MATHEMATICA Policy Research

REPORT

FINAL REPORT

Process Evaluation of Older Americans Act Title III-C Nutrition Services Program

September 30, 2015

James Mabli
Nicholas Redel
Rhoda Cohen
Erin Panzarella
Mindy Hu
Barbara Carlson

Submitted to:
Center for Disability and Aging Policy
Administration for Community Living
U.S. Department of Health and Human Services
1 Massachusetts Ave., NW
Washington, DC 20201
Project Officer: Susan Jenkins, Social Science Analyst
Contract Number: GS10F0050L/HHSP233201200606G

Submitted by:
Mathematica Policy Research
955 Massachusetts Avenue
Suite 801
Cambridge, MA 02139
Telephone: (617) 491-7900
Facsimile: (617) 491-8044
Project Director: Rhoda Cohen
Reference Number: 40121.321

This page has been left blank for double-sided copying.

CONTENTS

EXECUTIVE SUMMARY vii

I INTRODUCTION 1

A. Overview of the Title III-C Nutrition Services Program 2

1. Funding and administration 2
2. Nutrition Services Program eligibility requirements 3
3. Benefits and participation 3

B. Nutrition Services Program evaluation objectives and research questions 4

1. Support program planning (process study) 4
2. Program efficiency and costs (cost study) 4
3. Program effectiveness (client outcomes study) 4

C. Organization of the report 5

II OVERVIEW OF DATA AND METHODOLOGY 7

A. Sampling design 7

B. Survey topic areas 7

C. Survey modes and response rates 8

D. Analysis methods 10

E. Analysis weights 10

F. Study limitations 11

III TITLE III-C NSP PROGRAM ADMINISTRATION AND SERVICE DELIVERY 13

A. Organizational structure of the National Aging Network 13

1. SUAs 13
2. AAAs 15
3. LSPs 18

B. Nutrition and support services 20

1. Overview of NSP characteristics 20
2. Nutrition education and counseling 30
3. Needs assessments and referrals 34
4. Emergency nutrition services 37

C. Training and technical assistance, data collection and reporting, and interactions with other agencies and programs 39

1. Training and technical assistance 39
2. Data systems and reporting 40
3. Collaboration, integration, and partnerships with other programs 42

D. Quality of nutrition-related program services provided 46

1. Nutrition program quality at SUAs 46
2. Nutrition program quality at AAAs and LSPs 47
3. Food safety policies and practices in NSPs 49

E. Program resources 51

1. SUA budget and fiscal year guidelines 51
2. Program resources 52

F. Program contributions, private pay, and waivers 54

1. Participant contributions 54
2. Private pay 55
3. Medicaid waivers 57

G. Prioritization of services, access to services, and waiting lists 58

1. SUAs' prioritization of services 58
2. Access to services 59
3. Waiting list policies 61

IV CONCLUSION 65

REFERENCES 69

APPENDIX A: PROCESS STUDY SURVEY METHODOLOGY A.1

APPENDIX B: SAMPLE DESIGN FOR THE SURVEYS OF AAAS AND LSP B.1

APPENDIX C: ANALYSIS WEIGHTS FOR THE SURVEYS OF AAAS AND LSPS C.1

APPENDIX D: ADDITIONAL TABLES FOR SUAS THAT OPERATE AS AAAS D.1

TABLES

Table II.1. List of topics by survey 8
Table II.2. Response rates for SUA, AAA, and LSP surveys 9
Table III.1. Organizational structure and staff composition at SUAs 14
Table III.2. Organizational structure of AAAs 16
Table III.3. Organizational structure of LSPs 18
Table III.4. Populations served by AAAs and LSPs[a] 20
Table III.5. Program services available through AAAs 21
Table III.6. AAAs' availability of NSPs 23
Table III.7. Services provided by LSPs 24
Table III.8. Congregate nutrition program characteristics 25
Table III.9. Meal capacity of congregate nutrition programs 26
Table III.10. Congregate nutrition program meal production methods, menus, and special diets 27
Table III.11. Home-delivered nutrition program characteristics 28
Table III.12. Home-delivered nutrition program meal preparation methods, menus, and diets 30
Table III.13. SUA nutrition education and counseling 31
Table III.14. Nutrition education available through AAAs 32
Table III.15. Nutrition education available through local service providers 32
Table III.16. Nutrition counseling available through AAAs 33
Table III.17. Nutrition counseling available through local service providers 33
Table III.18. Nutrition needs assessment by SUAs 35
Table III.19. Assessment of clients' service needs by AAAs and LSPs 35
Table III.20. Most common client referral sources for the congregate meal program[a,b] 36
Table III.21. Most common client referral sources for the home-delivered meal program[a,b] 37
Table III.22. Referrals to other programs 38
Table III.23. Emergency nutrition services (percentages) 39
Table III.24. Training and technical assistance provided by SUAs 40
Table III.25. SUA data systems and reporting 41
Table III.26. AAA and LSP data systems and reporting 42
Table III.27. Most important partners or collaborators for the NSP 43

Table III.28. Collaboration with other food and nutrition programs (percentages of SUAs) 44
Table III.29. Integration with nonfood and nutrition programs 45
Table III.30. SUA coordination and collaboration with Title VI programs 45
Table III.31. Nutrition program quality at SUAs 46
Table III.32. Nutrition program quality at AAAs and LSPs 48
Table III.33. Food safety policies and practices in the NSP 49
Table III.34. Food safety policies and practices in SUAs 50
Table III.35. SUA budget and fiscal activities 51
Table III.36. Statewide unit rate for nutrition services programs 52
Table III.37. Facilities and equipment provided by the SUA 52
Table III.38. AAA response to increased service costs 53
Table III.39. LSP program resources 53
Table III.40. Participant contributions 54
Table III.41. LSP recommended participant contributions 55
Table III.42. AAA private pay and fee-for-service operations 55
Table III.43. LSP private pay and fee-for-service operations 56
Table III.44. Medicaid waivers 57
Table III.45. SUAs' prioritization of services 58
Table III.46. SUA policy criteria to determine NSP priority[a] 59
Table III.47. Access to services 60
Table III.48. Access to services[a] 61
Table III.49. SUA waiting list policies for the NSP 62
Table III.50. Waiting list policies 63
Table A.1. Shows the final disposition and response rate for each survey instrument. A.6
Table A.2. LSP Web (Part A) and Fax-Back (Part B) Survey Completes Among Stand-Alone LSPs A.6
Table A.3. LSP Fax-Back (Part B) Survey Completes Among AAA/LSP Combinations A.6
Table D.1. SUA data systems and reporting D.3
Table D.2. Food safety policies and practices in SUAs D.4
Table D.3. Participant contributions D.5
Table D.4. SUAs' prioritization of services D.6

EXECUTIVE SUMMARY

The Title III-C Nutrition Services Program (NSP), administered by the Administration on Aging (AoA) within the Administration for Community Living of the U.S. Department of Health and Human Services (DHHS) under the Older Americans Act (OAA), represents a key component of America's strategy for ensuring that the health and social needs of older adults are adequately met. By promoting access to nutritious meals, facilitating social contact, supporting family caregivers, and helping older adults maintain their dignity in their homes and communities, the NSP fits squarely within the strategic goals of the AoA to rebalance long-term care provision away from institutionalization and toward home- and community-based services.

Nutrition services are an important component of any overall package of home- and community-based services for older adults. Adequate nutrition is critical to health, functioning, and quality of life for people of all ages. For older adults, nutrition can be especially important, because of their vulnerability to health problems and physical and cognitive impairments. The NSP's key nutrition services include nutritious meals, as well as nutrition screening, assessment, education, and counseling, to promote the health and wellbeing of older adults. For participants in congregate meals, Title III-C meals also provide an opportunity to socialize with peers. Furthermore, many other services, such as health promotion, social/recreational activities, and medical screening, are often are provided at senior centers and other Title III-C sites, allowing older adults participating in congregate meals to connect to these services as well. For many home-delivered meal recipients, the person delivering the meal (often a volunteer) may be the recipient's only human contact of the day. Together, these meals and services help congregate meal and home-delivered meal participants meet their health and nutrition needs.

An important aspect of the NSP, and critical in understanding how it functions, is the way in which it has developed mechanisms to mobilize several levels of constituencies to serve older adults. Although AoA's central and regional offices provide federal coordination, the State Units on Aging (SUAs) and the Area Agencies on Aging (AAAs) support key aspects of program operations. In turn, usually the Local Service Providers (LSPs) provide the nutritional services directly. In addition, many other governmental agencies and nonprofit groups are involved in serving older adults under the NSP. Together, these organizations make up the National Aging Network, one of the nation's largest provider networks of home- and community-based services for older people and their caregivers.

The mission of the AoA, now a part of DHHS's Administration for Community Living, is to develop a comprehensive, coordinated, and cost-effective system of long-term care that helps older adults maintain their dignity in their homes and communities. As part of its ongoing efforts to support program planning, improve program efficiency, and strengthen program effectiveness, AoA contracted with Mathematica Policy Research to conduct the Title III-C NSP Evaluation. The three-part evaluation consists of (1) a process evaluation of program administration and service delivery, (2) an analysis of program costs, and (3) an evaluation of the impact of the program on client outcomes. This report summarizes the findings of the process evaluation, using data collected from SUAs, AAAs, and LSPs, to assess the ways in which the program operates to serve older adults.

Background

The NSP is authorized under Title III of the OAA.[1] Under Title III, SUAs receive federal grants from ACL, DHHS for provision of support services (authorized under Part B), congregate nutrition services (authorized under Part C-1), and home-delivered nutrition services (authorized under Part C-2).

SUAs support the provision of daily meals and related nutrition services in group (congregate) or home settings to people ages 60 and older. The NSP does not have a means test, but services target older people with the greatest economic or social need. Participants are not charged for meals, but they are encouraged to make a voluntary contribution toward the meal costs. However, participants cannot be denied meals or other services because of an inability to contribute or an unwillingness to do so. Congregate meals and support services are provided at LSPs' meal sites (such as senior centers, religious facilities, schools, or public or low-income housing facilities). Home-delivered meals are prepared for homebound clients by the congregate meal sites, affiliated central kitchens, or nonaffiliated food service organizations.

Congregate and home-delivered LSPs must provide meals that comply with the most recent *Dietary Guidelines for Americans* and provide a minimum of one-third of the Dietary Reference Intakes (DRIs) established by the Food and Nutrition Board of the Institute of Medicine (IOM) of the National Academy of Sciences. In addition to meals, nutrition service providers also provide for nutrition screening, nutrition education, and nutrition assessment and counseling, if appropriate.[2]

In fiscal year (FY) 2013, OAA Title III-C funding was $416 million for congregate nutrition services and $205 million for home-delivered nutrition services (Administration for Community Living 2014). In that year, 83 million meals were served to 1.6 million people at congregate sites, and 136 million home-delivered meals were provided to 830,000 homebound older adults (Administration for Community Living 2015).

Evaluation objectives and research approach

The objectives of the Title III-C NSP evaluation were to:

- Provide information to support program planning by analyzing program structure, administration, staffing, coordination, and service delivery as well as the interactions between the many levels and types of organizations that provide congregate meals, home-delivered meals, and collateral services under the Title III-C NSP (referred to as the *process study*)
- Estimate the costs of program operations, the most important being the cost of the congregate and home-delivered meals provided using Title III funds, and to examine cost

[1] Similar nutrition and supportive services for elderly American Indians, Alaska Natives and Native Hawaiians are authorized separately under Title VI. This report focusses on the Title III NSP.

[2] Additional LSP requirements can be found in Section 339 of the OAA.

variation within the program by cost component and program characteristics (referred to as the *cost study*)

- Assess program effectiveness, as measured by the program's effects on a variety of important outcomes (including nutrient adequacy, socialization opportunities, and health outcomes and, ultimately, helping older adults avoid institutionalization) through comparing program participants' outcomes with those from a matched comparison group of eligible nonparticipants (referred to as the *client outcomes study*).

