNA e-newsletter, and listservs.**
- Explore how to improve the performance of lower-performing promotional strategies (e.g., introductory video into smaller clips shared on multiple platforms).
- Pair webinars with supportive NRCNA resources.
- Encourage social support and organization engagement (e.g., promoting watch parties and meetings with supervisors or teams following the webinars, facilitating peer-to-peer discussions, etc.).

Introduction

The 2024 Nutrition and Aging Resource Center (NRCNA) summer webinar series *Navigating Partnerships: Connection to Collaboration* was based on the 2022 NRCNA comprehensive needs assessment findings. The needs assessment identified navigating network partnerships, partnerships with healthcare, and partnerships with local suppliers, vendors, or producers as high-need topics (high interest and low familiarity).

The Senior Nutrition Program is an action-oriented network; therefore, the series started with an introductory webinar on partnerships, including the benefits and resources to leverage, followed by three webinars on exemplary partnerships from various sectors. The webinars included 1) leveraging resources to grow and maintain successful partnerships, 2) healthcare sector partnerships, 3) university partnerships, and 4) state and local government partnerships with the aging network.

This report reviews the 2024 Summer Webinar Series, *Navigating Partnerships: Connection to Collaboration*, and summarizes the evaluation from a post-webinar survey. This report completes step five (Assessing Effectiveness) of the Social Marketing Theory, which is the program planning model used by the NRCNA (Appendix A Webinar Program Planning Model & Appendix B NRCNA Logic Model).

Descriptions of Webinars

Navigating Successful Partnerships: Benefits and Strategies (June 12, 2024)

Christina Holt, M.A.

Biography:

Christina serves as Assistant Director of the Center for Community Health and Development at the University of Kansas. She directs the Community Tool Box and specializes in capacity building for community change and improvement and supporting evaluation of community-based efforts. Christina has served as a speaker and technical consultant for groups including the World Health Organization, World Bank, United Nations, Peace Corps, and the Institute of Medicine. As a volunteer, Christina worked with a local coalition for more than a decade in various roles, including as Coalition Chair and supporting the Healthy Food for All work group. Christina provides trainings to non-profits, coalitions, and those implementing collaborative community-based efforts. Her passion is helping people make a difference on socially important issues.



Presentation Summary:

Addressing societal issues as big as hunger and nutrition are bigger than any one organization – partnership and collaboration are critical to meaningful change and improvement. This webinar will provide a comprehensive overview of the advantages of partnerships, and the essential strategies required for establishing and maintaining successful collaborations. Resources from the Community Tool Box, a free online resource for community change and improvement, will be shared to support participants' efforts.

Learning Objectives:

- 1) Understand the value of collaborative efforts for community change and improvement;
- 2) Identify strategies to grow and maintain successful partnerships;
- 3) Learn how to obtain Community Tool Box resources for strengthening community-based partnerships.

Action Step:

Identify stakeholders to engage, including those affected by the issues and those who may be in a position to affect the success of the initiative.

Navigating Partnership with Healthcare Organizations (June 26, 2024)

Amanda L. Brewster, Ph.D.

Biography:

Amanda L. Brewster is an Assistant Professor of Health Policy and Management at the School of Public Health, University of California, Berkeley. Her research examines how management and inter-organizational relationships influence the performance of health care organizations. Her recent work focuses on identifying effective strategies for health care and social services to work together to address both medical and social determinants of health, including studies of cross-sector collaboration at the community level, partnerships between Area Agencies on Aging and health care organizations, and screening for social determinants of health in physician practices. Her work employs a range of methods, including qualitative and mixed-methods, organizational network analysis, and longitudinal analyses leveraging large survey-based and claims-based datasets.



Presentation Summary:

Partnerships between the health care sector and community-based organizations in the aging network have been identified as a strategy to improve population health, reduce health disparities, and use resources efficiently. This webinar will begin by reviewing some of the reasons why health care organizations have become more interested in partnering with organizations in the aging and nutrition sectors. Then we will present evidence on positive impacts that can arise from partnerships between the aging network and healthcare organizations. Finally, we will review strategies and tactics that organizations in the aging network have used effectively to develop partnerships with health care organizations over time.

Learning Objectives:

- 1) Give examples of why healthcare organizations may be interested in partnering with organizations in the aging and nutrition sectors and potential challenges.
- 2) Explain strategies and tactics organizations in the aging network have used to successfully establish partnerships.

Action Step:

Identify at least one opportunity in which you could partner more effectively with healthcare entities in your role.

