

OMB:
EXPIRATION DATE:

2011 National Evaluation of Title III-C Nutrition Services Area Agency on Aging (AAA) Survey

Web Requirements DRAFT

INTRODUCTION

Thank you for helping us with the National Evaluation of the Title III-C Elderly Nutrition Services. This study will examine how effectively and efficiently the Elderly Nutrition Program helps to keep older Americans healthy and active in their homes and communities. Results of the study will be used to support program planning and guide program practices at various levels of the aging network.

This survey contains questions about your AAA's characteristics and objectives, staffing, use of technology, program decision processes, and measures used to coordinate with internal staff and other organizations. The questionnaire takes approximately XX minutes to complete.

- If you have any questions regarding the study or completing the Area Agency on Aging survey, please contact Rhoda Cohen at 1-800-232-8024 or email: rcohen@mathematica-mpr.com
- The information you provide will be used only for statistical purposes. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, your responses will not be disclosed in identifiable form without your consent.
- Participation is completely voluntary. We thank you for your cooperation and participation in this very important study.
- If you do not have exact information available to answer certain questions, your best estimate will be fine.

2011 National Evaluation of Title III-C Nutrition Services Area Agency on Aging (AAA) Survey

SECTION A. ORGANIZATIONAL STRUCTURE
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<u>REQUIRED</u>

ALL

A1. Is your AAA currently a standalone organization or is it part of another organization?

Select one only

- Standalone organization 1
- Part of another organization 2
- Don't know d

<u>REQUIRED</u>

ALL

A2. Which of the following best describes the current management structure of your AAA?

Select one only

- A not for profit private agency (non-governmental) 1
- For Profit 2
- A division of city or county government 3
- Part of a council of governments or regional planning and development agency 4
- A Tribal Government entity 5
- Educational institution 6
- Other (*Specify*) 7
-
- Don't know d

NOTE: Responses to all questions regarding Older Americans Act programs and services should be based on **all funding sources** and not restricted to the federal share of the program or service unless otherwise specified. [FOOTER TO APPEAR ON THE BOTTOM OF EVERY PAGE ON THE WEB SURVEY]

REQUIRED

ALL

A3. Does a Title VI (Native American) program currently operate within your Planning and Service Area (PSA) or in an adjacent PSA?

- Yes..... 1
- No 0
- Don't know d

REQUIRED

ALL

A4. Which of the following populations does the AAA currently serve through all its programs and services?

Select all that apply

- Adults 60 years and older..... 1
- Adults with physical disabilities regardless of age..... 2
- Adults with mental retardation or developmental disability regardless of age 3
- Children with physical disabilities 4
- Children with mental retardation or developmental disability 5
- Family caregivers 6
- Don't know d

HARD CHECK: IF A4 = DON'T KNOW and any other answer category is selected, Don't know cannot be selected along with other response options.

REQUIRED

ALL

A5. Please describe the areas included in your PSA.

Select all that apply

- Urban area..... 1
- Suburban area 2
- Rural area 3
- Frontier area 4
- Don't know d

HARD CHECK: If A5 = DON'T KNOW and any other category is selected. Don't know cannot be selected along with other response options.

REQUIRED

ALL

A6. Which of the following best describes the current boundaries of your PSA?

Select one only

- Single county 1
- Multi-county 2
- Single city/Metro area 3
- Multiple city/Metro area 4
- Other (*Specify*)..... 5
-
- Don't know d

REQUIRED

ALL

A7. Currently, is there an Aging and Disability Resource Center (ADRC) in your PSA?

- Yes..... 1
- No 0 B1
- Don't know d B1

REQUIRED

A7=Yes

A8. Which of the following best describes the relationship of the AAA to the Aging and Disability Resource Center (ADRC)?

Select one only

- AAA operates the ADRC 1
- AAA is lead agency of the ADRC 2
- AAA has a different relationship to the ADRC (*specify*)..... 3
-
- AAA has no relationship with the ADRC 4
- Don't know d

REQUIRED

A7=Yes

A9. Was your nutrition program staff involved in developing the Aging and Disability Resource Center (ADRC)?

- Yes..... 1
- No 0
- Don't know d

REQUIRED

A7=Yes

A9a. Is your nutrition staff currently, or was your nutrition staff ever, involved in operating the ADRC?

- Yes..... 1
- No 0
- Don't know d

SECTION B. TITLE III-C ELDERLY NUTRITION PROGRAM CHARACTERISTICS

REQUIRED

ALL

B1. Are the following services currently available in your PSA?

	YES	NO	DON'T KNOW
a Congregate nutrition	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
b Home-delivered nutrition	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
c Nutrition education (a program to promote better health by providing nutrition, physical fitness, and health (nutrition related) information and instruction in a group or individual setting)	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
d Nutrition counseling (individualized guidance provided one-on-one to address options and methods for improving nutritional status)	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
e Nutrition screening	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>

REQUIRED

ALL

B1.1. How are the following services currently provided in your PSA?

	AAA	THROUGH A CONTRACT BETWEEN THE AAA AND ANOTHER ORGANIZATION	THROUGH A GRANT PROVIDED BY THE AAA TO ANOTHER ORGANIZATION	NONE OF THESE	DON'T KNOW
a Congregate nutrition	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b Home-delivered nutrition	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
B1c = Yes					
c Nutrition education (a program to promote better health by providing nutrition, physical fitness, and health (nutrition related) information and instruction in a group or individual setting)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
B1d = Yes					
d Nutrition counseling (individualized guidance provided one-on-one to address options and methods for improving nutritional status)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
B1e = Yes					
e Nutrition screening	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

PROGRAMMER: If Any B1.1a-e = "Through a contract between the AAA and another organization," Continue to B2. ELSE, skip to B3.

REQUIRED

ANY B1.1 a-e = THROUGH A CONTRACT BETWEEN THE AAA AND ANOTHER ORGANIZATION

B2. What type of contracts does the AAA currently enter into with elderly nutrition program service providers?

Select all that apply

- Unit rate 1
- Performance based 2
- Other (*Specify*)..... 3
- Don't know d

HARD CHECK: If B2 = DON'T KNOW and any other category is selected. Don't know cannot be selected along with other response options.

REQUIRED

ALL

B3. Which of the following are included in your AAA's current contracts or grants with elderly nutrition program service providers?