This report describes the findings from the process study. A separate report presents the cost study findings (Ziegler et al. 2015). The client outcomes study is ongoing, with data to be collected in 2015 and 2016.

The process evaluation's assessment of program planning, processes, and administration draws on information obtained from comprehensive surveys of staff from SUAs, AAAs, and LSPs. The SUA survey was administered to a census of all 56 SUAs, one in each of the 50 states, the District of Columbia, and five U.S. territories. For AAAs, the survey was administered to a probability sample of AAAs. For LSPs, the survey was administered to a probability sample of LSPs from the sampled responding AAAs. Each survey requested information on a diverse set of topic areas covering organizational structure and staffing, access to services, nutrition education and counseling, nutrition needs assessment, food safety, and other topics critical to the effective implementation of the NSP. Descriptive, tabular analysis was used to characterize program administration and service delivery of SUAs, AAAs, and LSPs.

Study findings

Following are key findings of the evaluation. Where appropriate, the findings are compared to those in the last NSP evaluation conducted between 1993 and 1995, here referred to as the 1995 evaluation (Ponza et al. 1996).

Organizational structure of the National Aging Network

SUAs, AAAs, and LSPs comprise core components of the National Aging Network. Agencies were asked to provide information about their organizational structure.

- SUAs administer the NSP at the state level. There are 56 SUAs, one in each of the 50 states, the District of Columbia, and five territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands). SUAs oversee an average of 12 AAAs (one more than in 1995), although this number varies considerably from state to state with a low of 1 and a high of 59.
- Each AAA operates within a planning and service area (PSA) designated by the SUA. At the time of the data collection there were 618 AAAs in the NSP (down from 668 AAAs in the Title III program in 1995).
- The OAA requires that AAAs be public or private nonprofit organizations. In practice, the AAAs are more likely to be public organizations than private nonprofit organizations (62 and 38 percent, respectively).

- Aging and Disability Resource Centers (ADRCs) are entities established by a state as part of the state system of long-term care to provide comprehensive information on the full range of long-term care programs and services within a community, personal counseling assessing care needs and developing individual care plans, and consumers access to a range of programs for which consumers may be eligible.[3] Although ADRCs may have a physical location in a state, they may also be a consortia of providers that serve a wide area of the state. ADRCs serve adults in the PSAs of more than three-quarters (79 percent) of AAAs. An ADRC is under development in the PSA of another 9 percent of AAAs.
- Sixty-one percent of LSPs are private nonprofit organizations. Most of the rest (35 percent) are public entities (such as divisions of city or county governments or parts of a council of governments or regional planning agencies). These percentages are similar to those in 1995.

Program characteristics

LSPs provide a variety of nutrition and non-nutrition services.

- The most common service that LSPs provide is congregate meals, provided by nearly all (93 percent) LSPs. Most (87 percent) also provide home-delivered meals. In the 1995 evaluation, these percentages were 95 and 81 percent, respectively. Thus, LSPs' congregate meal provision has decreased slightly, and home-delivered meal provision has increased.
- All NSP congregate programs serve lunch. In addition, about 11 percent of Title III-C congregate programs serve breakfast, up from only 4 percent in 1995. Similarly, 11 percent of programs serve dinner, up from 1 percent in 1995.
- Most congregate sites operate only on weekdays; however, about 15 percent of sites also serve weekend meals. This is sizably higher than in the 1995 evaluation, when only 4 percent of sites served weekend meals.
- Most (90 percent) of the LSPs that provide home-delivered meals deliver at least five meals a week. A delivery usually includes only a single meal (typically a hot lunch), but some deliveries include more than one meal at a time. These findings are similar to those in 1995.
- Sixty-three percent of congregate meal sites make "modified" meals available (such as those that are low in fat or sodium), and 79 percent of home-delivered providers offer these meal types. This prevalence is noticeably higher than in 1995 (49 and 63 percent, respectively).
- Many programs prepare home-delivered meals on-site at congregate meal sites (40 percent), where they are packaged and then distributed. However, more than half (52 percent) of LSPs with home-delivered meal programs contract for these meals with outside vendors or caterers, and 44 percent prepare home-delivered meals at a project-affiliated central kitchen. The preparation of meals at a central kitchen has increased greatly from 1995, when only 17 percent of LSPs used them.
- LSPs provide other nutrition-related services in addition to meals. About three-quarters (77 percent) provide nutrition education, about one-half (52 percent) provide nutrition screening and assessment, and about one-quarter (28 percent) provide nutrition counseling.

[3] Public Law 109 –365—OCT. 17, 2006, Title I, Section 101[44].

- Non-nutrition services are also common. Nearly two-thirds of LSPs provide non-nutrition services related to social activities (62 percent) and health promotion and disease prevention activities (63 percent). Other common non-nutrition services include transportation to and from meal sites, case management, and chores and housekeeping services.

Clients' needs assessments

NSP agencies strive to understand the needs of program participants by seeking information on how clients learn about program services and how nutrition programs help meet the non-nutritional needs of clients by making it easier for them to access other programs.

- Twenty percent of SUAs have conducted a statewide community needs assessment in the past five years, but 60 percent have conducted at least one local community needs assessment during that time. However, many SUAs reported that they require AAAs or LSPs to perform consistent individual nutrition needs assessments for the NSP, and many SUAs issue formal polices or guidance on how to conduct these assessments.
- Eighty-three percent of AAAs have a formal process for assessing nutrition needs, and 71 percent have a formal process for assessing the non-nutrition needs of NSP congregate meal program participants. These proportions are lower at the LSP level (65 and 44 percent, respectively). These formal processes are more common for the home-delivered meal program.
- More than three-quarters of AAAs and LSPs reassess service needs for congregate meal and home-delivered meal program participants at least once a year, but nearly 20 percent of AAAs and LSPs have no policy to define how frequently congregate meal program participants' service needs should be reassessed.
- AAAs reported that clients are typically referred to the congregate and home-delivered meal programs through family and friends. For congregate meal programs, it is also common for clients to be referred through the OAA information and assistance system, which helps older adults access social and health services across the country. For home-delivered meal programs, it is also common for clients to be referred through hospitals, health care facilities, and discharge planners.

Collaboration, integration, and partnerships with other programs

Many SUAs partner with organizations or groups to engage in such activities as advocacy, strategic planning, public education, senior activities, service delivery, fundraising, and outreach. Therefore, agencies were asked to provide information about the organizations with which they partner.

- The ADRC was cited as the most important partner or collaborator for the NSP at the SUA level. Eighty-four percent of SUAs selected these organizations as one of the top five most important partners. Elder abuse prevention programs (or Adult Protective Services) and state public health departments or agencies were also important partners.
- Most SUAs reported that they also collaborate with the Supplemental Nutrition Assistance Program (SNAP; 56 percent) and the Senior Farmers' Market Nutrition Program (SFMDP; 62 percent), but there is minimal collaboration with other programs, such as the Community

Supplemental Food Program (CSFP), Child and Adult Care Food Program (CACFP), and The Emergency Food Assistance Program (TEFAP).

Quality of program services provided

The ability to meet client dietary needs is perhaps the most important aspect of the NSP. Accordingly, the data collection included several indicators of nutrition program quality, as well as food safety policy and practices used in preparing and serving meals.

- AAAs and LSPs use a variety of methods to ensure the quality of nutrition education, nutrition counseling, and the nutrient quality of meals. Most AAAs and LSPs use credentialed nutrition professionals to conduct education (58 and 64 percent, respectively). Many AAAs also report employing surveys to measure program participant needs and using evidence-based education programs and curricula from a reliable, science-based organization. For nutrition counseling, AAAs and LSPs also use credentialed nutrition professionals to conduct counseling (76 and 52 percent, respectively). Finally, LSPs contribute to the nutrient quality of meals by using computer-assisted menu analysis, meal patterns, or the services of a dietitian or state-credentialed nutrition professional, and by relying on guidance from the SUAs.
- Food safety is also a critical indicator of the quality of program services offered. Nearly all AAAs and LSPs (96 percent) require their service personnel to have food safety and sanitation training. Many SUAs have formal policies, guidance, or regulations for managing food-borne illnesses in the NSP, although it is less common to have formal policies, guidance, or regulations for managing food recalls.
- Reported instances of such illness do occur, but they are rare. In more than 330 AAAs surveyed (more than half of the 618 AAAs in the country), only five incidents of illness associated with NSP food were reported to have occurred in the past three years. Furthermore, only 3.4 people became ill, on average, per incident.

Program resources

The degree to which SUA program staff can effectively monitor income and expenditures, track funding sources, manage budgetary concerns, and distribute resources across their service area has a direct impact on AAA and LSP operations.

- Seventy-four percent of SUAs monitor expenditures per meal at the SUA or AAA level, 74 percent monitor program income, and 70 percent monitor funding sources.
- Thirty-six percent of SUAs provide equipment for the home-delivered or congregate nutrition programs, either directly to the site or through designated funding. A smaller, though still sizable, percentage of SUAs (20 percent) provide facilities for the programs.
- AAAs were asked to identify how they respond to increases in the total cost of a meal (such as labor, fuel, or food costs) for the NSP. The most frequently selected responses indicate that AAAs reduce program services to offset these cost increases or look for efficiencies without reducing services. Many agencies reported reducing staff or staff hours, reducing the number of days of service per week at congregate locations, reducing the number of congregate nutrition sites, and reducing the frequency of home-delivered meals. However,

many agencies also reported modifying menus or, in the home-delivered nutrition program, increasing the use of frozen meals.

Program contributions, private pay, and waivers

Participant contributions to the NSP, the extent to which private pay services are offered, and the use of Medicaid waivers are important subjects because they affect service delivery, as well as participants' experiences with the program.

- Nearly all SUAs (98 percent) have policies related to the collection, management, and spending of participant contributions. Almost two-thirds (65 percent) of SUAs monitor program data such as service units and people served in relation to participant contributions reported. Fifty-one percent of SUAs require AAAs and LSPs to spend participant contributions first and then use other funds.
- LSPs vary in their recommended participant contribution for a single congregate meal. Thirty percent of LSPs recommend less than $1.50, and 93 percent recommend less than $4.50. For home-delivered meals, 22 percent recommend less than $1.50, and 92 percent recommend less than $4.50.
- Forty percent of AAAs have specific policies to permit, encourage, or prohibit the operations of private or fee-for-service nutrition programs for older adults. However, the level of encouragement or discouragement varies. Having a private pay or fee-for-service meal program is not uncommon across LSPs. Twenty-two percent of LSPs have it in the congregate nutrition program, and 31 percent have it in the home-delivered meal program.
- As part of a coordinated system of services for Medicaid participants at risk of institutionalization, a state can obtain a Medicaid waiver that allows Medicaid funds to be used to pay for the costs of providing services to these individuals. One-half of SUAs administer a Medicaid waiver program for older adults. For those that do, the most common services provided under the waiver are home-delivered meals, nutrition assessments, and nutritional supplements.

Prioritization of services and waiting lists

Although all people ages 60 and older are eligible to participate in the NSP, the program must sometimes decide to serve some adults before others when resources are limited.

- Although required by law, only 89 percent of SUAs report having a prioritization policy.
- For congregate meal programs, prioritization criteria are most commonly based on racial or ethnic minority status, nutrition risk assessments, economic need, and geographic isolation. For home-delivered meal programs, prioritization criteria are most commonly based on whether a person is homebound, meets the Activities of Daily Living impairments minimums, is geographically isolated, or has low income.
- About one-half (51 percent) of the LSPs that arrange or provide home-delivered meals report having a waiting list for potential participants, compared to 41 percent in the 1995 evaluation. For LSPs that maintain waiting lists, the mean number of people on the lists is 28. This is substantially lower than in 1995, when it was 85 people. Therefore, waitlists are slightly more common now, but they contain many fewer people than in 1995.