Navigating Partnerships between State Units on Aging and Universities (July 10, 2024)

Alexandra Bauman, RD, LDN, & Sarah L. Francis, Ph.D., M.H.S., RDN

Biography:

Alexandra Bauman, RD, LDN is the Navigation & Supportive Services Director at the Iowa Department of Health and Human Services, Division of Aging and Disability Services. She is a Registered Dietitian, and she manages the Older Americans Act programs and services for the state of Iowa, including nutrition, navigation, ADRC, and transition services. She also serves as the Director of the National Resource Center on Nutrition and Aging, a partnership with the Administration for Community Living to enhance and promote Older Americans Act nutrition programs nationwide. Her experience includes initiating innovative programming, working with partners to elevate the needs of older adults, public speaking, and strategic planning. Notably, she acquired over \$6.5 million of discretionary federal grants in her first 3 years of employment and worked with local partners to develop The Iowa Café restaurant partnership program to increase congregate nutrition participation by 100% after a 60% decline from 2010–2019. In her personal life, you can find her with her husband and son, preferably outside, playing tennis, practicing yoga, or cooking something delicious.

Dr. Sarah L. Francis is a healthy aging advocate, implementation scientist, and registered dietitian. Presently, she is a Professor in Food Science and Human Nutrition at Iowa State University and is serving as the research director at the National Resource Center on Nutrition and Aging. With a rich experience spanning 20 years in community health and aging, Dr. Francis dedicates her efforts to developing and evaluating theory-based nutrition and health education programs. Her work, deeply rooted in Social Marketing Theory (SMT) principles, targets older adults and underserved populations. Through her Extension programming and research endeavors, she aims to engage, excite, and empower adults to prioritize their health, one behavior change at a time.

Presentation Summary:

Join Alexandra Bauman, RD, LDN, and Sarah Francis, PhD, MHS, RDN as they discuss their decades-long partnership between the aging network, senior nutrition program and Iowa State University Extension. They will discuss the history of their partnership, the benefits of universities and the aging network working together, and how other organizations should get started. Some of their notable projects include hosting the National Resource Center for Nutrition and Aging, publishing research on innovative congregate meal program designs, and streamlining nutrition education for older



adults in Iowa. Participants will learn how they could replicate this partnership in their state through shared values.

Learning Objectives:

- 1) Learn how the aging network and Extension can collaborate.
- 2) Gain ideas about specific nutrition, aging, and research projects to replicate in your community.
- 3) Gather resources to support your work in the aging network or Extension.

Action Step:

If you work in the Aging Network, reach out and have a conversation with your state Extension. If you work with Extension, have a conversation and reach out to your State Unit on Aging or local Area Agency on Aging.

[Navigating Partnerships Between State Government, Local Government, and Program Providers \(July 24, 2024\)](#)

Shannon Draayer

Biography:

Shannon Draayer serves as the Executive Director of Community Nutrition for WesleyLife. Shannon has expertise in community health transformations, having worked for a policy consulting firm and for Blue Zones Project, a community health initiative. In her role with WesleyLife, Shannon leads the company's focus on health and well-being for team members and those WesleyLife serves. She also leads the organizations focus on Community Nutrition, including a meal program serving nearly 2,000 individuals each day. She earned a bachelor's degree from Iowa State University in Journalism and Political Science and a Masters of Communications Leadership from Drake University. In 2024 Shannon was recognized as one of the Des Moines Business Record's 40 Under 40 Business Leaders. Shannon lives in Des Moines, Iowa, with her husband, Adam, and two boys.



Presentation Summary:

Learn about Wesley Life Meals on Wheels' innovative approach to senior nutrition in Polk County, Iowa and the partnerships that have made their program successful. The presentation will focus on how Wesley Life utilized multi-sector partnerships to support their new campus and Hydroponic Farm and expand their services to meet the needs of older adults in the community and transform the experience of aging.

Learning Objectives:

- 1) Describe strategies for utilizing local expertise and relationships to plan a funding campaign.
- 2) Identify opportunities to expand services through key partners.
- 3) Brainstorm how to develop relationships beyond nutrition services to support your organization's mission.

Action Step:

Reach out to one entity within a mile (or so) of your location, have lunch or coffee with that person and find two ways you can partner that will be mutually beneficial.

Survey

Evaluation Design

A retrospective 31-item online Qualtrics® survey was utilized to assess the impact and quality of the summer webinar series. Additionally, the survey aims to provide useful feedback to improve future webinar series.

Data Collection

The survey QR code and link were provided on the last webinar PowerPoint slide and in the webinar chat multiple times. The moderator reminded attendees of the survey, and ISU sent a follow-up email immediately following each webinar and one week after each webinar. We received 137 evaluations (27.1% of attendees; Table 1).