Select all that apply

- Quality assurance component (e.g., HACCP, food safety, program participant satisfaction)..... 1
- Targets or goals..... 2
- None of the above 0
- Don't know d

HARD CHECK: If B3 = NONE OF THE ABOVE and any other category is selected. None of the above cannot be selected along with other response options.

HARD CHECK: If B3 = DON'T KNOW and any other category is selected. Don't know cannot be selected along with other response options.

REQUIRED

ALL

B4. Currently, how many nutrition service providers does your AAA have either through contract, grant, or other formal mechanism? These are nutrition providers funded by your AAA to provide nutrition services. Please do not include caterers or vendors that only prepare meals and perform no other program operation.

Providers of both congregate nutrition and home-delivered nutrition (0-999)

Don't know d

SOFT CHECK: IF LT1 You have indicated that your AAA has 0 nutrition service providers of both congregate nutrition and home-delivered nutrition. Is this correct?

SOFT CHECK: IF GT 100 You have indicated that your AAA has more than 100 nutrition service providers of both congregate nutrition and home-delivered nutrition. Is this correct?

HARD CHECK: IF GT 999 The number of nutrition service providers cannot be greater than 999.

HARD CHECK: If B4 (Providers of both congregate nutrition and home-delivered nutrition) = DK AND number is entered. Don't know cannot be selected if a number is entered.

REQUIRED

ALL

B5. How many different congregate nutrition locations currently exist in your PSA?

Number of congregate nutrition locations (0-999)

Don't know d

SOFT CHECK: IF LT 1 You have indicated that your PSA has 0 congregate nutrition locations. Is this correct?

SOFT CHECK: IF GT 100 You have indicated that your PSA has more than 100 congregate nutrition locations. Is this correct?

HARD CHECK: IF GT 999 The number of nutrition service providers cannot be greater than 999.

HARD CHECK: If B5 = DK AND number is entered. Don't know cannot be selected if a number is entered.

REQUIRED

ALL

B6. What is the current availability of congregate nutrition services in your PSA?

Select one only

- Congregate nutrition is offered more than 5 days per week in all areas of the PSA..... 1
- Congregate nutrition is offered 5 days per week in all areas of the PSA..... 2
- Congregate nutrition is offered at least 2-4 days per week in all areas of the PSA..... 3
- Congregate nutrition is offered at least 1 day per week in all areas of the PSA..... 4
- There are areas in the PSA with no congregate nutrition service..... 5
- Don't know d

REQUIRED

ALL

B7. Which areas of your PSA currently do not have home-delivered nutrition services?

Select all that apply

- Some urban areas 1
- Some suburban areas 2
- Some rural areas 3
- Some frontier areas 4
- Some mixed areas..... 5
- All areas of the PSA have home-delivered nutrition services 6
- Don't know d

HARD CHECK: If B7 = ALL AREAS OF THE PSA HAVE HOME-DELIVERED NUTRITION SERVICES and any other category selected. All areas of the PSA have home-delivered nutrition services cannot be selected along with other response options.

HARD CHECK: If B7 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

SECTION C. STAFF

REQUIRED

ALL

C1. Does your AAA currently have a paid staff member who is a registered dietician or state-credentialed nutrition professional working on the Elderly Nutrition Program?

- Yes..... 1
- No 0
- Don't know d

SECTION D. TECHNOLOGY AND DATA

REQUIRED

ALL

D1. Which of the following systems does your AAA currently use?

Select all that apply

- Computer-assisted menu planning and analysis..... 1
- Software to track inventory or order food 2
- Delivery systems for home-delivered nutrition (e.g., route mapping software) 3
- Program participant tracking or referral systems..... 4
- Electronic client ID card..... 5
- Electronic system for recording service (the meal) was received 6
- Financial systems for billing and/or making payments for services 7
- Cost-centered accounting system 8
- Geographic Information Systems (GIS) 9
- Other automated system 10
- No automated systems..... 0
- Don't know d

HARD CHECK: If D1 = NO AUTOMATED SYSTEMS and any other category is selected. No automated systems cannot be selected along with other response options.

HARD CHECK: If D1 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

REQUIRED

ALL

D2. Which of the following types of program performance data does your AAA currently collect either directly or through your individual services providers?

Select all that apply

- Nutrition program service reports/program performance data 1
- Quality assurance findings 2
- Fiscal management reports 3
- Client assessments of service 4
- None of the above 0
- Don't know d

HARD CHECK: If D2 = NONE OF THE ABOVE, no other category should be selected. None of the above cannot be selected along with other response options.

HARD CHECK: If D2 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

REQUIRED

ALL

D3. How does your AAA currently use elderly nutrition program performance data?

Select all that apply

- To justify funding requests..... 1
- To manage the elderly nutrition program 2
- To administer vendor contracts 3
- To provide information to stakeholders (governing board, advocacy organizations, local government, etc.) 4
- For program planning 5
- Do not use performance data 0
- Don't know d

HARD CHECK: If D3 = DO NOT USE PERFORMANCE DATA, and any other category is selected, The response "do not use performance data" cannot be selected along with other response options.

HARD CHECK: If D3 = DON'T KNOW and any other category is be selected, Don't know cannot be selected along with other response options.

SECTION E. PROGRAM RESOURCES

The next question is about self-directed care. Self-directed care is defined as programs and service in which clients can choose to select, manage and dismiss their workers. Self-directed care may also be referred to as “consumer-directed care.”

REQUIRED

ALL

E1. Does your AAA currently include nutrition services as part of any self-directed care programs for older adults?

- Yes..... 1
- No 0
- No, self-directed care programs are offered through the AAA 2
- Don't know d

REQUIRED

ALL

E2. Currently, does your AAA have policies that permit, encourage, or prohibit the operations of private pay/fee-for-service nutrition programs for older adults offered by your service providers (or for your organization if you provide direct service)?

- Yes..... 1
- No 0
- Don't know d

REQUIRED

ALL

E3. On a scale from 1 to 5, how much does your AAA currently encourage or discourage service providers to operate private pay/fee-for-service nutrition programs for older adults?

Select one only

- Strongly encourage 1
- Encourage 2
- Allows private pay but neither encourage nor discourage 3
- Discourage..... 4
- Prohibit..... 5
- Don't know d

REQUIRED

ALL

E4. In what ways does your AAA and/or service providers respond to increased service costs such as labor, fuel, or food costs for the elderly nutrition program?