- Waiting lists are much less common for congregate meal programs. Twenty-nine percent of LSPs arranging or providing congregate meals report having waiting lists. For LSPs that maintain waiting lists, the mean number of people on the lists is 19, less than half as many as in the 1995 evaluation, when an average of 52 people were on a waiting list.

Conclusion

Findings from the process study demonstrate an elaborate National Aging Network of SUAs, AAAs, and LSPs that interact to provide older people with congregate and home-delivered meals and services to help meet their health and nutrition needs. Although comparisons with the 1995 evaluation findings are limited due to differences in survey modules and content, several findings revealed key changes to program administration and service delivery:

- **There has been robust expansion in meal provision since 1995.** Eighty-seven percent of LSPs now provide home-delivered meals, up from 81 percent in 1995. Although the percentage of LSP providing congregate meal programs decreased slightly (from 95 to 93 percent), there was a substantial increase in the percentage of congregate meal programs that offer breakfast and dinner (all programs served lunch both in 1995 and in the current study). The percentage of LSPs that offered breakfast is about 3 times larger than it was in 1995, and the percentage of LSPs that offer dinner is more than 10 times larger than it was in 1995. Similarly, the percentage of LSPs that offer congregate meals on weekends is almost four times larger than in 1995.
- **Meal offerings and preparation have changed.** "Modified" meals that are low in fat, sodium, or calories are offered by many more LSPs than in 1995. There has also been a shift toward preparing home-delivered meals at a central kitchen.
- **Waiting lists for home-delivered meals are slightly more common than in 1995.** About one-half (51 percent) of LSPs have waiting lists, compared to 41 percent in 1995. However, the waiting lists contain far fewer people, on average, than in 1995 (28 versus 85 people). The waiting lists for congregate meals also contain less than half as many people (19 versus 52 people). These findings generally suggest an increase in program access across both program types.

In addition to these changes, the National Aging Network continues to try to meet client dietary needs through ensuring nutrition program quality. AAAs and LSPs use many methods to improve the quality of nutrition services (such as using credentialed nutrition professionals, assessing needs through surveys, and using evidence-based curricula from reliable, science-based organizations). Agencies also continue to partner and collaborate with organizations (most notably, SNAP and SFMNP) to engage in advocacy, strategic planning, and service delivery.

The data suggest that assessment of clients' needs is one area for further exploration and improvement. Twenty percent of SUAs have conducted a statewide community needs assessment in the past five years, and more than a third (40 percent) of SUAs have not conducted at least one local community needs assessment during that time. Furthermore, many AAAs and LSPs do not have a formal process for assessing nutrition needs of NSP congregate meal and home-delivered meal participants, and even fewer have a formal process for assessing non-

nutrition needs. Finally, nearly 20 percent of AAAs and LSPs have no policy to define how frequently participants' service needs should be reassessed.

Examining the program administration and service delivery data collected in this evaluation in conjunction with the evaluation's cost and client outcomes data will shed additional light on how (1) program efficiency varies by core administrative and service-oriented components (such as program size, meal preparation method, and other program characteristics); and (2) program effectiveness varies by programs' policies and practices related to ensuring the nutritional quality of program meals. Studying these data will help identify the best ways to use available resources to make sure that older people participating in the NSP receive adequate services to meet their health and nutrition needs.

This page has been left blank for double-sided copying.

I. INTRODUCTION

The Title III-C Nutrition Services Program (NSP), administered by the Administration on Aging (AoA) within the Administration for Community Living of the U.S. Department of Health and Human Services (DHHS) under the Older Americans Act (OAA), represents a key component of America's strategy for ensuring that the health and social needs of older adults are adequately met. By promoting access to nutritious meals, facilitating social contact, supporting family caregivers, and helping older adults to maintain their dignity in their homes and communities, the NSP fits squarely within the strategic goals of the AoA to rebalance long-term care provision away from institutionalization and toward home and community-based services.

Every day, millions of Americans, most of them more than 60 years of age, receive a nutritious meal at a senior center or other congregate meal site as part of the NSP. Many others consume a home-delivered meal provided under a different component of the program. For many older adults, the Title III-C meal is the main meal of the day (Ponza et al. 1996). The value of these services to participants goes far beyond the meals themselves, however. Particularly for participants in congregate meals, Title III-C meals provide an opportunity to socialize with peers. Further, many other services—from tax preparation to health promoting activities to medical screening—are often provided at senior centers and other Title III-C sites, allowing the congregate meals to provide a context for helping seniors connect to these services as well. Even for home-delivered meals, which by definition are less focused on social interaction, the daily visit by the meal deliverer, often a volunteer, can represent an older adult recipient's only human contact of the day. The NSP also provides a range of related services, such as nutrition screening, assessment, education, and counseling, that help congregate meal and home-delivered meal participants meet their health and nutrition needs.

An important aspect of the NSP, critical to understanding how it functions, is the way in which it has developed mechanisms for mobilizing multiple levels of constituencies in the work of serving older adults. While overall federal coordination is provided by AoA's central and regional offices, the State Units on Aging (SUAs) and the Area Agencies on Aging (AAAs) both support key aspects of program operations. In turn, the direct nutritional services are generally provided by Local Service Providers (LSPs), and many other governmental and nonprofit groups are also involved in serving older adults under the program. Together, these organizations make up the National Aging Network, which is one of the nation's largest provider networks of home- and community-based care for older persons and their caregivers.

While the diversity of the organizations involved is a key strength of the Title III-C program, it also creates particular challenges for evaluating the program. Indeed, this diversity makes it particularly complicated (and also particularly important) to examine whether the system operates efficiently overall and whether it succeeds in delivering services that are of benefit to older adults, as evidenced by such important outcomes as nutrition, socialization, health, and—ultimately —avoidance of institutionalization. It is also important to examine the "targeting" of the program to assess whether its services are reaching older adults who need them most and to determine whether there may be underserved populations that somehow fall "between the seams" of the overall program.

The mission of the AoA, now a part of DHHS's Administration on Community Living (ACL), is to develop a comprehensive, coordinated, and cost-effective system of long-term care that helps older adults to maintain their dignity in their homes and communities. As part of its ongoing efforts to support program planning, improve program efficiency, and strengthen program effectiveness, AoA contracted with Mathematica Policy Research to conduct the Title III-C NSP Evaluation. The three-part evaluation consists of a process evaluation of program administration and service delivery, a program cost analysis, and an evaluation of the impact of the program on client outcomes. This report summarizes the findings of the process evaluation using data collected from SUAs, AAAs, and LSPs to assess the ways in which the program operates to serve older adults. The findings from the cost and client outcomes components of the evaluation are presented separately. The remainder of this chapter provides an overview of the NSP, summarizes the research objectives of the evaluation, and describes the organization of the report.

A. Overview of the Title III-C Nutrition Services Program

The NSP is authorized under Title III of the OAA. Through Title III, SUAs implement a system of coordinated, community-based services targeted to older adults. Title III authorized the provision of nutrition and supportive services, such as meals, nutrition education, transportation, personal and homemaker services, and information and referrals.[4] The OAA has been amended frequently since the creation of the NSP in 1972. These amendments have added new responsibilities for agencies in the aging network and clarified responsibilities that were performed under the original legislation.

Under Title III-C of the OAA, AoA provides grants to SUAs to support the provision of daily meals and related nutrition services in either group (congregate) or home settings to persons age 60 and older. The program specifically targets older people with the greatest economic or social need, with special attention given to low-income minorities and rural older people as well as other populations listed in Section A.2. In fiscal year (FY) 2013, OAA Title III-C funding was $416 million for congregate nutrition services and $205 million for home-delivered nutrition services (Administration for Community Living 2014). In that year, 83 million meals were served to 1.6 million people at congregate sites, and 136 million home-delivered meals were provided to 830,000 homebound older adults (Administration for Community Living 2015).

1. Funding and administration

Under Title III, SUAs receive federal grants from AoA for provision of congregate nutrition services (authorized under Part C-1), home-delivered nutrition services (authorized under Part C-2), and supportive services (authorized under Part B). Funds are allocated to states and territories according to a formula that is largely based on the state's or territory's share of the population aged 60 or older among all states and territories.

SUAs distribute the funds to AAAs, which administer the nutrition services program within their respective planning and service areas (PSAs). AAAs receive funds from SUAs on the basis

[4] Similar nutrition and supportive services for elderly American Indians, Alaska Natives and Native Hawaiians are authorized separately under Title VI.

of state-determined formulas that reflect the proportion of older people in their PSAs and other factors. The AAAs award grants to and contract with LSPs to provide nutritional and supportive services in their planning areas. AAAs, with a waiver from their state, can be direct providers of nutrition services, as well. In addition to receiving AoA funds, AAAs and LSPs receive financial support from state and local government, in-kind contributions, private donations, and voluntary contributions from participants. Congregate meals and supportive services are provided at LSPs' meal sites (such as senior centers, religious facilities, schools, public or low-income housing, or residential care facilities). Home-delivered meals are provided to homebound clients, either by the congregate meals sites, affiliated central kitchens, or nonaffiliated food service organizations.

2. Nutrition Services Program eligibility requirements

Persons aged 60 and older, and their spouses of any age, may participate in the NSP's congregate meals. In addition, the members of the following groups are also eligible receive congregate meals:

- Disabled persons under age 60 who reside in housing facilities, occupied primarily by older adults where congregate meals are served
- Disabled persons who reside at home with, and accompany, persons age 60 and older to meal sites
- Nutrition service volunteers

For home-delivered meals, persons who are homebound as a result of disability, illness, or isolation and are 60 years of age or older are eligible, as are their spouses of any age. Disabled persons younger than age 60 living with older adults are also eligible.

The NSP is not an entitlement program. It also does not have a means test, but services are targeted at older persons with the greatest economic or social need with particular attention to low-income adults, minority adults, older adults, adults in rural communities, older adults with limited English proficiency, and older adults at risk of institutional care. Participants are not charged for meals but are encouraged to make a voluntary contribution toward the total cost of the meal. However, within site capacity, participants are not denied meals or other services because of an inability or an unwillingness to contribute.

3. Benefits and participation

Congregate and home-delivered LSPs must provide meals that comply with the most recent *Dietary Guidelines for Americans* and provide a minimum of one-third of the Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences. In addition to meals, nutrition service providers also provide for nutrition screening, nutrition education, and nutrition assessment and counseling if appropriate.[5]

[5] Additional LSP requirements can be found in Section 339 of the OAA.

B. Nutrition Services Program evaluation objectives and research questions

The objectives of the Title III-C NSP evaluation were to:

- Provide information to support program planning, including an analysis of program processes (referred to as the *process study*)
- Develop information about program efficiency and cost issues (referred to as the *cost study*)
- Assess program effectiveness, as measured by the program's effects on a variety of important outcomes, including nutrient adequacy, socialization opportunities, health outcomes, and—ultimately—helping older adults avoid institutionalization (referred to as the *client outcomes study*)

This report describes the findings solely from the process study. A separate report presents the cost study findings (Ziegler et al. 2015). Client outcomes data will be collected in 2015 and 2016 to assess program effectiveness. To offer a comprehensive understanding of the larger Title III-C NSP evaluation, the three research objectives are described in greater detail below.

1. Support program planning (process study)

The overarching objective of the process study is to support the program-planning process by analyzing program structure, administration, staffing, coordination, processes, and service delivery. Many levels and types of organizations interact to provide congregate meals, home-delivered meals, and collateral services under the Title III-C NSP. To better support program planning, this report explores these interactions as fully as possible. In addition to understanding the organizational structure and staffing of agencies and providers, improving program planning and quality requires knowing the nutrition and supportive services that agencies offer; differences in client access to services, prioritization of services, and the use of waiting lists; and program resources. This line of inquiry can help explore ways to streamline program operations and ensure efficient use of technology to guide management decisions within the program.