Table 1

Webinar Attendance and Survey Responses

Webinar	Registered (n)	Attended (n)	Attendance Rate (%)	Survey Responses
#1	420	186	44.3	63
#2	320	132	41.3	30
#3	290	103	35.5	26
#4	238	84	35.3	18
Total	1268	505	39.1%	137 (27.1%)

Questions

The NRCNA aims to increase **knowledge** of relevant and useful topics and provide resources that **enable the Aging Nutrition Network to better serve their aging community**. Therefore, the main outcomes were knowledge, behavioral intention, and quality. Additionally, the NRCNA was interested in improving the webinar series based the user preferences.

Knowledge Outcome

Respondents were asked to reflect on their **knowledge** of the webinar's content BEFORE and AFTER the webinar using a 5-point Likert scale. Knowledge was a multiple-choice question with the following options that progress in knowledge level (Table 2).

Table 2

Knowledge Question Descriptions

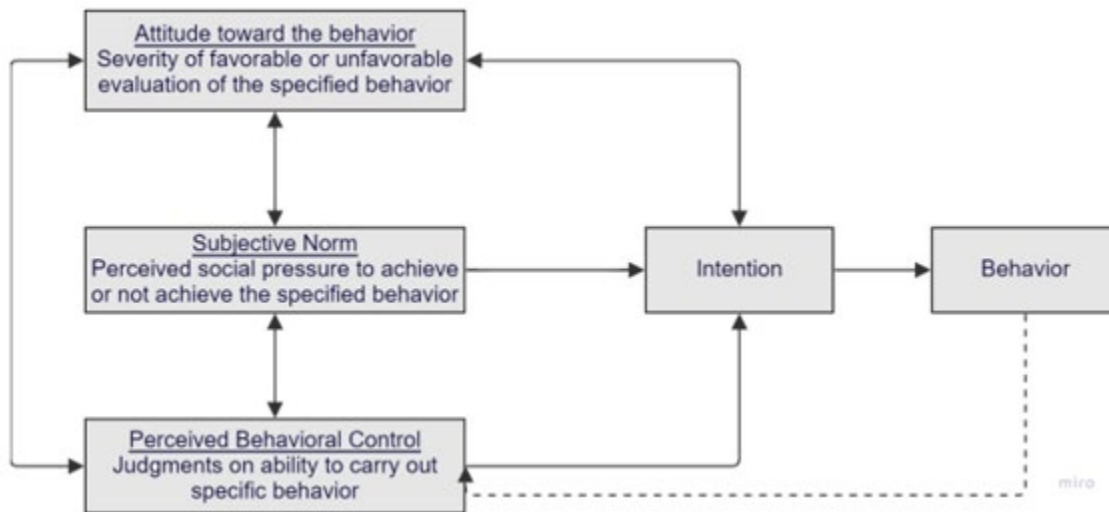
Knowledge Level	Prompt	Response Option
No knowledge	I have never heard of it or have heard of it but don't know anything about it.	Not at all (1)
Factual knowledge	I can recall basic elements or facts but refer to resources when I need to.	Slightly (2)
Conceptual knowledge	I can relate the facts in a meaningful way.	Moderately (3)
Procedural knowledge	I can apply the concepts.	Very (4)
Metacognitive knowledge	I have a thorough understanding of concepts and facts and am able to explain/teach to a variety of audiences.	Extremely (5)

Behavioral Intention

The Theory of Planned Behavior (TPB) was utilized to assess the **respondent's intention** of carrying out the webinars' recommended action steps (Ajzen, 1991; Figure 1). The TPB constructs, including attitudes, subjective/social norms, perceived behavioral control, and intention, were assessed.

Figure 1

Theory of Planned Behavior Constructs



Respondents ranked their level of agreement for one statement per construct on a 7-point Likert scale (Table 3). These questions were only asked AFTER the webinar.

Table 3

Theory of Planned Behavior Constructs with Survey Item Statements and Likert Scales

Construct	Statement	Likert scale
Attitude	Carrying out the recommended action step in my organization would be:	1=unbeneficial to 7=beneficial
Subjective norm	I feel social pressure to implement the recommended action step.	1=strongly disagree to 7=strongly agree
Perceived behavioral control	The decision to implement the recommended action step is within my control.	1=strongly disagree to 7=strongly agree
Intention	I intend to implement the recommended action step for my organization.	1=strongly disagree to 7=strongly agree

Additionally, the Transtheoretical Model (Stage of Change) was utilized to report respondents' stage for carrying out the behavior or recommended action steps. The

five stages are 1) pre-contemplation, 2) contemplation, 3) preparation, 4) action and 5) maintenance (Table 4).