Select all that apply

- Group purchasing 1
- Shared resources 2
- Changes in catering or service provider contract requirements/specifics to reduce costs 3
- Modification of menu (increased use of prepared food/use less expensive food) 4
- Additional restrictions in program eligibility criteria..... 5
- Reduced or eliminated compensation to volunteers (e.g., mileage to drivers) 6
- Reductions in staff or staff hours 7
- Reductions in the number of congregate nutrition sites 8
- Reductions in the number of days of service per week at congregate nutrition sites 9
- Reductions in the number of people served at congregate nutrition sites 10
- Reductions in home-delivered nutrition service area 11
- Reductions in the frequency of home-delivered nutrition deliveries 12
- Reductions in the number of home-delivered meals provided per participant 13
- Reductions in the number of home-delivered nutrition participants served 14
- Increased use of frozen meals in the home-delivered nutrition program 15
- Other response to increased costs (*specify*) 16
- No changes in response to increased costs..... 0
- Don't know d

HARD CHECK: If E4 = NO CHANGES IN RESPONSE TO INCREASED COSTS and any other category is selected. The response “no changes in response to increased costs” cannot be selected along with other response options.

HARD CHECK: If E4 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

SECTION F. ACCESS TO SERVICES

REQUIRED

ALL

F1a. Is your AAA responsible for prioritizing clients (i.e. using characteristics to base decisions for serving some individuals before others when resources are limited) for the elderly nutrition service programs you provide?

- Yes..... 1
- No 0
- Don't know d

REQUIRED

ALL

F1b. Does your AAA have specific prioritization criteria (i.e., characteristics to base decisions on for serving some individuals before others when resources are limited) for the elderly nutrition service programs you provide or administer through your local service providers?

- Yes..... 1
- No 0 F3
- Don't know d F3

REQUIRED

ALL

F2. Which of the following criteria do you currently use for prioritization?

MARK ALL THAT APPLY

Characteristic	CONGREGATE NUTRITION PRIORITIZATION CRITERIA	HOME-DELIVERED NUTRITION PRIORITIZATION CRITERIA
a. ADL cut-off	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. IADL cut-off	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Homebound	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Food insecure/hungry	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Nutrition Risk Assessment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Poor housing/lack kitchen access	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Low income	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Lack of informal/family support	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Racial/ethnic minority	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. Geographic isolation	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Social isolation	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Chronic health condition	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Advanced age	1 <input type="checkbox"/>	2 <input type="checkbox"/>
n. Dementia/cognitive impairment	1 <input type="checkbox"/>	2 <input type="checkbox"/>
o. Limited English proficiency	1 <input type="checkbox"/>	2 <input type="checkbox"/>
p. Adult day care participation	1 <input type="checkbox"/>	2 <input type="checkbox"/>
q. Long-term need for service	1 <input type="checkbox"/>	2 <input type="checkbox"/>
r. Other	1 <input type="checkbox"/>	2 <input type="checkbox"/>

REQUIRED

ALL

F2.1 Who established the prioritization criteria?

Select one only

- My organization, the AAA 1
- SUA 2
- Other 3
- Don't know d

REQUIRED

ALL

F2.2 How much influence did the AAA have on current prioritization criteria?

Select one only

- A lot..... 1
- Some 2
- A little 3
- None 0
- Don't know d

REQUIRED

ALL

F3. Who authorizes home-delivered nutrition services for a new client?

Select one only

- AAA..... 1
- Local Service Provider..... 2
- Either AAA or Local Service Provider..... 3
- Both AAA and Local Service Provider..... 4
- Other authorizing system (*specify*) 5
-
- Don't know d

REQUIRED

ALL

F4. How is the current number of meals per week for a home-delivered nutrition program participant determined?

Select all that apply

- Program participant/family request..... 1
- Nutrition needs assessment 2
- Prioritization criteria other than nutrition needs 3
- All program participants receive the same number of meals per week..... 4
- Other (Specify)..... 5
- Don't know d

HARD CHECK: If F4 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options..

IF F4 = All program participants receive the same number of meals per week, and any other category is selected, The response "all program participants receive the same number of meals per week" cannot be selected along with other response options.

REQUIRED

ALL

F5. Currently, how frequently are home-delivered nutrition program participants reassessed for continued need for services?

Select one only

- Every 1-6 months 1
- Every 7-12 months 2
- Every 13 or more months 3
- No formal timeframe 4
- Don't know d

REQUIRED

ALL

F6. Does your AAA currently have criteria for the termination of home-delivered nutrition services?

Select one only

- Yes..... 1
- No, we don't have criteria 0 F8
- Not applicable, neither the AAA nor LSP initiates termination 2 F8
- Don't know d F8

REQUIRED

F6= Yes

F7. What criteria are currently used by the AAA/LSP to initiate termination of home-delivered nutrition service?

Select all that apply

- Service is time limited 1
- AAA or LSP determines the program participant is no longer in need..... 2
- The program participant becomes eligible for services through another nutrition program 3
- Other (Specify)..... 4
- Don't know d

HARD CHECK: If F7 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

REQUIRED

ALL

F8. Does your AAA track reasons for home-delivered nutrition service termination, regardless of whether or not it is initiated by the AAA or LSP?

- Yes 1
- No 0 G1
- Don't know d G1

REQUIRED

F8 = Yes

F9. Which of the following reasons for home-delivered nutrition service termination is currently tracked by your AAA?

	YES	NO	DON'T KNOW
F7 = Service is time limited			
a. Time limit on service is reached	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
b. Nursing home placement	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
c. Death	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
d. Relocation	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
e. No longer in need of service (participant or AAA/LSP determined)	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
f. Participant's dissatisfaction	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>
g. Other (Specify)			
<input style="width: 100%; height: 20px;" type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	d <input type="radio"/>

SECTION G. NUTRITION SERVICE OPERATION AND QUALITY ASSURANCE

REQUIRED

ALL

G1. Currently, which entity has primary responsibility for the following activities for the congregate nutrition program?