2. Program efficiency and costs (cost study)

ACL program staff routinely strive to ensure the efficiency of their program. Therefore, a second major objective of the Title III-C NSP evaluation is to estimate the costs of program operations, the most important being the cost of the congregate and home-delivered meals provided using Title III funds. Program efficiency is assessed by generating unit cost estimates for individual LSPs and examining cost variation within the program by cost component, meal preparation method, program size, and other program characteristics. This may help set standards for efficiency and will allow analysis of whether any particular modes of program operations appear to be especially efficient or inefficient. By examining sources and amounts of program funding, this component can also identify approaches for best leveraging available resources and eliminating redundancy.

3. Program effectiveness (client outcomes study)

The Title III-C program is intended to improve the nutrient adequacy of participants' diets in the short run and thereby improve health outcomes in the longer run, allowing participants to stay in their homes and communities and avoid or delay institutionalization. Thus, a third major

objective of the Title III-C NSP evaluation is to assess whether these outcomes are being achieved. This evaluation compares program participants' outcomes with those from a matched comparison group of eligible nonparticipants. The outcomes consist of measures of diet quality based on 24-hour dietary recall information provided by NSP program participants and eligible nonparticipants, as well as other outcomes including food security and socialization opportunities. Longer-term outcomes related to health and avoidance of institutionalization are also being explored. Other dimensions of program effectiveness explored under this objective include whether the NSP programs are successfully targeting services to older adults with the greatest economic or social need and whether NSP clients feel that the services they are receiving are adequate and meet their needs.

C. Organization of the report

The remaining chapters of this report discuss the methodology used in the analysis and present findings. Chapter II provides an overview of the study design and the data and methodology used in the analysis. Chapter III presents detailed tables describing the Title III-C program administration and service delivery using information collected in the SUA, AAA, and LSP surveys. Finally, Chapter IV summarizes findings to inform policy and discusses implications for future research.

The appendices of the report provide supporting material and additional tables. Appendix A supplements Chapter II with a more detailed discussion of the survey methodology. Appendix B presents details of the survey sampling methodology and Appendix C presents the details of the survey weight construction process. Finally, Appendix D contains additional tables describing NSP organizations' program administration and service delivery.

This page has been left blank for double-sided copying.

II. OVERVIEW OF DATA AND METHODOLOGY

The Nutrition Services Program (NSP) evaluation's assessment of program planning, processes, and administration draws on information obtained from comprehensive surveys of staff from State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and Local Service Providers (LSPs). This chapter focuses on the sampling design, topics covered in the surveys, data collection procedures and response rates, and analysis. A final section discusses study limitations.

A. Sampling design

The NSP evaluation used a multistage clustered sample design. The SUA survey was administered to a census of all 56 SUAs, one in each of the 50 states, the District of Columbia, and five U.S. territories (Guam, the Virgin Islands, the Northern Mariana Islands, American Samoa, and Puerto Rico). For AAAs, the survey was administered to a probability sample of AAAs. Most of the AAAs were selected using an equal probability random sample, though the six largest AAAs were selected with certainty (with size defined using a composite measure based on information provided by SUAs and by the National Association of States United for Aging and Disabilities (NASUAD) on the total, unduplicated number of people who received NSP congregate nutrition services and home-delivered nutrition services during the most recently completed fiscal year in each of the AAAs (see Appendix B for details)). For LSPs, the survey was administered to a probability sample of LSPs from the sampled and participating AAAs. The sample frame was formed using lists of LSPs obtained from these AAAs. LSPs were selected within AAAs using sequential sampling with probability proportional to size, with the measure of size being a composite measure incorporating both congregate and home-delivered meals, this time at the LSP level (see Appendix B for details).

B. Survey topic areas

Each survey requested information on a diverse set of topic areas covering organizational structure and staffing, access to services, nutrition education and counseling, nutrition needs assessment, food safety, and other topics that are critical to the effective implementation of the NSP. These topics are listed in Table II.1.

Table II.1. List of topics by survey

	SUA	AAA	LSP
Access to services	x	x	x
Aging and Disability Resource Center		x	x
Budget and fiscal	x		
Consumer direction	x		
Emergency nutrition service	x		
Emergency planning		x	x
Facilities and equipment	x		
Food safety	x	x	x
Funding/resource allocation	x		
Integration with other programs	x		
Medicaid waiver		x	x
Nutrition counseling		x	x
Nutrition education		x	x
Nutrition needs assessments (community/individual)	x		
Nutrition program quality/monitoring/site visits	x		
Nutrition service operation and quality assurance		x	x
Organizational structure and staff	x	x	x
Partnerships	x	x	x
Prioritization of services	x		
Private pay/fee-for-service and Medicaid waiver			x
Program resources		x	x
Programming contribution	x		
Referrals and needs assessments		x	x
Self-directed care and private pay/fee-for-service		x	.
State and area plans	x		
Targeting	x	x	x
Technology and data	x	x	x
Title III-C Nutrition Program Services (NSP) characteristics		x	x
Training and technical assistance	x		
Waiting lists	x	x	x

C. Survey modes and response rates

We fielded the SUA survey using an editable PDF format that allows respondents to enter and return data in an electronic form. Since 13 of the 56 SUAs have a single planning and service area, they also function as the AAA (Table II.2). These SUAs received a version of the survey that excluded questions about their AAAs, since those questions were not applicable. All 56 SUAs completed the survey, yielding a 100 percent response rate.

Table II.2. Response rates for SUA, AAA, and LSP surveys

	Initial sample	Ineligible	Refusal	Complete	Partial	Response rate (Percentage)
SUA survey	56	0	0	56	0	100
AAA survey	360	1[a]	3	328 (web) 292[c] (fax back)	5 (web) 0 (fax back)	92 81
LSP survey	230	4[b]	0 (web) 2 (fax back)	193 (web) 140 (fax back)	6 (web) 0 (fax back)	85 62

[a] One AAA lost its designation and was therefore ineligible.

[b] One LSP only contracted for cash-in-lieu funds to help with its resident nutrition program. During the fielding, three LSPs were found to be duplicates of other LSPs in the sample.

[c] AAAs were expected to complete the web survey before the fax-back survey. However, 6 completed the fax-back but not the web survey (that is, 292 of the 298 fax-back surveys were as directed). AAAs that completed the fax-back survey without the web survey were assigned a weight of 0 in the analysis.

The AAA survey consisted of two parts: a web survey and a fax-back form. The majority of the questions were in the web survey, which included questions that a respondent could likely answer without referring to other data sources, such as organizational structure. A much smaller number of items were included in the fax-back form, which contained questions that were expected to require the respondent to look up the data from sources such as financial reports on program expenditures. The survey team emailed all sampled AAAs the link to the web survey and a PDF version of the fax-back form and asked them to complete both instruments. The email asked sample members to print the fax-back form, complete it on paper, and then fax it to a designated study fax number. A total of 328 of 359 eligible AAAs completed the web survey, yielding a response rate of 92 percent (Table II.2). Of the AAAs that participated in the web survey, 292 also completed the fax-back form, yielding a response rate of 81 percent of all eligible AAAs.

The LSP survey also consisted of two parts: an LSP web survey (Part A) and an LSP fax-back form (Part B). The survey team emailed the LSPs the link to the web survey and asked them to log in to complete it. After completing the web survey, the final screen asked respondents to download Part B as an editable PDF, complete it, and return it to us electronically.

Of the 230 sampled LSPs, 28 also functioned as AAAs and had already completed the AAA survey. However, the AAA web survey for agencies operating as both an AAA and an LSP included an additional module of questions about services the AAAs administer directly (in other words, the direct services module). As a result, we did not need to send them a separate LSP survey because the questions would have been redundant. The LSP survey included a small number of questions that were not in the AAA survey with the direct services module. Therefore, liaisons on the evaluation team called agencies that operate as both an AAA and an LSP to obtain responses to these questions. These agencies were also asked to complete Part B.

A total of 193 of 226 eligible LSPs completed the web survey (in other words, either the LSP survey or the AAA survey with direct services module), yielding a response rate of 85 percent (Table II.2). A total of 140 LSPs completed Part B, yielding a response rate of 62 percent of all eligible LSPs.

D. Analysis methods

We used descriptive, tabular analysis to characterize program administration and service delivery of SUAs, AAAs, and LSPs. As noted, the thirteen SUAs that also function as AAAs received a slightly different version of the survey (one that excluded questions about their AAAs, since these questions were not applicable). For questions that were asked in the same way in both surveys, we present combined results for the two groups. When question stems or response categories differed between the two surveys, we present results separately for SUAs and SUAs that function as AAAs. In these instances, SUA results are presented in the body of the chapter and results for SUAs that function as AAAs are presented in Appendix D.

For categorical variables, we estimated the percentage of agencies that responded in each category (for example, the percentage of SUAs that require AAAs or LSPs to offer nutrition education monthly, quarterly, semiannually, or annually). For continuous variables, we present the mean value of the distribution or the percentages of agencies with values in different ranges of the distribution. For example, we present the mean number of congregate sites currently in operation and the mean number of congregate sites that offer breakfast, lunch, or dinner. In cases in which the distribution of the variable was skewed, we used the median or 50^{th} percentile, which is less sensitive than the mean to outliers in the distribution, as well as the 25^{th} and 75^{th} percentiles. A percentile is the value at or below which a given percentage of observations in a group of observations fall. For example, the 50^{th} percentile is the value for which 50 percent of the observations are less than or equal to. Finally, in some cases we estimated the percentage of agencies with values of a continuous variable in a specific range. For example, when presenting the number of days per week that congregate nutrition services are offered, we used breakpoints of 1 day, 2 to 4 days, and 5 or more days per week. For these variables, we first examined the distribution of responses to determine the appropriate breakpoints to define the ranges.

E. Analysis weights

The purpose of analysis weights is to allow for the computation of unbiased estimates based on sample survey responses from the study population. Weights take into account for both the probability of selection into the sample and the differential response patterns that may exist in the respondent sample. All SUAs were included in the study, and all responded to the survey, so no analysis weights were needed for the analysis of data from the SUAs. We constructed weights for the AAA and LSP web and fax-back surveys, as those involved both sampling and nonresponse.

We constructed different sets of weights for the AAA and LSP samples, but the process was the same. As described in detail in Appendix C, the AAA weights are the products of several weighting factors that fall into two groups: (1) adjustments for AAA selection probabilities and (2) nonresponse adjustments at the AAA level for the web and fax-back surveys. Similarly, the LSP weights are the products of (1) adjustments for LSP selection probabilities within sampled and participating AAAs and (2) nonresponse adjustments at the LSP level for the web and fax-back surveys. Based on weighted data, the AAA and LSP findings in this report are nationally representative of the population of AAAs and LSPs.

F. Study limitations

This report represents the most comprehensive assessment in 20 years of the program administration and service delivery of the Title III-C NSP. When interpreting the report's findings, it is important to consider a few limitations.

Sampling error. Unlike the data collected from SUAs, the data collected from the AAAs and LSPs in this study were based on samples of agencies and providers. As a result, the numerical estimates reported here are subject to possible error resulting from random statistical variation. In general, however, the sample sizes are large enough that any sampling errors are probably too small to affect the overall conclusions.

Item nonresponse. Because the agency surveys were self-administered on the web, respondents were able to skip questions as well as respond "don't know." The percentages and estimates presented in this report are based on responses that exclude both types of missing data. As a result, item nonresponse bias is possible for any estimate presented in this report. It was not a serious program for most survey questions, however. We evaluated whether any question had a particularly high percentages of item nonresponse, which was defined as less than an 80 percent response rate. The following items presented in this report had high nonresponse:

- Criteria that AAAs use for prioritization of services (AAA web survey, question F2)
- The length of time a person has been on the current congregate meal program or home delivered meal program waiting list (for AAAs) (AAA web survey, questions K4 and K7)
- The longest route that the LSP provides home-delivered meals to participants (LSP web survey, question O6)
- The recommended participant contribution for home-delivered meal clients (LSP web survey, question O12)

In the corresponding tables we have indicated that these estimates should be interpreted with caution due to item nonresponse.

This page has been left blank for double-sided copying.