Table 4

Stage of Change Question Response Options

Stage	Response option
Pre-contemplation	No intention to carry out [action step].
Contemplation	Intending to carry out [action step] in the future.
Preparation	Plan is being developed and small steps have been taken
Action	Recently implemented/completed [the action step]
Maintenance	Sustaining (6 months or more since implementing)

Quality

The NRCNA strives to produce high-quality resources. The key criteria for high quality were overall satisfaction, ease of understanding, professionalism, reliability, and usefulness for serving clients better. Respondents indicated their overall satisfaction using a five-star scale and the other criteria using a five-point Likert scale (1=strongly disagree to 5=strongly agree).

Additionally, we asked respondents if they would attend a future NRCNA-sponsored training and if they would recommend the training to a peer or colleague to indicate quality.

Webinar Scheduling Preferences

The webinar series was previously scheduled on Fridays and once a month. This year, webinars were scheduled bi-monthly and on Wednesdays. To better understand webinar scheduling preferences, respondents could report their preferred month, frequency, and weekday for the webinar to be scheduled.

Data Analysis

Data from the webinars were consolidated to show the impact of the overall series. All data were analyzed via descriptive statistics. Wilcoxon signed-rank tests, a test of statistical significance, were performed to determine knowledge changes from BEFORE the webinar to AFTER.

Results

Respondent Characteristics

Respondents were mostly female (84.5%), non-Hispanic (98.1%), White (68.4%) and with some post-graduate work or advanced degree (55.9%). The average age was 53, with over one-half (59.7%) of participants being 40 to 59 years (Table 5). The most common job titles of respondents were program manager or director (28.0%), Older Americans Act provider (22.6%), and government employee (19.4%).

Table 5

Respondent Demographics

Demographics	Number	Percentage
Age (years) (n=77)		
28-39	9	11.7
40-59	46	59.7
60-76	77	28.6
Race and ethnicity (n=94)		
American Indian or Alaskan Native	1	1.1
Asian	6	6.4
Black or African American	15	16.0
Middle Eastern or North African	-	-
Native Hawaiian or other Pacific Islander	-	-
Spanish, Hispanic, Latino	1	1.1
White	64	68.4
Not listed	1	1.1
Do not wish to answer	7	7.4
Education (n=93)		
High School Diploma	3	3.2
Some College	14	15.1
Bachelor's Degree	24	25.8
Some post-graduate work or advanced degree	52	55.9
Duration in Aging Network (n=87)		
Less than 2 years	28	32.2
3 to 5 years	14	16.1
6 to 10 years	16	18.4
11 to 15 years	6	6.9
More than 15 years	23	26.4

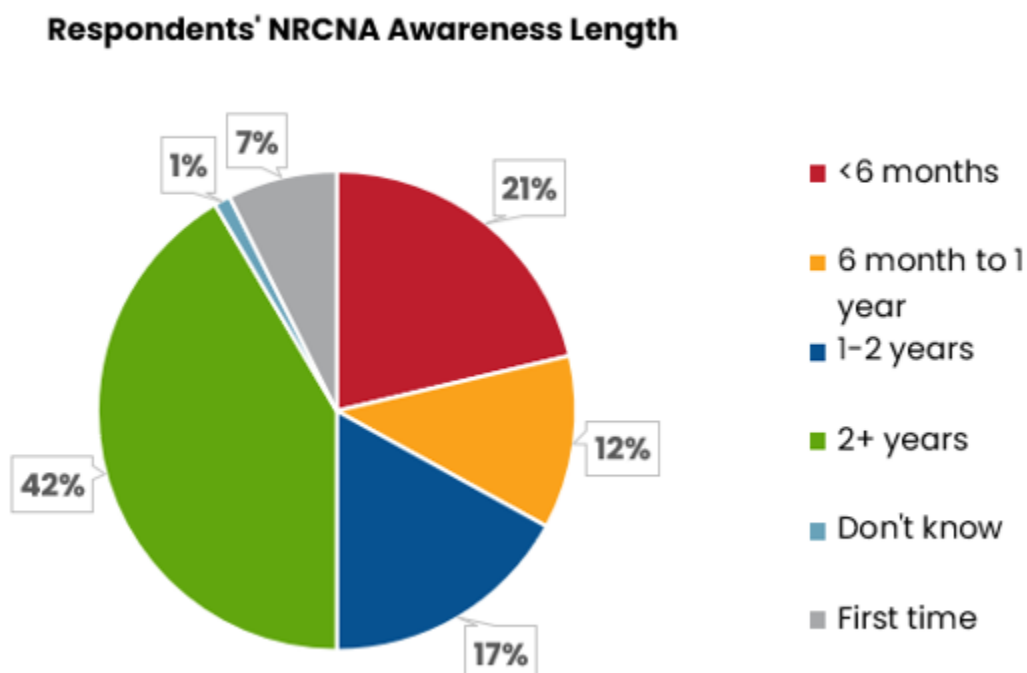
Demographics		Number	Percentage
Service Area (n=91)			
	Rural	33	36.3
	Suburban	10	11.0
	Urban	20	22.0
	Equal mix of rural, suburban, urban	13	14.3
	Statewide	15	16.5

The webinars continue to engage new and past NRCNA consumers. At the **first webinar, 45.2% of respondents were experiencing their first encounter with a NRCNA resource**. Overall, one out of every three webinar respondents ($n=35$, 38.5%) were new NRCNA consumers.