Role/Responsibility	STATE UNIT ON AGING	AAA	LOCAL SERVICE PROVIDER	NO ENTITY TAKES PRIMARY RESPONSIBILITY	ACTIVITY NOT PROVIDED	DON'T KNOW
a. Meal production (either self produced or through caterer/vendor contract)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
b. Menu Planning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
c. Nutrition Program planning/development	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
d. Nutrition Program outreach	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
e. Nutrition Community needs assessment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
f. Nutrition Screening	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
g. Nutrition Individual assessment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
h. Nutrition Education	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
i. Nutrition Counseling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
j. Nutrition Quality Assurance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
k. Congregate site management	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
l. Delivery service management	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>

REQUIRED

ALL

G2. Currently, which entity has primary responsibility for the following activities for the home-delivered nutrition program?

Role/Responsibility	STATE UNIT ON AGING	AAA	LOCAL SERVICE PROVIDER	NO ENTITY TAKES PRIMARY RESPONSIBIL ITY	ACTIVITY NOT PROVIDED	DON'T KNOW
a. Meal production (either self produced or through caterer/vendor contract)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
b. Menu planning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
c. Nutrition Program planning/development	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
d. Nutrition Program outreach	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
e. Nutrition community needs assessment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
f. Nutrition screening	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
g. Nutrition individual assessment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
h. Nutrition education	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
i. Nutrition counseling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
j. Nutrition quality assurance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>
k. Delivery service management	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	d <input type="radio"/>

IF G1h = AAA OR G2h = AAA, ASK G3. ELSE, SKIP TO G4.

REQUIRED

G1h = AAA OR G2h = AAA

G3. Which of the following does your AAA currently use to contribute to the quality of nutrition education?

Select all that apply

- Require credentialed nutrition professional to conduct education..... 1
- Conduct a survey of program participant need 2
- Use evidence-based education programs..... 3
- Use cooperative extension materials 4
- Use curricula from a reliable, science-based organization (academia, government, American Heart Association, American Diabetic Association) 5
- None of the above 0
- Don't know d

HARD CHECK: If G3 = NONE OF THE ABOVE No other category should be selected. The response “none of the above” cannot be selected along with other response options.

HARD CHECK: If G3 = DON'T KNOW No other category should be selected. Don't know cannot be selected along with other response options.

IF B1d = NO, DON'T KNOW, or BLANK SKIP TO G5

REQUIRED

B1d = YES

G4. Which of the following does your AAA currently use to contribute to the quality of nutrition counseling?

Select all that apply

- Require credentialed nutrition professional to conduct the counseling 1
- Require use of protocols approved by a respected source such as the American Dietetic Association, Patient Education Association, or Association of Diabetic Educators..... 2
- Require credentialed non-nutrition professionals (e.g. nurses, diabetes educators, etc.) to conduct the counseling..... 3
- None of the above 0
- Don't know d

HARD CHECK: If G4 = NONE OF THE ABOVE and any other category is selected, The response “none of the above” cannot be selected along with other response options.

HARD CHECK: If G4 = DON'T KNOW and any other category is selected. Don't know cannot be selected along with other response options.

REQUIRED

ALL

G5. Which of the following does your AAA currently use to contribute to the nutrient quality of meals?

Select all that apply

- Computer-assisted menu analysis 1
- Meal patterns 2
- Use of dietician or state credentialed nutrition professional 3
- State Unit on Aging guidance 4
- Older Americans Act guidance 5
- None of the above 0
- Don't know d

HARD CHECK: If G5 = NONE OF THE ABOVE and any other category is selected, The response “none of the above” cannot be selected along with other response options.

HARD CHECK: If G5 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

REQUIRED

ALL

G6. Which of the following does your AAA currently use to contribute to the overall food service quality provided by the AAA or service providers, caterers, or vendors?

Select all that apply

- Food service license/safety inspections 1
- Training of staff 2
- Survey of program participants 3
- Program participant feedback mechanism (comment box/card, complaint mechanism, etc.) 4
- Regularly scheduled site visits either to production location and/or service location 5
- Visits to home of home-delivered nutrition clients 6
- Program participant advisory or menu committees 7
- Food quality specifications 8
- Use of dietician or state credentialed nutrition professional 9
- State Unit on Aging guidance 10
- Older Americans Act guidance 11
- None of the above 0
- Don't know d

HARD CHECK: If G6 = NONE OF THE ABOVE and any other category is selected, The response “none of the above” cannot be selected along with other response options.

HARD CHECK: If G6 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

SECTION H. EMERGENCY PLANNING

REQUIRED

ALL

H1. Does the AAA currently have an emergency plan that includes providing nutrition services?

Select all that apply

- Yes, for short-term emergencies 1
- Yes, for long-term emergencies 2
- No 0 11

HARD CHECK: If H1 = "No," and any other category is selected, **The response "no" cannot be selected along with other response options.**

REQUIRED

ALL

H2. Has your organization experienced a disaster (natural or manmade) in the past 3 years?

- Yes..... 1
- No 0
- Don't know d

REQUIRED

IF H2 = YES. ELSE, SKIP TO I1.

H3. During the disaster did you organization initiate an emergency plan?

Select one only

- Yes..... 1
- No 0
- Did not have an emergency plan at the time 3
- Don't know d

REQUIRED

IF H3 = YES

H4. Please rate the effectiveness of the emergency plan.

Select all that apply

- Very effective 1
- Effective 2
- Somewhat effective 3
- Not very effective 4
- Not effective 5
- Don't know d

SECTION I. PARTNERSHIP DEVELOPMENT

REQUIRED

ALL

11. Please mark all of your partners for the Elderly Nutrition Program during your most recently completed fiscal year.

Select all that apply

- Hospitals, nursing facilities, including discharge planning and emergency room care .. 1
- Transportation (public services – county/municipal) 2
- Medicare 3
- Medicaid (Non-waiver)..... 4
- Medicaid Waiver 5
- Veterans Affairs 6
- Social Security 7
- Public housing and related services, including senior housing 8
- Homeless shelters 9
- SNAP (Food Stamps)/SNAP Ed (Food Stamp Nutrition Education) 10
- Other food and nutrition programs (e.g. Emergency food service programs including food banks and pantries, Commodity Supplemental Nutrition Program) 11
- Senior Farmers Market..... 12
- Title VI (Native American) program 13
- Other Older Americans Act programs 14
- Aging and Disability Resource Center..... 15
- Non OAA funded Meals on Wheels..... 16
- Community health centers..... 17
- Public health services 18
- City or county social services agency 19
- City or county regional planning office 20
- Elder Abuse Prevention programs or Adult Protective Services (APS) 21
- Legal Services for older adults 22
- Energy assistance (LIHEAP) 23
- Churches, Synagogues, Mosques, Faith-based organizations 24
- College or university 25
- Volunteer Bureaus/organizations 26
- Civic Organization 27
- Local business (*Specify the type*)..... 28
- Other (*Specify*)..... 29