III. TITLE III-C NSP PROGRAM ADMINISTRATION AND SERVICE DELIVERY

In the Title III-C Nutrition Services Program (NSP), a multilayered administrative structure of public and private agencies delivers nutrition and social support services to address the needs of older adults. This National Agency Network consists of six levels: (1) DHHS; (2) the AoA central office; (3) the AoA regional offices; (4) SUAs; (5) AAAs; and (6) LSPs.

The Older Americans Act (OAA) has broad guidelines on the responsibilities of the agencies within this administrative hierarchy. For example, the AoA central office is required to distribute grants to SUAs who, in turn, must designate planning and service areas (PSAs) and develop rules for allocating funds among areas in their states. They also designate and oversee the AAAs, which develop and implement programs and services for older people at the local level. Finally, the AAAs make grants and/or contract awards to LSPs. Within the framework of these guidelines, however, program operations often vary widely in different parts of the country and even in different parts of the same state.

This chapter describes the program administration and service delivery of SUAs, AAAs, and LSPs to learn more about how the program operates to serve older adults and to identify ways of improving the program planning process by analyzing program structure, administration, staffing, coordination, processes, and service delivery. As described in Chapter II, findings are based on survey data collected from staff at SUAs, AAAs, and LSPs in the network that administers and operates the program.

Section A describes the organizational structure of the network that administers the NSP. Section B examines the nutrition and support services provided to NSP participants. Section C examines program participants' needs assessments, referrals, and emergency services. Section D describes agencies' training and technical assistance, data collection and monitoring, and interactions with other agencies and programs. The quality of program services provided is discussed in Section E, followed by program resources in Section F. Section G examines prioritization and access to services and waiting lists. Finally, Section H examines participants' program contributions, private pay policies, and waivers.

A. Organizational structure of the National Aging Network

Although the NSP typically is administered at three levels below the ACL regional office (the SUA, AAA, and LSP), in some instances the levels are collapsed so that one organization performs the tasks of more than one level. For example, in 13 states and territories that are designated as single-state PSAs, there are no AAAs—the SUA functions as the AAA. In many PSAs, the AAA also functions as a direct provider of nutrition services (an LSP); sometimes, it is the only service provider. Next, we describe organizational characteristics of each of these entities.

1. SUAs

States are required to assign responsibility for administering the NSP to a separate agency responsible for general issues and programs related to older people. The SUA is the agency that performs this administrative function at the state level. There are 56 SUAs, one in each of the 50

states, the District of Columbia, and five territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the Virgin Islands).

SUAs have a median of 39 full-time equivalent (FTE) employees working at the agency (Table III.1). Of the total number of full-time employees at an SUA, two is the median number that work on the NSP and are funded in whole or in part by the OAA. These numbers vary greatly across agencies, however. At least one-quarter of SUAs have fewer than 19 FTE employees, and another quarter have at least 131 FTE employees. The number of FTE employees who work on the NSP and are funded in whole or in part by the OAA also varies across agencies, ranging from one in more than a quarter of all SUAs to six or more in another quarter of SUAs.

Table III.1. Organizational structure and staff composition at SUAs

Number of FTEs at the agency	
Minimum	5
25th percentile	19
50th percentile (median)	39
75th percentile	131
Maximum	1,267
Number of FTEs who work on the NSP at the SUA and are funded in whole or in part by the OAA	
Minimum	0
25th percentile	1
50th percentile (median)	2
75th percentile	6
Maximum	53
Number of AAAs in state[a]	
Minimum	2
25th percentile	7
50th percentile (median)	12
75th percentile	16
Maximum	59
Percentage of SUAs that employ a Nutrition Program Administrator (NPA) for the NSP	80
Percentage of SUAs that employ an NPA for the NSP who is a registered dietitian or state-credentialed nutritional professional	61
Program responsibilities of NPA (other than NSP) [b c]	
Other food and nutrition programs	40
Nonfood and nutrition programs	76
No other program responsibilities	18
Percentage of SUAs that employ at least one registered dietitian and/or state credentialed nutrition professional who works at least part-time at the NSP	64

Sources: SUA surveys.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a] Among SUAs that do not function as AAAs.

[b] Percentages of SUAs that employ an NPA.

[c] Multiple answers allowed.

The median number of AAAs that SUAs oversee is 12, although this number varies considerably from state to state. At least one-quarter of SUAs have 7 or fewer AAAs, but at least another quarter have 16 or more.

Most (80 percent) of SUAs have a nutrition program administrator (NPA) who plans, develops, administers, implements, and evaluates the NSP. Among those agencies that have an NPA, 61 percent have an NPA who is a registered dietitian or state-credentialed nutritional professional. In 40 percent of SUAs with an NPA, the NPA has program responsibilities in other food and nutrition programs such as the Supplemental Nutrition Assistance Program (SNAP) and the Senior Farmers' Market Nutrition Program (SFMNP), in addition to being responsible for the NSP. In 76 percent of SUAs with NPAs, these administrators have responsibilities in nonfood and nutrition programs such as transportation services and senior centers.

2. AAAs

AAAs establish, coordinate, and make accessible a network of services that older people may need for independent living. Each AAA operates within a specific geographic planning and service area (PSA), designated by the SUA. At the time of data collection, there were 618 AAAs in the Title III-C NSP. In 13 states and territories designated as single-state PSAs, the SUA fulfills the role of the AAA.[6]

AAAs have a median of 25 full-time equivalent (FTE) employees working at the agency (Table III.2). Of the total number of full-time employees at a AAA, 4 is the median number that work on the NSP and are funded in whole or in part by the OAA. These numbers vary greatly across agencies, however. At least one-quarter of AAAs have at most 12 FTE employees, and another quarter have at least 53 FTE employees. The number of FTE employees who work on the NSP and are funded in whole or in part by the OAA also varies across agencies. At least one-quarter of AAAs have at most 2 FTE employees, and another quarter have at least 11 FTE employees.

The OAA allows AAAs to be public or private nonprofit organizations. In practice, the AAAs are more likely to be public organizations than private nonprofit organizations (55 and 39 percent, respectively; Table III.2).[7] About 30 percent of AAAs are a division of city or county governments; 24 percent are also organizations created by consortia of governments (including government councils and regional commissions). Nearly half (47 percent) of AAAs are stand-alone organizations; the remaining AAAs are part of another organization.

AAAs' PSAs cover a wide range of geographic areas. Most AAAs (87 percent) have PSAs that include a rural area, and just over half (57 percent) have PSAs that include an urban area (Table III.2). Many AAAs (46 percent) have PSAs that also serve suburban areas, while 7 percent serve frontier areas. More than half of AAAs (59 percent) have PSAs that cover more than one county; most of the remaining AAAs (37 percent) cover a single county.

[6] These SUAs are not included in the count of 618 AAAs.

[7] Most of an additional 7 percent of AAAs that reported "other" can be labelled as "public", although the responses cannot be placed within the existing response options.

Table III.2. Organizational structure of AAAs

Number of FTEs at the agency	
Minimum	1
25th percentile	12
50th percentile (median)	25
75th percentile	53
Maximum	654
Number of FTEs who work on the NSP at the AAA and are funded in whole or in part by the OAA	
Minimum	0
25th percentile	2
50th percentile (median)	4
75th percentile	11
Maximum	79
Management structure of AAAs (%)	
Nonprofit private agency (nongovernmental)	39
Division of city or county government	30
Part of a council of governments or regional planning and development agency	24
Educational institution	1
Other	7
Percentage of AAAs that are stand-alone organizations (not part of another organization)	47
Areas in an AAA's PSA[a] (%)	
Urban area	57
Suburban area	46
Rural area	87
Frontier area	7
Boundaries of the AAA's PSA best described as[a] (%)	
Single county	37
Multicounty	59
Single city/metro area	1
Multiple city/metro area	1
Other	3
Presence of ADRCs in AAA's PSA (%)	
Yes	79
Under development or in progress	9
No	12
Relationship of the AAA to the ADRC[b] (%)	
AAA is lead agency of the ADRC	70
AAA partners with the ADRC	23
AAA has a different relationship with the ADRC	6
AAA has no relationship with the ADRC	1
Nutrition program staff were involved in developing the ADRC[b] (%)	28
Nutrition program staff are or were involved in operating the ADRC.[b] (%)	23
Total, unduplicated number of people in most recently completed fiscal year who received congregate nutrition program services supported in whole or in part by OAA Title III[c]	
0 to 500	24
501 to 1,000	19
1,001 to 1,500	11
1,501 to 2,000	9
2,001 to 3,000	15
3,000 or more	21
Mean	2,561
Median	1,287

Table III.2 *(continued)*

Total, unduplicated number of people in most recently completed fiscal year who received home-delivered nutrition program services supported in whole or in part by OAA Title III[c]	
0 to 500	34
501 to 1,000	31
1,001 to 1,500	13
1,501 to 2,000	5
2,001 to 3,000	9
3,000 or more	8
Mean	1,376
Median	708

Source: AAA survey, weighted data.

Note: Except where noted, tabulations are based on an unweighted sample size of 333 AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentage of AAAs with ADRC in PSA or one under development or in progress.

[c]Estimates based on 298 AAAs that responded to the AAA fax-back survey.

Aging and Disability Resource Centers (ADRCs) play an important role in the National Aging Network. The OAA, as amended in 2006, defines ADRCs as entities established by a state as part of the state system of long-term care to provide comprehensive information on the full range of long-term care programs and services within a community, personal counseling assessing care needs and developing individual care plans, and consumers access to a range of programs for which consumers may be eligible (Public Law 109–365. Title I, Section 101 October 17, 2006).

Although ADRCs may have a physical location in a state, they may also be a consortia of providers that serve a wide area of the state. ADRCs serve adults in the PSAs of more than three-quarters (79 percent) of AAAs (Table III.2). An ADRC is under development in the PSA of another 9 percent of AAAs. Among those AAAs with an ADRC providing services in their PSA, or with one under development, 70 percent of AAAs are the lead agency of the ADRC; another 23 percent partner with the ADRC. Few AAAs (1 percent) reported not having a relationship with the ADRC. The remaining AAAs report having a different relationship with the ADRC, most commonly contracting with the ADRC to provide services or serving as both the AAA and ADRC. For most (72 percent) AAAs with an ADRC in their PSA or with one under development, the AAAs' nutrition program staff were not involved in developing the ADRC. Similarly, the nutrition staff in most of these AAAs (77 percent) have not been involved in operating the ADRC.

During the most recently completed year prior to the interview, AAAs provided congregate nutrition services to an average of 2,561 unduplicated people. About half of AAAs provided services to up to 1,500 people, while almost a quarter provided services to at least 3,000 people (Table III.2). The total number that were provided home-delivered services was lower. AAAs provided home-delivered services to an average of 1,376 unduplicated people, with almost two-thirds of agencies serving fewer than 1,000 unduplicated people.

3. LSPs

The Local Service Provider (LSP) is the administrative agency responsible for providing nutrition and in some cases additional support services within a defined community. The median number of people who work on the NSP and are funded in whole or in part by the OAA is four (Table III.3). This varies greatly across agencies, however. At least one-quarter of LSPs have at most 2 FTE employees, and another quarter have at least 8 FTE employees.