Respondents differed on how long they had been aware of the NRCNA. About **one-half (45.5%) had been aware of the NRCNA for less than one year**, and **54.5% had been aware for more than two years** (Figure 2). **One in five** respondents attending the first webinar were **hearing about the NRCNA for the first time**.

Figure 2

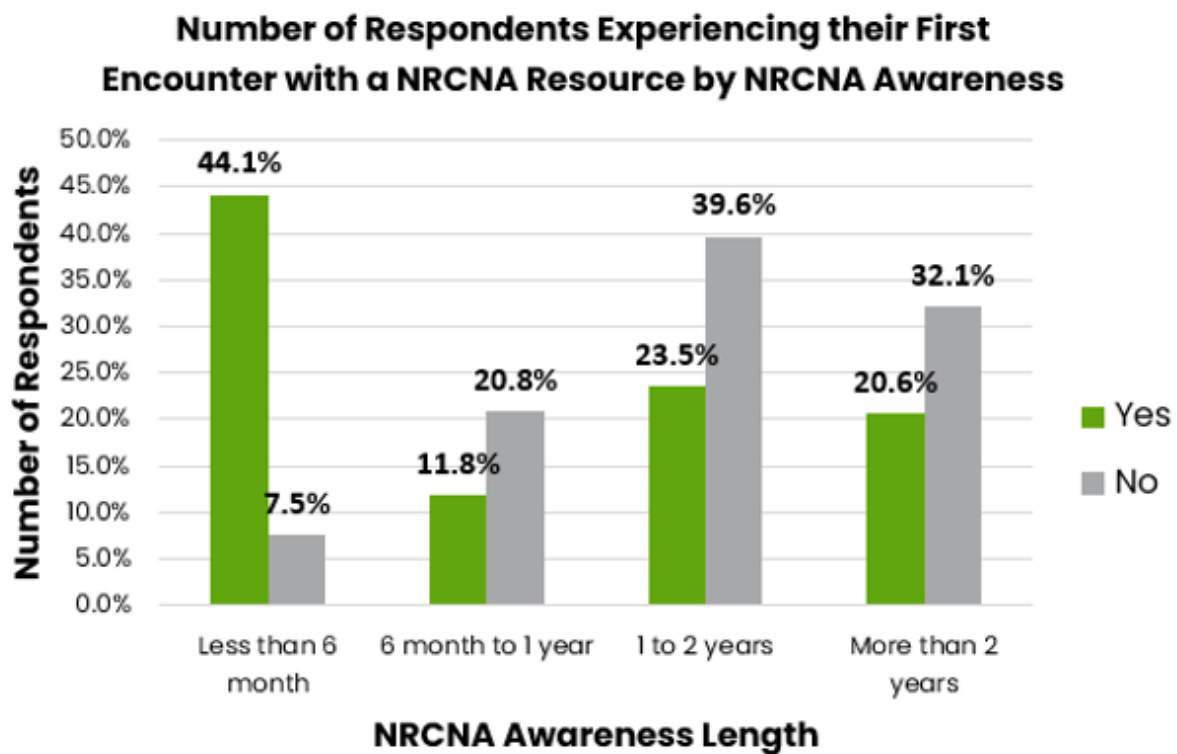
NRCNA Awareness Length (n=99)



The webinar engaged newly aware NRCNA professionals and professionals with long-term NRCNA awareness but had yet to utilize a NRCNA resource or service. Figure 3 shows respondents experiencing their first NRCNA resource were **newly aware professionals (44.1%)** and those who had been **aware of the NRCNA for longer than two years (20.6%)**. Many (61.5%) respondents with prior NRCNA awareness had utilized other NRCNA resources or services prior to the webinar.

Figure 3

Number of Respondents Experiencing Their First Encounter with a NRCNA Resource by NRCNA Awareness Length (n=87)



Promotion and Attendance

The top three ways respondents reported learning about the webinar were the **ACL promotion, NRCNA e-newsletter, and email listserv (Figure 4)**.

Figure 4

Webinar Promotion Strategies Used by Respondents (n=104, multiple responses)



In previous years, ACL promotion was the fourth most popular promotion strategy. The 2024 summer webinar series was promoted through ACL's e-newsletter for the first time. Although hearing about the webinar through a colleague or friend was not popular ($n=7$, 6.7%), over **one in three (36.2%, $n=38$) respondents reported sharing or referring** peers and colleagues to attend the webinar/webinar series. Some respondents even attended the webinar through a webinar watch party (7.7%) or attended the webinar with another colleague (12.6%).