- Do not have any partners 30
- Don't know d

IF GT 5 SELECTIONS FOR M1, CONTINUE TO I2. ELSE, GO TO I3.
HARD CHECK: If I1 = DO NOT HAVE ANY PARTNERS and any other category is selected, The response "do not have any partners" cannot be selected along with other response options.
HARD CHECK: If I1 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

REQUIRED
I1 GT 5 SELECTIONS

I2. Among your Elderly Nutrition Program partners during the last fiscal year, please mark the five most important.
Mark Only Five

PROGRAMMER: DISPLAY ALL CHECKED SELECTIONS FROM I1. IF RESPONDENT CHECKED "Local business" or "Other", ALSO DISPLAY TEXT IN "Specify" FIELD.
--

HARD CHECK: IF RESPONDENT CHECKS FEWER THAN FIVE SELECTIONS FROM LIST, SHOW VALIDATION MESSAGE, "You have selected fewer than five partners. Please select your five most important partners."
--

HARD CHECK: IF RESPONDENT CHECKS MORE THAN FIVE SELECTIONS FROM LIST, SHOW VALIDATION MESSAGE, "You have selected more than five partners. Please select your five most important partners."
--

REQUIRED

ALL

I3. For each partnership listed, please indicate which activities you jointly engaged in for the Elderly Nutrition Program during your most recently completed fiscal year.

PROGRAMMER: If MORE THAN 5 SELECTIONS FOR I1, FILL PARTNERSHIP NAME WITH CHECKED SELECTIONS FROM I2. ELSE, FILL PARTNERSHIP NAMES FROM I1.

	[Partnership 1 Name]	[Partnership 2 Name]	[Partnership 3 Name]	[Partnership 4 Name]	[Partnership 5 Name]
a. Fundraising	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Shared resources	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Advocacy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Strategic planning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Public education	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Senior activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Service delivery	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Shared outreach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Targeting special populations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Training/technical assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Volunteer recruitment or retention	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. None of the above	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

IF I3 DOES NOT INCLUDE "Title VI (Native American) program" and A3 = YES, THEN ASK I4. ELSE, SKIP TO SECTION J.

REQUIRED

I3 NE "Title VI (Native American) program" AND A3 = YES

I4. What are the major areas in which your AAA collaborated with Title VI programs during your most recently completed fiscal year?

Select all that apply

- Fundraising 1
- Shared resources 2
- Advocacy 3
- Strategic planning 4
- Public education 5
- Referrals 6
- Senior activities 7
- Service delivery 8
- Meal production 9
- Shared outreach 10
- Targeting special populations 11
- Training/technical assistance 12
- Volunteer recruitment or retention 13
- Other (*Specify*)..... 14
-
- Don't collaborate with Title VI programs..... 15
- Don't know d

HARD CHECK: IF I4 = DON'T COLLABORATE WITH TITLE VI PROGRAMS, and any other category is selected, The response "don't collaborate with Title VI programs" cannot be selected along with other response options.

HARD CHECK: IF I4 = DON'T KNOW, and any other category is selected, Don't know cannot be selected along with other response options.

SECTION J. MEDICAID WAIVER PROGRAMS FOR THE ELDERLY

REQUIRED

ALL

J1. Does your AAA or your parent organization currently authorize or receive payment for services from the state's Medicaid Waiver programs for the elderly?

Select one only

- Yes, AAA authorizes or receives payment for services from the state's Medicaid Waiver programs for the elderly 1
- Yes, parent organization authorizes or receives payment for services from the state's Medicaid Waiver programs for the elderly 2
- No 0 SECTION K
- Don't know d SECTION K

SECTION K. WAITING LISTS

REQUIRED

ALL

K1. Does your AAA or another organization currently maintain waiting lists for the congregate nutrition or home-delivered nutrition programs?

Agency	MAINTAINS WAITING LIST FOR CONGREGATE NUTRITION PROGRAM			MAINTAINS WAITING LIST FOR HOME-DELIVERED NUTRITION PROGRAM		
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW
a. State Unit on Aging	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Area Agency on Aging	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Local Service Provider	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

IF ALL K1 a-c = NO, DK (for congregate and home-delivered), SKIP TO K9

REQUIRED

ANY K1 a-c = Yes

K2. What is the current waiting list policy in the PSA for congregate nutrition and home-delivered nutrition?

MARK ONE RESPONSE IN EACH COLUMN

	Congregate nutrition	Home-delivered nutrition
a. The waiting list contains everyone who requested service without screening for service eligibility or need, ordered by date of request	1 <input type="radio"/>	2 <input type="radio"/>
b. The waiting list contains everyone who is screened eligible for services on a first-come first-served basis	1 <input type="radio"/>	2 <input type="radio"/>
c. The waiting list contains everyone who is screened eligible and in priority order (by priority criteria)	1 <input type="radio"/>	2 <input type="radio"/>
d. Policy varies across the PSA	1 <input type="radio"/>	2 <input type="radio"/>
e. Other (<i>Specify</i>)	1 <input type="radio"/>	2 <input type="radio"/>
<input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>
f. There is no waiting list policy	1 <input type="radio"/>	2 <input type="radio"/>
g. Don't know	1 <input type="radio"/>	2 <input type="radio"/>

IF ALL K1a-c = NO OR DON'T KNOW FOR CONGREGATE NUTRITION, SKIP TO K6

REQUIRED

ANY K1a-c = YES FOR CONGREGATE NUTRITION

K3. How many people are currently on the waiting list in your PSA for the congregate nutrition program?

People (0-9999)

Don't know

SOFT CHECK: IF LT 1 You have indicated that your PSA currently has 0 people on the waiting list. Is this correct?

SOFT CHECK: IF GT 1000 You have indicated that your PSA currently has more than 1000 people on the waiting list. Is this correct?

HARD CHECK: IF GT 9999 The number of people on the waiting list cannot be greater than 9,999.

HARD CHECK: If K3 = DK AND number is entered. Don't know cannot be selected if a number is entered.