Table III.3. Organizational structure of LSPs

Number of FTEs who work on the NSP at the LSP and are funded in whole or in part by the OAA	
Minimum	0
25th percentile	2
50th percentile (median)	4
75th percentile	8
Maximum	115
Management structure of LSPs (%)	
Nonprofit private agency (nongovernmental)	61
For profit	1
Division of city or county government	32
Part of a council of governments or regional planning and development agency	2
Tribal government entity	1
Educational institution	<1
Other	2
Percentage of LSPs that are stand-alone organizations (not part of another organization)	52
Percentage of LSPs that are faith based	7
Areas in the congregate nutrition service area[a] (%)	
Urban area	39
Suburban area	29
Rural area	72
Frontier area	4
Boundaries of the LSP congregate nutrition service area[a] (%)	
Single county	51
Multicounty	21
Single city/metro area	11
Multiple city/metro area	4
Other	12
Areas in the LSP home-delivered service area[a] (%)	
Urban area	37
Suburban area	28
Rural area	77
Boundaries of the LSP home-delivered service area[a] (%)	
Single county	53
Multicounty	18
Single city/metro area	9
Multiple city/metro area	5
Other	15

Table III.3 *(continued)*

Total, unduplicated number of people who received congregate nutrition program services supported in whole or in part by OAA Title III[b]	
0 to 250	39
251 to 500	17
501 to 750	14
751 to 1,000	6
1,001 to 1,500	11
1,501 or more	14
Mean	942
Median	360
Total, unduplicated number of people who received home-delivered nutrition program services supported in whole or in part by OAA Title III[b]	
0 to 250	66
251 to 500	9
501 to 750	8
751 to 1,000	5
1,001 to 1,500	5
1,501 or more	6
Mean	443
Median	200

Source: LSP survey, weighted data.

Note: Except where noted, tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Estimates based on 140 LSPs that responded to the LSP fax-back survey.

About three-fifths (61 percent) of LSPs are private nonprofit organizations (Table III.3). Most of the rest (35 percent) are public entities, such as divisions of city or county governments or part of a council of governments or regional planning agency. About half (52 percent) of LSPs are stand-alone organizations; the remaining LSPs are part of another organization. Seven percent of LSPs are faith based.

LSPs' congregate nutrition service areas and home-delivered service areas cover a wide range of geographic areas. Most LSP service areas include a rural area (72 percent for congregate nutrition service areas and 77 percent for home-delivered service areas), and just over one-third include an urban area (39 percent for congregate nutrition service areas and 37 percent for home-delivered service areas; Table III.3). More than half of LSPs have service areas that cover only a single county (51 and 53 percent for congregate nutrition service areas and home-delivered service areas, respectively); most of the remaining LSPs have service areas that cover more than one county or a single city.

During the most recently completed year prior to the interview, LSPs provided congregate nutrition services to an average of 942 unduplicated people (Table III.3). Thirty-nine percent of LSPs provided services to up to 250 people, while a quarter provided services to at least 1,000 people. The total number that were provided home-delivered services was lower. LSPs provided home-delivered services to an average of 443 unduplicated people, with two-thirds of agencies serving fewer than 250 unduplicated people.

B. Nutrition and support services

LSPs have primary responsibility for providing services to adults under the NSP; However, AAAs also contribute extensively to the provision of nutrition and support services to older people, through their role in planning and coordinating services within their prescribed service areas, as well as sometimes through the direct provision of services. Our examination of the types of nutrition and support services offered under the program supported in whole or in part by Title III-C funding draws on information from these two levels of the program hierarchy. Subsection B.1 provides an overview of the characteristics of populations that these agencies serve, the nutrition and support services offered by AAAs and LSPs, and congregate meal program and home-delivered meal program characteristics and operations. Subsection B.2 examines nutrition education and counseling. Clients' referrals and needs assessments are discussed in subsection B.3, and subsection B.4 describes emergency nutrition services and preparedness plans.

1. Overview of NSP characteristics

a. Populations served by AAAs and LSPs

AAAs and LSPs serve a diverse set of populations through their programs and services.[8] All AAAs and LSPs serve adults ages 60 and older (Table III.4). The next most common populations served are family caregivers and adults with physical disabilities, regardless of age (90 and 68 percent of AAAs, respectively, and 42 and 49 percent of LSPs, respectively). Forty percent of AAAs and 31 percent of LSPs also serve adults with intellectual disabilities or developmental disability, regardless of age. Although less common, a nontrivial percentage of agencies serve children with physical disabilities (17 and 13 percent of AAAs and LSPs, respectively) and children with intellectual or developmental disability (12 and 11 percent of AAAs and LSPs, respectively).

Table III.4. Populations served by AAAs and LSPs[a]

	Percentage of AAAs	Percentage of LSPs
Adults 60 and older	100	100
Adults with physical disabilities, regardless of age	68	49
Adults with intellectual or developmental disabilities, regardless of age	40	31
Children with physical disabilities	17	13
Children with intellectual or developmental disabilities	12	11
Family caregivers	90	42

Sources: AAA survey and LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample sizes of 333 AAAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed

[8] Agencies responded to a question asking which populations they served through *all* of their programs and services. Thus, this was not limited to populations served through the OAA or the Title III-C nutrition program.

b. Overview of program services available through AAAs

Nutrition services through AAAs. AAAs have a variety of nutrition services available in their PSA. Nearly all AAAs (98 percent) have nutrition education services in their PSA (Table III.5), defined as a program to promote better health by providing nutrition, physical fitness, and nutrition-related health information and instruction in a group or individual setting. Many AAAs have nutrition screening (89 percent) or nutrition counseling (63 percent) available in their PSA. Nutrition counseling is defined as individualized guidance provided one-on-one to address options and methods for improving nutritional status.

Table III.5. Program services available through AAAs

	Percentage of AAAs
Percentage of AAAs with the following services available in the PSA:	
Nutrition education	98
Nutrition counseling	63
Nutrition screening	89
Nutrition education is provided[a]	
By AAA	53
Through a contract between the AAA and another organization	51
Through a grant provided by the AAA to another organization	8
Nutrition screening is provided[a]	
By AAA	58
Through a contract between the AAA and another organization	50
Through a grant provided by the AAA to another organization	8
Nutrition counseling is provided[a,b]	
By AAA	42
Through a contract between the AAA and another organization	46
Through a grant provided by the AAA to another organization	8
The congregate nutrition program is provided[a,b]	
By AAA	40
Through a contract between the AAA and another organization	65
Through a grant provided by the AAA to another organization	10
The home-delivered nutrition program is provided[a,b]	
By AAA	36
Through a contract between the AAA and another organization	66
Through a grant provided by the AAA to another organization	10
Types of contracts that AAA enters into with NSP service providers[a,c]	
Unit rate	81
Performance based	17
Cost reimbursement	37
Other	6
The following are included in the AAAs' contracts with NSP service providers[a,c]	
Quality assurance component	91
Targets or goals	67

Source: AAA survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentages estimated out of the AAAs providing the service indicated (e.g. nutrition education).

[c]Percentages estimated out of the AAAs that provide nutrition services (nutrition education, screening, or counseling; congregate nutrition program; or home-delivered nutrition program), through a contract between AAA and another organization

Nutrition services are provided in AAAs' PSAs in different ways. For nutrition education, more than half (53 percent) of AAAs provide services directly, 51 percent provide services through a contract between the AAA and another organization, and a small percentage (8 percent) provide services through a grant between the AAA and another organization (Table III.5). The percentages for nutrition screening were generally similar to those for nutrition education. Compared to nutrition education, AAAs were less likely to provide nutrition counseling services directly (42 percent) or through a contract (46 percent).

AAAs also provide the congregate meal and home-delivered meal programs in different ways (Table III.5). Over one-third of AAAs provide services directly (40 percent for the congregate meal program and 36 percent for the home-delivered meal program). Most AAAs (65 percent for the congregate meal program and 66 percent for the home-delivered meal program) provide services through a contract between the AAA and another organization. As with nutrition services more generally, a small percentage of AAAs provide these programs through a grant.

For AAAs that provide nutrition services through a contract between the AAA and another organization, most agencies (81 percent) enter into a unit rate contract (Table III.5). A cost reimbursement contract is another common type (37 percent of AAAs with contracts); performance-based contracts are less common (17 percent of AAAs with contracts). Most AAAs (91 percent) providing services through a contract include a quality assurance component, such as a Hazard Analysis Critical Control point, food safety, or program participation satisfaction. For two-thirds of AAAs providing services through a contract, the contract includes targets or goals.

Availability of congregate and home-delivered meals across AAAs. AAAs have, on average, 21 congregate nutrition locations, which are any group dining settings, such as senior centers, adult day care centers, community centers, faith-based locations, or restaurants (Table III.6). These numbers vary across AAAs, however. Fourteen percent have 5 locations at most, and another 24 percent have 6 to 10 locations. Nearly one-quarter of AAAs have at least 26 locations.

All AAAs offer congregate meals in their PSAs. However, AAAs differ in the availability of congregate nutrition services in their PSAs. Over two-thirds (70 percent) of agencies offer them five or more days a week, 23 percent offer them two to four days a week, and 7 percent offer them one day a week. The availability of home-delivered services also varies. For nearly two-thirds of AAAs (63 percent), all areas of the AAA's PSA have home-delivered nutrition services. Rural areas are least likely to have these services: 31 percent of AAAs do not provide home-delivered meal services in rural areas.

Table III.6. AAAs' availability of NSPs

	Percentage of AAAs
Number of congregate nutrition locations in the PSA	
1 to 5	14
6 to 10	24
11 to 15	18
16 to 20	10
21 to 25	10
26 or more	23
Mean	21
Median	13
Congregate nutrition services are offered in all areas of the PSA:	
Five or more days a week	70
Two to four days a week	23
One day a week	7
Areas that do not have home-delivered nutrition services[a]	
Some urban areas	3
Some suburban areas	5
Some rural areas	31
Some frontier areas	5
Some mixed areas	4
All areas of the PSA receive home-delivered nutrition services	63

Source: AAA survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

c. Overview of program services available through LSPs

LSPs provide a variety of nutrition and non-nutrition services. The most common service is congregate meals, provided by nearly all (93 percent) of LSPs (Table III.7). Most (87 percent) also provide home-delivered meals. Eighty percent of LSPs provide both congregate meals and home-delivered meals, while 13 percent of LSPs provide only congregate meals and 7 percent provide only home-delivered meals.

LSPs also provide other nutrition services. Seventy-seven percent of LSPs report that they provide nutrition education. More than half (52 percent) provide nutrition screening to congregate and/or home-delivered participants. Nutrition counseling is also available at just over one-quarter of LSPs.

Non-nutrition services are also common. Nearly two-thirds of agencies provide non-nutrition services related to social activities (62 percent) and health promotion and disease prevention activities (63 percent). Other common non-nutrition services include transportation to and from meal sites, case management, and chores and housekeeping services.

Table III.7. Services provided by LSPs

	Percentage of LSPs
Services LSPs provide to older adults or their caregivers through a grant or contract with the AAA[a b]	
Congregate meal services	93
Home-delivered meal services	87
Congregate meal services and home-delivered meal services	80
Congregate meal services, but not home-delivered meal services	13
Home-delivered meal services, but not congregate meal services	7
Nutrition screening and assessment	52
Nutrition education	77
Nutrition counseling	28
Social activities	62
Health promotion and disease prevention activities	63
Other non-nutrition services	63
Other non-nutrition services LSPs provide through grant or contract with AAA[a b]	
Housing	11
Chores/housekeeping	34
Grocery assistance	28
Personal care	29
Home health	12
Transportation	76
Case management	53

Source: LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b] LSPs were asked to report provision of services to older adults or their caregivers through a grant or contract with the AAA.

d. Congregate nutrition program characteristics and operations

LSPs have extensive experience operating congregate nutrition programs. LSP have, on average, offered congregate nutrition programs for 28 years (Table III.8). Over seventy percent have been involved with the program for more than 20 years; nearly 90 percent have offered the program for more than 10 years.

Table III.8. Congregate nutrition program characteristics

Number of years the program has been offered[a]	
0 to 2	1
3 to 5	5
6 to 10	8
11 to 15	4
16 to 20	10
21 or more	73
Mean	28
Median	30
Number of congregate sites currently in operation[a]	
1	60
2 to 5	23
6 to 10	8
11 to 20	6
21 or more	3
Mean	4
Median	1
Percentage of sites that meet Americans with Disabilities Act Standards for Accessible Design	100
Percentage of congregate sites that offer meals	
More than 5 days a week	6
5 days a week	77
4 days a week	7
3 days a week	8
2 days a week	3
1 day a week	2
Percentage of sites that offer meals on weekends	14
Percentage of congregate sites that offer[b]	
Breakfast	11
Lunch	100
Dinner	11

Source: LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Estimate represents the percentage of LSPs, except for mean and median

[b]Multiple answers allowed.