Webinar Quality

The overall webinar satisfaction score was 4.6 out of 5. Similarly, respondents highly rated the other webinar quality metrics (Figure 5).



Additionally, **almost all** respondents indicated they **would attend a future NRCNA-sponsored training (99%)** and would **recommend them to a colleague (99%)**.

Figure 5

Webinar Quality Ratings

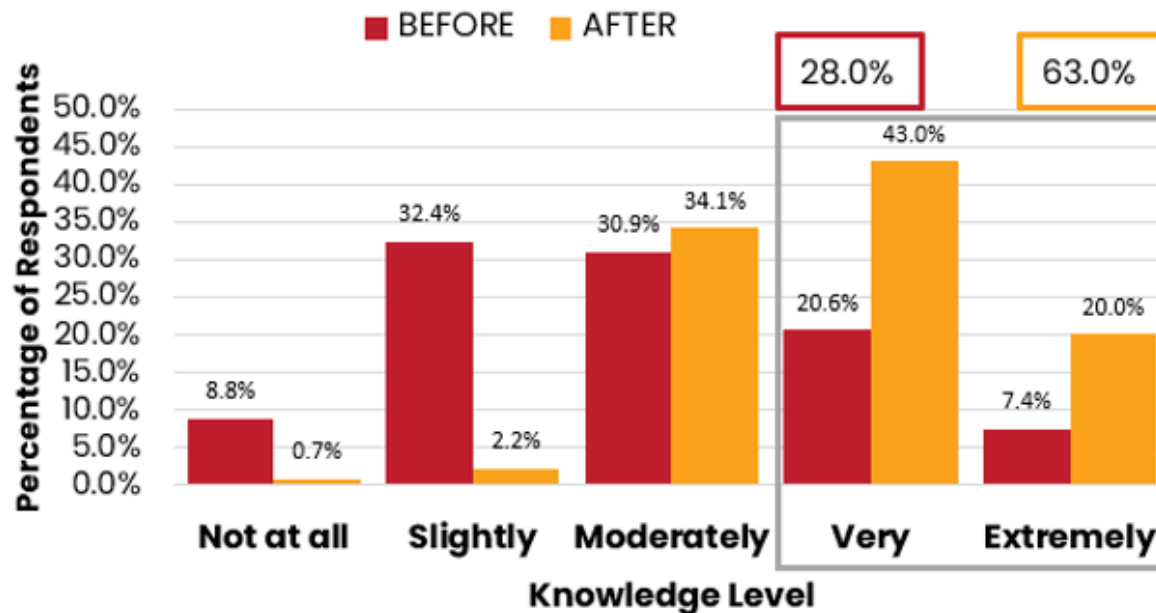


Webinar Outcomes

One primary outcome was subject matter **knowledge growth**. Before the webinars, slightly more than **one-quarter ($n=38, 28.0\%$)** of respondents rated their knowledge as **“very” or “extremely”** compared to about **two-thirds ($n=85, 63.0\%$)** respondents after the webinars (Figure 6). Additionally, there was a **significant increase in knowledge** from BEFORE (2.9 ± 1.1) to AFTER ($3.8 \pm .81$) the webinars, $p < .0001$. The average “AFTER” knowledge score indicates procedural knowledge or that the **attendees are now able to apply the concepts** discussed during the webinar.

Figure 6

Perceived Knowledge of Webinar Subject Matter Before (n=136) and After (n=135) Webinars



The second primary outcome was behavioral intention. **Respondents reported having high intentions of carrying out the recommended action step for each webinar** (Figure 7). The recommended action steps for each webinar are listed below (Table 6).

Table 6

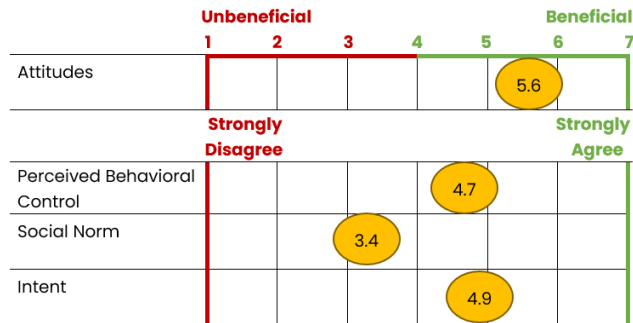
Webinar Action Steps

Webinar	Action Step
#1	Identify stakeholders to engage, including those affected by the issues and those who may be in a position to affect the success of the initiative.
#2	Identify at least one opportunity in which you could partner more effectively with healthcare entities in your role.
#3	If you work in the Aging Network, reach out and have a conversation with your state Extension. If you work with Extension, have a conversation and reach out to your State Unit on Aging or local Area Agency on Aging.
#4	Reach out to one entity within a mile (or so) of your location, have lunch or coffee with that person and find two ways you can partner that will be mutually beneficial.