IF K3=0 OR DK THEN SKIP TO K5

REQUIRED

ANY K1a-c = YES for Congregate Nutrition

K4. What is the longest time a person has been on the current congregate nutrition program waiting list in your PSA?

Days/Weeks/Months/Years [DROP DOWN BOX]

Don't know

PROGRAMMER: USE LIMIT OF 10 YEARS IN ANY TYPE OF UNIT (DAYS, WEEKS, MONTHS, YEARS)

SOFT CHECK: IF GT 5 YEARS You have indicated that the longest time a person has been on the current waiting list is more than 5 years. Is this correct?

HARD CHECK: IF GT 10 YEARS The longest time a person has been on the current waiting list cannot be greater than 10 years.

HARD CHECK: IF NUMBER FIELD IS FILLED BUT DROP DOWN IS NOT SELECTED, SHOW VALIDATION MESSAGE "Please select days, weeks, months or years from the drop down menu."

HARD CHECK: If K4 = DK AND number is entered. Don't know cannot be selected along with other response options.

REQUIRED

ANY K1 a-c = YES for Congregate Nutrition

K5. On average, how often is the waiting list for the congregate nutrition program checked for duplicates and those no longer eligible or in need and then updated?

Select one only

- Weekly 1
- Monthly 2
- Quarterly 3
- Semi-annually 4
- Yearly 5
- Never 0
- Other (Specify)..... 6
-
- Don't know d

REQUIRED

ANY K1 a-c = YES for Home –delivered

K6. How many people are currently on the waiting list for the home-delivered nutrition program in your PSA?

People (0-9999)

- Don't know d

SOFT CHECK: IF LT 1 You have indicated that your PSA currently has 0 people on the waiting list. Is this correct?

SOFT CHECK: IF GT 1000 You have indicated that your PSA currently has more than 1000 people on the waiting list. Is this correct?

HARD CHECK: IF GT 9999 The number of people on the waiting list cannot be greater than 9,999.

HARD CHECK: If K6 = DK AND number is entered. Don't know cannot be selected along with other response options.

IF K6=0 OR DK THEN SKIP TO K8

REQUIRED

ANY K1 a-c = YES for Home-delivered nutrition

K7. What is the longest time a person has been on the current home-delivered nutrition program waiting list in your PSA?

days/weeks/months/years [DROP DOWN BOX]

Don't know d

PROGRAMMER: USE LIMIT OF 10 YEARS IN ANY TYPE OF UNIT (DAYS, WEEKS, MONTHS, YEARS)

SOFT CHECK: IF GT 5 YEARS You have indicated that the longest time a person has been on the current waiting list is more than 5 years. Is this correct?

HARD CHECK: IF GT 10 YEARS The longest time a person has been on the current waiting list cannot be greater than 10 years.

HARD CHECK: HARD CHECK: IF NUMBER FIELD IS FILLED BUT DROP DOWN IS NOT SELECTED, SHOW VALIDATION MESSAGE "Please select days, weeks, months or years from the drop down menu."

HARD CHECK: If K7 = DK AND number is entered. Don't know cannot be selected along with other response options.

REQUIRED

ANY K1 a-c = YES for Home-delivered nutrition

K8. On average, how often is the waiting list for the home-delivered nutrition program checked for duplicates and those no longer eligible or in need and then updated?

Select one only

- Weekly 1
- Monthly 2
- Quarterly 3
- Semiannually 4
- Yearly 5
- Never 6
- Other (*Specify*) 7

Don't know d

REQUIRED

ALL

K9. For which of the following OAA services does the AAA or its service providers currently maintain a waiting list?

Select all that apply

- Transportation..... 1
- Case management 2
- Personal care..... 3
- Chore services..... 4
- Homemaker assistance 5
- Legal services..... 6
- Adult day care..... 7
- Evidence-based disease prevention or health promotion program..... 8
- Family caregiver respite 9
- Family caregiver counseling 10
- Family caregiver support group 11
- Family caregiver training 12
- None of the above 0 Section L
- Don't know d Section L

HARD CHECK: If K9 = NONE OF THE ABOVE and any other category is selected, The response “none of the above” cannot be selected along with other response options.

HARD CHECK: If K9 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

REQUIRED

K9 = ANY ANSWER CATEGORY EXCEPT "NONE OF THE ABOVE" AND "DON'T KNOW"

K10. Please mark the service that currently has the longest waiting list in the PSA.

Select one only

- Transportation..... 1
- Case management 2
- Personal care..... 3
- Chore services..... 4
- Homemaker assistance 5
- Legal services..... 6
- Adult day care..... 7
- Evidence-based disease prevention or health promotion program..... 8
- Family caregiver respite 9
- Family caregiver counseling 10
- Family caregiver support group 11
- Family caregiver training 12
- None of the above 0
- Don't know d Section L

REQUIRED

K9 = ANY ANSWER CATEGORY EXCEPT "NONE OF THE ABOVE" AND "DON'T KNOW" AND K10 = ANY EXCEPT "DON'T KNOW"

K11. How many people are currently on this waiting list?

People (0-9999)

Don't know d

SOFT CHECK: IF LT 1 You have indicated that there are currently people on the waiting list. Is this correct?

SOFT CHECK: IF GT 1000 You have indicated that there are more than 1000 people on the waiting list. Is this correct?

HARD CHECK: IF GT 9,999 The number of people on the waiting list cannot be greater than 9,999.

HARD CHECK: If K11 = DK AND number is entered. Don't know cannot be selected along with other response options.

REQUIRED

K9 = ANY ANSWER CATEGORY EXCEPT "NONE OF THE ABOVE" AND "DON'T KNOW" AND K10 = ANY EXCEPT "DON'T KNOW"

K12. What is the longest a person has been on this current waiting list?

Days/Weeks/Months/Years [DROP DOWN BOX]

Don't know

PROGRAMMER: USE LIMIT OF 10 YEARS IN ANY TYPE OF UNIT (DAYS, WEEKS, MONTHS, YEARS)

SOFT CHECK: IF GT 5 YEARS You have indicated that the longest time a person has been on the current waiting list is more than 5 years. Is this correct?

HARD CHECK: IF GT 10 YEARS The longest time a person has been on the current waiting list cannot be greater than 10 years.