The majority of LSPs operate one congregate site. The range of congregate sites that each LSP supervises varies considerably: about two-thirds administer only one meal site, another 23 percent administer two to five sites, and 17 percent administer more than five sites.

All sites meet the Americans with Disabilities Act Standards for Accessible Design. The standards set minimum requirements for "newly designed and constructed or altered State and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by adults with disabilities."

Meal service schedule. Many congregate meal sites (83 percent) serve lunch at least five days a week (Table III.8). Fourteen percent of congregate sites serve meals on weekends, 11 percent provide breakfast, and 11 percent provide dinner.

Meal service capacity. LSPs reported that their congregate nutrition program could serve 192 people, on average, at one sitting if all sites were open and operating (Table III.9). The average number of people who could be served ranged from 61 at the smallest site to 101 at the largest site. Finally, LSPs served an average of 641 lunches in the week before the interview. The number of lunches ranged from 138 or fewer for one-quarter of LSPs to at least 650 for another quarter of LSPs.

Table III.9. Meal capacity of congregate nutrition programs

	Number
Number of people the program can serve at one meal (including all sites)	
Minimum	14
25th percentile	36
Mean	192
75th percentile	200
Maximum	4,500
Number of people the largest site can serve at one meal	
Minimum	14
25th percentile	40
Mean	101
75th percentile	139
Maximum	1,000
Number of people the smallest site can serve at one meal	
Minimum	1
25th percentile	20
Mean	61
75th percentile	80
Maximum	1,000
Number of lunches served by the LSP last week	
Minimum	10
25th percentile	138
Mean	641
75th percentile	650
Maximum	22,105

Source: LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

Meal production methods. Most congregate sites serve meals prepared by the LSP, either by staff at a LSP-affiliated central kitchen (45 percent) or by provider staff at the congregate meal site (47 percent; Table III.10). Forty-two percent of the congregate sites serve program meals prepared by an outside catering or vendor contractor. Restaurant vouchers were uncommon, with only 3 percent of LSPs offering them.

Table III.10. Congregate nutrition program meal production methods, menus, and special diets

	Percentage of LSPs
Meal production methods[a]	
Central kitchen	45
On-site production	47
Catering or vendor contract	42
Restaurant vouchers	3
Congregate nutrition program menu	
Set menu that does not offer the participant any choice of food	78
Choice of different complete meal options	14
Choice of different food items within the meal	9
Percentage of LSPs with sites that are operated for specific populations or religious, cultural, or ethnic groups	14
The following therapeutic diets are offered:[a b]	
Liberal geriatric diet	4
Diabetic	24
Low-sodium	42
Modified-texture	10
Vegetarian	5
Kosher	5
Halal	<1
No special diets offered	37

Source: LSP survey.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]A liberal diet is one that relaxes the restrictions of a therapeutic diet, with the goal of preventing malnutrition among the elderly.

Menus and special diets. Over three-quarters of LSPs provide a set menu for the congregate nutrition program that does not offer the client any choice of food items (Table III.10). Other menu options are less common: 14 percent of LSPs provide a choice of different complete meal options (such as choosing between two types of meals), and 9 percent of LSPs provide a choice of different food items within the meal (such as a choice of entrée and choice of vegetables, fruit, dessert, or salad bar).

Only 14 percent of LSPs offer congregate nutrition services operated for specific populations or religious, cultural, or ethnic groups (Table III.10). However, many LSPs (63 percent) offer special or therapeutic diets in the congregate nutrition program. The most common are low-sodium (42 percent), diabetic (24 percent), and modified texture (10 percent).

e. Home-delivered nutrition program characteristics and operations

LSPs have extensive experience operating home-delivered nutrition programs. LSP have, on average, offered home-delivered meals for 28 years (Table III.11). Seventy-two percent have been involved with the program for more than 20 years; 89 percent have been offering the program for more than 10 years.

Table III.11. Home-delivered nutrition program characteristics

Number of years the program has been offered	
0 to 2	1
3 to 5	1
6 to 10	8
11 to 15	10
16 to 20	7
21 or more	72
Mean	28
Median	30
Mileage on the longest route for which the organization provides home-delivered nutrition services	
25th percentile	15
Mean	49
75th percentile	61
Mileage on the shortest route for which the organization provides home-delivered nutrition services	
25th percentile	2
Mean	14
75th percentile	17
Number of days per week deliveries are made to clients' homes	
1	1
2	1
3	2
4	6
5	88
6 or 7	2
Mean	5
Number of meals provided to a client at each visit	
1	80
2	6
3	1
4	0
5	8
6 or more	4
Mean	2
Number of meals provided to a client at each visit among clients receiving one delivery per week	
Mean	8
Median	10
Number of meals provided to a client at each visit among clients receiving more than one delivery per week	
Mean	2
Median	1
Percentage of LSPs that deliver meals to clients' homes on the weekends	12
Percentage of LSPs that offer home-delivered meals for the following meals:[a]	
Breakfast	4
Lunch	96
Dinner	15

Source: LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

LSPs provide home-delivered nutrition services both near the agency and far away from it (Table III.11). On average, the shortest route for which an LSP provides services is 14 miles, and the longest route is 49 miles. At least one-quarter of agencies travel within 15 miles to the farthest client, and another quarter travel 61 or more miles.

Meal service schedule. With few exceptions, meal deliveries are made to clients' homes five days a week (Table III.11). Eighty-eight percent of LSPs deliver five days a week, 10 percent delivery fewer than five days, and 2 percent deliver six or seven days a week. In general, only one meal is provided per delivery (80 percent). Four percent of programs provide at least six meals in a single delivery. For LSPs that make one delivery to clients' homes per week, eight meals are typically provided per visit. This compares to two meals per visit for LSPs that make more than one delivery to clients' homes per week. Only 12 percent of home-delivered programs deliver meals to clients' homes on weekends. Most programs (96 percent) provide lunch. Fifteen percent deliver dinner, and 4 percent deliver breakfast.

Meal preparation methods. Many programs prepare home-delivered meals on-site at congregate meal sites (40 percent), where they are packaged and then distributed (Table III.12). However, 52 percent of LSPs with home-delivered meal programs contract for these meals with outside vendors or caterers, and 44 percent prepare home-delivered meals at a project-affiliated central kitchen. The most common type of meal is delivered hot (76 percent). Some LSPs deliver meals in other forms, including frozen, to be reheated (17 percent); cold, to be eaten cold (2 percent); shelf-stable meals, such as "disaster meals" (3 percent); and combination meals (2 percent).

Special diets. More than four-fifths (85 percent) of LSPs provide a set menu for the home-delivered meal program that does not offer the client any choice of food items (Table III.12). Other menu options are less common: 10 percent of LSPs provide a choice of different complete meal options (such as choosing between two types of meals), and 5 percent of LSPs provide a choice of different food items within the meal (such as a choice of entrée and choice of vegetables, fruit, or dessert).

More than three-quarters (79 percent) of LSPs offer special or therapeutic diets in the home-delivered nutrition program. The most common are low-sodium (51 percent), diabetic (34 percent), and modified texture (12 percent).

Table III.12. Home-delivered nutrition program meal preparation methods, menus, and diets

Meal production methods[a]	
Central kitchen	44
On-site production	40
Catering or vendor contract	52
Average percentage of meals delivered in the past week of each of the following types:[b]	
Hot meals	76
Frozen meals	17
Cold meals	2
Shelf-stable meals	3
Combination	2
Home-delivered nutrition program menu	
Set menu that does not offer the participant any choice of food	85
Choice of different complete meal options	10
Choice of different food items within the meal	5
The following therapeutic diets are offered:[a c]	
Liberal geriatric diet	4
Diabetic	34
Low-sodium	51
Modified-texture	12
Vegetarian	10
Kosher	9
Halal	0
No special diets offered	21

Source: LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentages for each meal type were calculated based on number of meals for each LSP. Next, average percentages across LSPs were calculated for each meal type.

[c]A liberal diet is one that relaxes the restrictions of a therapeutic diet, with the goal of preventing malnutrition among the elderly.

2. Nutrition education and counseling

a. SUA nutrition education and counseling

SUAs play an important role in the development and administration of nutrition education and counseling. SUAs can specify the frequency with which education and counseling are provided, they can influence the development of AAA and LSP education and counseling plans, and they can implement policies and guidelines that affect many aspects of these plans.

Forty-six percent of SUAs require AAAs, either directly or through their LSP, to offer nutrition education at least quarterly, and 23 percent require it to be offered semi-annually or annually (Table III.13). Twenty-one percent of SUAs have no policy to specify the frequency with which nutrition education is offered at the AAA or LSP-level. Of SUAs that require either the AAA or LSP to develop a nutrition education plan, 45 percent provide guidance on the development of AAA and LSP-level nutrition education plans, and 55 percent monitor the extent to which the plan is followed, but only 18 percent of SUAs requiring a plan must approve AAA and LSP-level plans.

Table III.13. SUA nutrition education and counseling

	Percentage of SUAs
Frequency with which the SUA requires that the AAA or LSP offer nutrition education	
Monthly	30
Quarterly	16
Semiannually	16
Annually	7
No policy exists at the SUA level on frequency of nutrition education	21
Nutrition education provided only by the SUA and not by the AAA or LSP	0
SUA has formal policies, guidance, or regulation on the qualifications of the staff who provide nutrition education at the AAA or LSP level.	59
SUA requires that the AAA or LSP develop a nutrition education plan.	50
SUA's role with regard to the AAA/LSP nutrition education plan[a,b]	
Must approve plan	18
Provides guidance on developing plan	45
Sets plan's minimum components	41
Monitors plan	55
SUA requires that nutrition counseling be available in each PSA.	45
SUA has policies, guidance, or regulations related to nutrition counseling on any of the following topics:[a]	
Criteria for authorizing nutrition counseling	32
Qualifications of the nutrition counseling staff	68
Content of the nutrition counseling	25

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentages of SUAs that require AAAs or LSPs develop a nutrition education plan.

b. Nutrition education available through AAAs and LSPs

Almost all (98 percent) of AAAs offer nutrition education (Table III.14). Among those AAAs offering nutrition education, nutrition education is offered at approximately 93 percent of congregate meal sites in the PSA. Eighty-seven percent of AAAs offer nutrition education to all of their home-delivered meal program participants, 9 percent offer nutrition education to portions of their home-delivered program participants, and only 3 percent do not offer nutrition education to participants in the home-delivered meal program.

Table III.14. Nutrition education available through AAAs

	Percentage of AAAs
Nutrition education is available in the PSA.	98
Average percentage of congregate meal sites in the PSA that provide nutrition education, among AAAs offering nutrition education	93
Availability of nutrition education for home-delivered nutrition program participants	
Available through entire PSA	87
Available in a portion of PSA	9
Not available in PSA	3

Source: AAA survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

Seventy-seven percent of LSPs offer nutrition education (Table III.15). At the LSP-level, 82 percent of LSPs offer nutrition education to all of their home-delivered meal program participants, 5 percent offer nutrition education to portions of their home-delivered program participants, and 13 percent do not offer nutrition education as part of their home-delivered meal program.

Table III.15. Nutrition education available through local service providers

	Percentage of LSPs
Nutrition education available in the LSP	77
Availability of nutrition education for home-delivered nutrition program participants[a]	
Available in the service area	82
Available in a portion of the service area	5
Not available in the service area	13

Source: LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentages of LSPs that offer nutrition education.

c. Nutrition counseling available through AAAs and LSPs

Sixty-three percent of AAAs offer nutrition counseling (Table III.16). Among those AAAs offering nutrition counseling, nutrition counseling is offered at approximately 83 percent of congregate meal sites in the PSA. Eighty-one percent of AAAs offer nutrition counseling to all of their home-delivered meal program participants, 13 percent offer nutrition counseling to portions of their home-delivered program participants, and only 6 percent do not offer nutrition counseling to participants in the home-delivered meal program.