Attendees had positive attitudes (average=5.6±1.5), perceived behavior control (average=4.7±1.5), and intent (average=4.9±1.4) for the action items. **This indicates the webinar series was effective at producing high intention to carry out the action item, which strongly predicts actual behavior.**

Figure 7

Behavior Outcomes for Webinar Series (n=110-116)



The social norm score was close to neutral (average=3.4±1.6), which is similar to the previous years' results. Almost **one-half (n=56, 48.3%)** of respondents reported **disagreeing** to, "I feel social pressure to implement the recommended action step."

These respondents were prompted to select potential reasons for reporting a low social norm (score of 3 or less). The list was created using an open-ended question from the 2023 webinar evaluation. The **top two responses were "no pressure" and "not in a decision-making position to carry out action step"** (Table 7).

Table 7

Reasons for Low Social Norm (n=56)

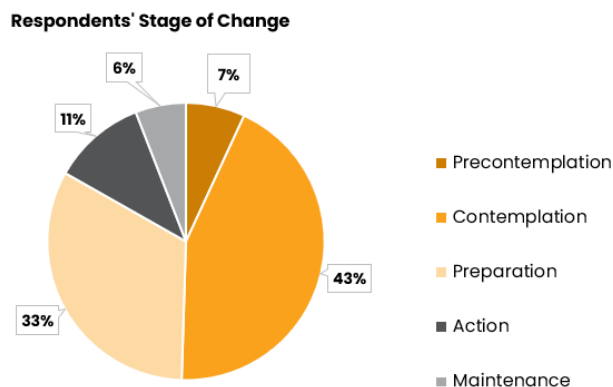
	Number	Percentage
No pressure	22	39.3%
Not in a decision-making position to carry out action step	11	19.6%
No expectation	8	14.3%
Not part of my job or role	7	12.5%
Time	6	10.7%
Have not seen it [action step] done before	4	7.1%
New to job or role	4	7.1%
Understaffed	4	7.1%
Have not heard of it [action step] before	3	5.4%
Other (retiring soon, job ending)	3	5.4%

We asked respondents if they plan to discuss the webinar's content to encourage social support. Most respondents indicated that they **plan to discuss the content with a supervisor ($n=65$, 73%), staff ($n=47$, 67.1%), or peers/colleagues ($n=73$, 83%).**

Lastly, respondents could indicate the stage of change they were at for performing the webinar's action step. **Most ($n=84$, 83.2%) respondents were in the pre-contemplation, contemplation, or preparation stage**, while **few ($n=17$, 16.8%) were in the action or maintenance stage (Figure 8)**. Having more respondents in the first three stages is desirable as it indicates the webinars bring potentially innovative ideas and supportive resources for progressing respondents to the action stage.

Figure 8

Respondents' Stage of Change for Carrying Out Recommended Action Step ($n=101$)

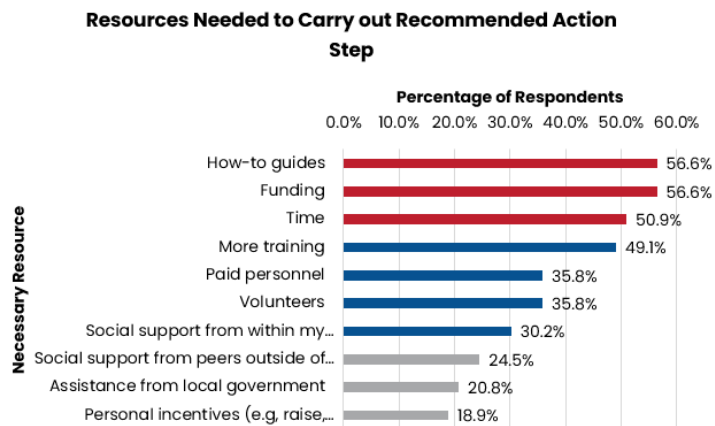


One-half ($n=53$, 52.5%) indicated needing additional resources to carry out the recommended action step. About one in six ($n=18$, 17.8%) respondents indicated having all the resources to implement the action step.

The top additional resources selected were **how-to guides ($n=30$, 56.6%), funding ($n=30$, 56.6%), and time ($n=27$, 50.9%) (Figure 9).**

Figure 9

Additional Resources Needed to Carry Out Action Step (n=43)



NRCNA resources were shared at each webinar. The NRCNA webpage dedicated to partnerships was promoted for webinars #1, #3, and #4. The NRCNA webpage dedicated to healthcare was promoted for webinar #2. Increases in web page views were noted during the months the webinars were held.