HARD CHECK: IF NUMBER FIELD IS FILLED BUT DROP DOWN IS NOT SELECTED, SHOW VALIDATION MESSAGE "Please select days, weeks, months or years from the drop down menu."

HARD CHECK: If K12 = DK AND number is entered. Don't know cannot be selected if a number is entered.

SECTION L: REFERRALS AND NEEDS ASSESSMENTS

REQUIRED

ALL

- L1. Has a community needs assessment that included a nutrition needs component been conducted in your PSA in the past 5 years?**
- Yes..... 1
 - No 0
 - Don't know d

REQUIRED

ALL

- L2.1 Does your AAA currently have a formal process (performed by the AAA or through service providers) for assessing service needs (both nutrition and non-nutrition) for elderly nutrition program participants (e.g., transportation, SNAP, housing, etc.)?**

Service Type	NUTRITION NEEDS			NON-NUTRITION NEEDS		
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW
a. Congregate nutrition	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Home-delivered nutrition	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

REQUIRED

IF L2.1 = DON'T KNOW FOR NUTRITION NEEDS AND NON-NUTRITION NEEDS, SKIP TO L3.

- L2.2 How often are elderly nutrition program participants re-assessed for service needs (both nutrition and non-nutrition services)?**

[A] For congregate nutrition program participants	[B] For home-delivered nutrition program participants
1 <input type="radio"/> No policy (frequency determined by staff)	1 <input type="radio"/> No policy (frequency determined by staff)
2 <input type="radio"/> At least yearly (1 or more assessments per year)	2 <input type="radio"/> At least yearly (1 or more assessments per year)
3 <input type="radio"/> Less than once per year	3 <input type="radio"/> Less than once per year
4 <input type="radio"/> After acute care episode (hospital, ER visit)	4 <input type="radio"/> After acute care episode (hospital, ER visit)
5 <input type="radio"/> Other (<i>Specify</i>) <input type="text"/>	5 <input type="radio"/> Other (<i>Specify</i>) <input type="text"/>
d <input type="radio"/> Don't know	d <input type="radio"/> Don't know

REQUIRED

ALL

L3. Not including the Nutrition Screening Initiative (NSI) DETERMINE checklist, does your AAA currently have a formal process (performed by the AAA or through service providers) for assessing nutrition service needs for non-nutrition program participants?

Select one only

- Yes, participants receive a separate nutrition needs assessment 1
- Yes, participants receive a general needs assessment that includes nutrition 2
- No, participants are not formally assessed for nutrition service needs 3
- Don't know d

REQUIRED

ALL

L4. Currently, which of the following services does your AAA (directly or through nutrition service providers) actively assist congregate or home-delivered nutrition participants to access? Active assistance involves more than providing reading materials and brochures.

MARK ALL THAT APPLY

Service	CONGREGATE NUTRITION PROGRAM PARTICIPANT ASSISTANCE	HOME-DELIVERED NUTRITION PROGRAM PARTICIPANT ASSISTANCE
a. Medicaid Waiver Programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Medicaid (non-waiver)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Medicare Parts A or B	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Medicare Part D	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Housing Programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Transportation Services	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Low Income Home Energy Assistance Program	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Supplemental Security Income	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i. Other supportive services (chore, homemaker)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j. SNAP (Food Stamps)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k. Other food or nutrition services (food pantry)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l. Veterans Affairs services	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m. Adult Protective Services	1 <input type="checkbox"/>	2 <input type="checkbox"/>
n. Evidence-based health promotion and disease prevention programs	1 <input type="checkbox"/>	2 <input type="checkbox"/>
o. Other	1 <input type="checkbox"/>	2 <input type="checkbox"/>
p. Do not provide this type of assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>

HARD CHECK: If L4p = CONGREGATE AND Any L4a-o = CONGREGATE, The response “do not provide this type of assistance” cannot be selected along with other response options.

HARD CHECK: If L4p = HOME DELIVERED AND Any L4a-o = HOME DELIVERED, The response “do not provide this type of assistance” cannot be selected along with other response options.

REQUIRED

ALL

L5. Please estimate the number of referrals that came from the following sources for the congregate nutrition and home-delivered nutrition programs during your most recently completed fiscal year.

Referral Source	Number of congregate nutrition referrals	Number of home-delivered nutrition referrals
a. Family/Friends		
b. Hospital/health care facility/discharge planner		
c. Nursing homes		
d. Physician		
e. Case management system		
f. Aging and Disability Resource Center		
g. Information and Assistance system		
h. Medicaid waiver		
i. Other food or nutrition program		
j. Faith-based organizations		

PROGRAMMER: RANGE FOR L5A-J IS (0-99999)

SOFT CHECK: IF GT 9999 You have indicated that there were more than 9,999 referrals in the last fiscal year. Is this correct?

HARD CHECK: IF GT 99999 The number of referrals in the last fiscal year cannot be greater than 99,999

CHECK B1d: IF NUTRITION COUNSELING = No or DK SKIP TO CHECK before L9

REQUIRED

B1d = YES

L6. How many congregate nutrition sites in the PSA currently provide nutrition counseling to eligible program participants? The nutrition counseling may be offered by your AAA or coordinated with a local service provider.

Sites (0-999)

Don't know d

SOFT CHECK: IF LT 1 You have indicated that 0 congregate nutrition sites in the PSA currently provide nutrition counseling. Is this correct?

HARD CHECK: IF GT 999 The number of congregate nutrition sites in the PSA that currently provide nutrition counseling cannot be greater than 999.

HARD CHECK: If L6 = DK AND number is entered. Don't know cannot be selected if a number is entered.

REQUIRED

B1d = Yes

L7. Currently, what is the availability of nutrition counseling for home-delivered nutrition program participants? The nutrition counseling may be offered by your AAA or coordinated with a local service provider.

Select one only

- Available throughout the entire PSA 1
- Available in a portion of the PSA..... 2
- Not available in the PSA..... 3
- Don't know d

REQUIRED

B1d = Yes

L8. How is the current need for nutrition counseling determined?

Select all that apply

- Nutrition needs assessment 1
- Nutrition Screening Initiative (NSI) score 2
- Presence of nutrition related chronic disease 3
- Food insecurity assessment 4
- Other criteria 5
- Don't know d

HARD CHECK: If L8 = DON'T KNOW No other category should be selected. Don't know cannot be selected along with other response options.

PROGRAMMER: CHECK B1c: IF NUTRITION EDUCATION = No or DK, SKIP TO SECTION M

REQUIRED

B1c = Yes

L9. How many congregate nutrition sites in the PSA currently provide nutrition education to eligible program participants?

Sites (0-999)

Don't know d

SOFT CHECK: IF LT 1 You have indicated that 0 congregate nutrition sites in the PSA currently provide nutrition education. Is this correct?

HARD CHECK: IF GT 999 The number of congregate nutrition sites in the PSA that currently provide nutrition education cannot be greater than 999.

HARD CHECK: If L9 = DK AND number is entered. Don't know cannot be selected if a number is entered.

REQUIRED

B1c = YES

L10. Currently, what is the availability of nutrition education for home-delivered nutrition program participants? The nutrition education may be offered by your AAA or coordinated with a local service provider.

Select one only

- Available throughout the entire PSA 1
- Available in a portion of the PSA..... 2
- Not available in the PSA..... 3
- Don't know d

REQUIRED

B1c = Yes

L11. According to your current AAA policy, how often are nutrition education services provided to program participants in your PSA?

	FOR CONGREGATE NUTRITION PROGRAM PARTICIPANTS	FOR HOME-DELIVERED NUTRITION PROGRAM PARTICIPANTS
a. No AAA policy (frequency determined by LSP)	1 <input type="radio"/>	2 <input type="radio"/>
b. Yearly (1 session per year)	1 <input type="radio"/>	2 <input type="radio"/>
c. Twice per year (2 sessions per year)	1 <input type="radio"/>	2 <input type="radio"/>
d. Quarterly (4 sessions per year)	1 <input type="radio"/>	2 <input type="radio"/>
e. Monthly (12 sessions per year)	1 <input type="radio"/>	2 <input type="radio"/>
f. More than monthly (12+ sessions per year)	1 <input type="radio"/>	2 <input type="radio"/>
g. Nutrition education is not available for home-delivered nutrition program participants	1 <input type="radio"/>	2 <input type="radio"/>
h. Other	1 <input type="radio"/>	2 <input type="radio"/>
i. Don't know	d <input type="radio"/>	d <input type="radio"/>

SECTION M. FOOD SAFETY

REQUIRED

ALL

- M1. Does your AAA currently require home-delivered and congregate nutrition production facilities to have a food service license?**
- Yes..... 1
 - No 0
 - Don't know d

REQUIRED

ALL

- M2. Are the food service personnel for the Elderly Nutrition Program in your PSA currently required to have food safety and sanitation training?**
- Yes..... 1
 - No 0
 - Don't know d

REQUIRED

ALL

- M3. Does your AAA currently follow policies for reporting food borne illnesses and food recalls? The policies could have been created by your AAA, the State Unit on Aging, a state or local health department, or some other entity.**
- Yes..... 1
 - No 0
 - Don't know d

REQUIRED

ALL

M4. To which of the following entities are individual service providers currently required to report food borne illness incidents in the Elderly Nutrition Program?

Select all that apply

- AAA..... 1
- State Unit on Aging..... 2
- State or Local Department of Health 3
- Other (Specify)..... 4
- [].....
- No requirement to report food borne illness 5
- Don't know d

HARD CHECK: If M4 = DON'T KNOW and any other category is selected, Don't know cannot be selected along with other response options.

REQUIRED

ALL

M5. In the past 3 years, how many different times was the food served in the congregate nutrition program associated with an outbreak of food borne illness?

[] TIMES (0-99)

- Don't know d

SOFT CHECK: IF GT 50 You have indicated that food served in the congregate nutrition program was associated with an outbreak of food borne illness more than 50 times in the last 3 years. Is this correct?

HARD CHECK: IF GT 99 The number of times food served in the congregate nutrition program was associated with an outbreak of food borne illness in the past 3 years cannot be greater than 99.

HARD CHECK: If M5 = DK AND number is entered. Don't know cannot be selected if a number is entered.

If M5 = 0 or DK SKIP to M7.

REQUIRED

M5 GT 0

M6. In total, how many program participants got sick in the past 3 years?

PROGRAM PARTICIPANTS (0-9999)

Don't know d

SOFT CHECK: IF GT 1000 You have indicated that more than 1000 program participants got sick in the past 3 years. Is this correct?

HARD CHECK: IF GT 9999 The number of program participants who got sick in the past 3 years cannot be greater than 9,999.

HARD CHECK: If M6 = DK AND number is entered. Don't know cannot be selected if a number is entered.

REQUIRED

ALL

M7. In the past 3 years, how many different times was food served in the home-delivered nutrition program associated with an outbreak of food borne illness?

TIMES (0-99)

Don't know d

SOFT CHECK: IF GT 50 You have indicated that food served in the home-delivered nutrition program was associated with an outbreak of food borne illness more than 50 times in the last 3 years. Is this correct?

HARD CHECK: IF GT 999 The number of times food served in the home-delivered nutrition program was associated with an outbreak of food borne illness in the past 3 years cannot be greater than 99

HARD CHECK: If M = DK AND number is entered. Don't know cannot be selected if a number is entered.

If M7 = 0 or DK, SKIP to Section N

REQUIRED

M7 GT 0

M8. In total, how many program participants got sick in the past 3 years?

PROGRAM PARTICIPANTS (0-9999)

Don't know

SOFT CHECK: IF GT 1000 You have indicated that more than 1000 program participants got sick in the past 3 years. Is this correct?

HARD CHECK: IF GT 9999 The number of program participants who got sick in the past 3 years cannot be greater than 9,999.

HARD CHECK: If M8 = DK AND number is entered. Don't know cannot be selected if a number is entered.

SECTION N. CONTACT INFORMATION

REQUIRED

ALL

N1. Please provide contact information for the person who completed this questionnaire.

Contact First Name

Contact Last Name

Title or Role in AAA

Email Address

Telephone Number

SOFT CHECK: IF CONDITION (e.g. CAN'T BE INTERNATIONAL AREA CODE) **Soft check statement/question**

HARD CHECK: IF CONDITION (e.g. MUST BE 10 DIGITS) **Hard check statement/question**

HARD CHECK: IF EMAIL ADDRESS DOES NOT CONTAIN "@" and "." **Validate.**

THANK YOU FOR COMPLETING THIS SURVEY. WE VALUE YOUR PARTICIPATION.