Based on the website metrics, the **NRCNA partnership webpage views increased by 97% during the months of June and July compared to previous months' views** (January, February, April, and May; March was excluded as an outlier). The **NRCNA healthcare webpage views increased by 193% during June** compared to previous months' views.

Feedback

Scheduling preferences

This year, we asked about scheduling preferences for the summer webinar series. The results indicate that respondents are close to evenly split on the preferred month for June ($n=31$, 36.0%), July ($n=29$, 33.7%), and August ($n=26$, 30.2%). **Two out of every three respondents ($n=58$, 67.4%) preferred monthly webinars, 55.3% ($n=47$) preferred Wednesdays** (Table 8).

Table 8*Webinar Scheduling Preferences*

Scheduling Preference		Number	Percentage
Month (n=86)			
	June	31	36.0
	July	29	33.7
	August	26	30.2
Frequency (n=86)			
	Weekly	3	3.5
	Bi-weekly	9	10.5
	Monthly	58	67.4
	Every other month	18	20.9
Weekday (n=85)			
	Monday	7	8.2
	Tuesday	10	11.8
	Wednesday	47	55.3
	Thursday	16	18.8
	Friday	5	5.9

Recommended Future Topics

Respondents were able to recommend topics for future webinars. The responses by year are listed below:

2024

- Overcoming barriers, creating buy-in, how to create continuity with the coalition or partnerships
- SWOT analysis
- Exploring emerging nutrition science on diet-related disease and ageing
- Social support and the aging population
- Food prescription
- Smart logic

2023

- Practical examples from community nutrition programs or government-funded programs
- Leadership, communication skills
- Participant retention

- Approved Title III-D evidenced-based programs
- Innovation program ideas
- Perspectives from RD who work in OAA programs- menus, education, counseling, monitoring, etc
- Staffing and volunteerism
- Case studies on community partnerships

2022

- Culturally specific webinars-native Americans,
- Growth mindset and change management
- Suicide prevention
- Food security and dignity
- Dementia-specific care
- Participant engagement in other activities and programming
- Fatphobia
- Status of hunger among older adults and gaps and solutions
- Encouraging program income collection

Limitations

The results are limited based on common limitations in survey research. Since we are unable to force every webinar attendee to complete the survey, one limitation is selection bias; the survey respondents may not be representative of all webinar attendees (Wang & Cheng, 2020). Therefore, the findings may not be generalizable to all attendees. Another limitation is potential response bias, which is when respondents select responses they believe to be desirable to the evaluator. This can lead to favorable biased findings. To prevent response bias, the survey introduction states, "There are no right or wrong answers. Responses are anonymous" to emphasize anonymity and promote honesty (Mendoza De La Garza et al., 2018). Additionally, we ensured survey items were not leading questions (i.e., nudges respondent toward a desirable response) and attitude question responses used a Likert scale with an equal number of negative and positive rankings (e.g., strongly disagree to strongly agree). Lastly, the quantitative findings (choice response) are limited because respondents are unable to expand on the context of their choice. To ensure respondents are able to voice their opinions in their own words, we provided "other: [open text]" options for multiple questions and added an open-text question for any other comments or feedback (Flick, 2017).

Conclusion

The NRCNA summer webinar series continues to effectively elicit knowledge growth and high behavioral intention to use the webinar's content. The webinar series is considered a high-quality resource with a high satisfaction ranking and quality outcomes. These webinars engaged new NRCNA consumers and likely connect participants to additional NRCNA resources.

The needs-based webinar topics selected continue to meet the needs and interests of the aging nutrition network as evidenced by 1) partnership was identified as a high-need topic from the 2022 NRCNA needs assessment, 2) the webinars' recommended action steps were found to be beneficial and new to most (e.g., stages of change), 3) most planned to discuss the content with colleagues and/or supervisors, 4) almost all would recommend the webinar and some referred colleagues to attend the webinar.

To ensure the summer webinar series continues to engage consumers and produce high outcomes, future webinars should consider the following:

- Schedule future webinars based on respondent preferences: monthly webinar frequency and Wednesdays.
- Utilize popular promotion strategies: ACL promotion, NRCNA e-newsletter, and listservs.
- Explore how to improve the performance of lower-performing promotional strategies (e.g., introductory video into smaller clips shared on multiple platforms).
- Pair webinars with supportive NRCNA resources.
- Continue encouraging social support and organization engagement (e.g., promoting watch parties and meetings with supervisors or teams following the webinars, facilitating peer-to-peer discussions, etc.).

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