Table III.16. Nutrition counseling available through AAAs

	Percentage of AAAs
Nutrition counseling is available in the PSA.	63
Average percentage of congregate meal sites in the PSA that provide nutrition counseling, among AAAs offering nutrition counseling	83
Availability of nutrition counseling for home-delivered nutrition program participants	
Available through entire PSA	81
Available in a portion of PSA	13
Not available in PSA	6

Source: AAA survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

Fifty-one percent of LSPs offer nutrition counseling (Table III.17). Sixty-four percent of LSPs offer nutrition counseling to all of their home-delivered meal program participants, 3 percent offer nutrition counseling to portions of their home-delivered program participants, and 33 percent do not offer nutrition counseling as part of their home-delivered meal program.

Table III.17. Nutrition counseling available through local service providers

	Percentage of LSPs
Nutrition counseling available in the LSP	51
Availability of nutrition counseling for home-delivered nutrition program participants	
Available throughout the service area	64
Available in a portion of the service area	3
Not available in the service area	33
Need for nutrition counseling is determined by:[a,b]	
Nutrition needs assessment	62
Nutrition screening assessment	25
Presence of nutrition-related chronic disease	23
Food insecurity assessment	12
Frequency of assessment of need for nutrition counseling with NSP participants:[a,b]	
At program enrollment/entry only	46
On a regular basis (such as annually or monthly)	51
When staff notice a change in the participant	42
Program participant, caregiver, family request	42
Health care professional request	27
Percentage of LSPs with a formal mechanism for following up with program participants who have had nutrition counseling	35

Source: LSP survey.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentages of LSPs that offer nutrition counseling.

Most LSPs determine the need for nutrition counseling by conducting a needs assessment. Sixty-two percent of LSPs identify the need for nutrition counseling by conducting a needs assessment and 25 percent do so through a nutrition screening assessment. The impetus for conducting these assessments can vary (for example, assessment might be conducted as a result of a health care professional or family member request). However, most LSPs conduct assessments on a regular basis: 46 percent assess the need for nutrition counseling at program enrollment, and 51 percent do so on a schedule (such as annually or monthly).

3. Needs assessments and referrals

NSP agencies strive to understand the needs of program participants by seeking information on how clients learn about program services and how nutrition programs help meet the non-nutritional needs of clients by making it easier for them to access other programs. In addition, many agencies provide services even if an emergency arises. This section explores these important topics. Subsection a examines nutritional needs assessments conducted by SUAs, and subsection b examines assessment of client needs at the AAA and LSP levels. Subsection c discusses client referrals.

a. Assessing service needs: SUAs

Only 20 percent of SUAs reported having completed a statewide community needs assessment in the previous five years, but 60 percent had conducted at least one local community needs assessment during that time (Table III.18). Sixty-eight percent of SUAs reported that they require AAAs or LSPs to perform consistent individual nutrition needs assessments for the NSP, and 65 percent of SUAs issue formal polices or guidance on how to conduct these assessments. The information reported at the AAA and LSP levels corresponds to these numbers.

b. Assessing service needs: AAAs and LSPs

About 76 to 86 percent of AAAs and LSPs reassess service needs for congregate meal and home-delivered meal program participants at least once a year. However, nearly 20 percent of AAAs and LSPs (18 and 24 percent, respectively) have no policy to define how frequently congregate meal program participants' service needs should be reassessed (Table III.19).

Table III.18. Nutrition needs assessment by SUAs

	Percentage of SUAs
SUAs conduct a community needs assessment for the NSP	
In the past five years, a statewide community needs assessment that includes nutrition has been done.	20
In the past five years, one or more local (PSA-level) community needs assessments that include nutrition have been done.	60
No assessment has been done in the past five years.	20
Local-level community needs assessments follow a consistent protocol that includes nutrition.[a]	48
SUAs used results from the community needs assessments pertaining to nutrition used or incorporated into the state plan.[b]	75
SUAs issue formal polices or guidance to the AAAs or LSPs on the conduct of individual nutrition needs assessment in the NSP.	65
SUAs require a consistent individual nutrition needs assessment at the local level (AAA or LSP) for the NSP.	68

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 43 SUAs that do not also function as AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Percentage of SUAs conducting a local community needs assessment within the past five years.

[b]Percentage of SUAs conducting either statewide or local-level community needs assessment within the past five years.

Table III.19. Assessment of clients' service needs by AAAs and LSPs

	AAA Congregate meal programs	AAA Home-delivered meal programs	LSP Congregate meal programs	LSP Home-delivered meal programs
Has a formal process for assessing service needs for NSP participants				
Nutrition needs	83	90	65	84
Non-nutrition needs	71	83	44	56
Frequency with which NSP participants are reassessed for service needs[a]				
No policy	18	2	24	4
Monthly	NA	NA	0	2
At least yearly	76	85	86	72
Less than once a year	3	3	0	9
After acute-care episode	8	17	5	5

Sources: AAA survey and LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample sizes of 333 AAAs and 171 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

NA = not applicable because the response option was not included in the AAA survey.

Eighty-three percent of AAAs report that they have a formal process for assessing nutritional needs, and 71 percent have a formal process for assessing the non-nutrition needs of NSP congregate meal program participants. At the LSP level, 65 percent of providers have a formal process for assessing nutritional needs, and 44 percent have a formal process for assessing the non-nutrition needs of congregate meal program participants. These numbers are slightly higher for the home-delivered meal programs. Eighty-four percent of LSPs have a formal process for assessing nutritional needs, and 56 percent have a formal process for assessing the non-nutrition needs of home-delivered meal program participants.

c. Client referrals

Client referrals to congregate and home-delivered meal programs. Understanding how clients come to participate in the NSP can help agencies improve their outreach. For AAAs, the top five client referral sources for the congregate and home-delivered meal programs are (1) family and friends, (2) information and assistance system, (3) self-referral, (4) case management system, and (5) hospital/health care facility/discharge planner (Tables III.20 and III.21). Reflecting differences in the health of the target populations, home-delivered meal participants are substantially more likely to be referred to the NSP through hospital/health care/discharge planner avenues than congregate meal participants (86 versus 48 percent).

Table III.20. Most common client referral sources for the congregate meal program[a,b]

Family and friends	98
Information and assistance system	77
Self	76
Case management system	49
Hospital/health care facility/discharge planner	48
Aging and Disability Resource Center	41
Faith-based organizations	36
Physician	25
Other food or nutrition program	23
Other	15
Medicaid Waiver	7
Nursing homes	5

Source: AAA survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Estimates are the percentages of agencies that included the referral source in their top five sources.

[b]Multiple answers allowed.

Table III.21. Most common client referral sources for the home-delivered meal program[a,b]

Family and friends	93
Hospital/health care facility/discharge planner	86
Self	64
Information and assistance system	64
Case management system	59
Aging and Disability Resource Center	34
Physician	34
Medicaid Waiver	18
Faith-based organizations	18
Nursing homes	11
Other food or nutrition program	10
Other	9

Source: AAA survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Estimates are the percentages of agencies that included the referral source in their top five sources.

[b]Multiple answers allowed.

Client referrals to other programs. AAAs and LSPs help many participants in the NSP access other programs. AAAs and LSPs reported that they most often provide assistance accessing transportation services, Adult Protective Services, Medicare Part D, Medicaid waiver programs, Veterans Affairs services, and evidence-based health promotion and disease prevention programs (Table III.22).

4. Emergency nutrition services

Emergency preparedness plans. Sixty-eight percent of SUAs have an emergency plan that includes nutrition services. All of these have a plan for short-term emergencies, and 25 percent have a plan for long-term emergencies (Table III.23). Ninety percent of AAAs have an emergency plan that includes nutrition services. Of these, 89 percent have a plan for short-term emergencies, and 15 percent have a plan for long-term emergencies. Eighty-six percent of LSPs have an emergency plan that includes nutrition services. All of these have a plan for short-term emergencies, and 17 percent have a plan for long-term emergencies.

Components of emergency preparedness plans. For SUAs with emergency plans, 68 percent indicated that their emergency preparedness plan for nutrition services includes provision of food and water and a strategy to identify and address the health and wellness needs of nutrition clients (Table III.23). Seventy-nine percent of SUAs with emergency plans indicated that their plans include arrangements for communications between organizations as well as with clients.

Partner organizations during emergencies. SUAs reported requiring the help of partner organizations to continue providing services during an emergency. Ninety-three percent of SUAs indicated that they rely on local organizations, 86 percent stated that they rely on the Red Cross, and 66 percent cited FEMA Citizen Corps as providing important operational support during an emergency (Table III.23).

Table III.22. Referrals to other programs

	AAA Congregate meal programs	AAA Home-delivered meal programs	LSP Congregate meal programs	LSP Home-delivered meal programs
Participants in the NSP are actively assisted in accessing the following programs:[a]				
Medicaid waiver programs	47	67*	36	40*
Medicaid (non-waiver)	46	53	24	23
Medicare Parts A or B	59	59	51*	43*
Medicare Part D	67*	65*	54*	41*
Housing programs	51	52	30	33
Transportation services	77*	68*	66*	58*
Low-Income Home Energy Assistance Program	58	61	47*	40*
Supplemental Security Income	42	47	26	25
Other supportive services	56	68*	36	39
SNAP	62*	62	38	33
Commodity Supplemental Food Program	NA	NA	29	27
Other food or nutrition services	44	49	35	39
Veterans Affairs services	64*	68*	24	23
Adult Protective Services	75*	53	30	34
Evidence-based health promotion and disease prevention programs	44	49	54*	29

Sources: AAA survey and LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample sizes of 333 AAAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

Estimates with * represent the top five most common referrals in each column.

[a]Multiple answers allowed.

NA = not applicable because the response option was not included in the AAA survey.

Table III.23. Emergency nutrition services (percentages)

	SUA	AAA	LSP
Have an emergency preparedness plan that includes nutrition services:[a]			
Any plan	68	90	86
Plan for short-term emergencies	68	89	86
Plan for long-term emergencies	25	15	17
Have polices that required AAA contracts or grants to LSPs to include how nutrition services are to be provided during local emergencies	87	NA	NA
Components in the emergency preparedness plan for nutrition services[a,b]			
Plan for communications between organizations as well as with clients	79	NA	NA
Plan for the provision of food and water	68	NA	NA
Plan for identifying and addressing the health and wellness needs of nutrition clients	68	NA	NA
Entities that help meet the needs of the NSP clients during emergencies[a]			
County or local organizations	93	NA	NA
Red Cross	86	NA	NA
FEMA Citizen Corps	66	NA	NA
VOAD or their members	48	NA	NA
Private-sector entities involved in disasters	50	NA	NA
Organizations that experienced a disaster in the past three years	NA	NA	34
Initiated an emergency plan during that disaster, among organizations that experienced a disaster in the past three years	NA	NA	95

Sources: SUA survey, AAA survey, and LSP survey (AAA and LSP survey data are weighted).

Note: Tabulations are based on an unweighted sample sizes of 56 SUAs, 333 AAAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

VOAD = National Voluntary Organizations Active in Disasters

[a]Multiple answers allowed.

[b]Percentages estimated out of the SUAs (or AAAs, LSPs) that have an emergency preparedness plan.

NA = not applicable because the response option was not included in the respective survey.

C. Training and technical assistance, data collection and reporting, and interactions with other agencies and programs

For the NSP to deliver nutrition services to participants successfully, the agencies within the administrative hierarchy must understand and successfully execute their programmatic responsibilities. The first aspect of this process is for agencies within the network to both provide and receive information in the form of technical assistance and training. The second important element is for agencies to monitor and assess the performance of subordinate agencies in the program hierarchy. Finally, service provision must be carefully coordinated with other agencies providing assistance to older adults. This section explores each of these issues. Subsection 1 examines training and technical assistance among the agencies. Subsection 2 examines data systems and reporting. Finally, Subsection 3 explores collaboration with other agencies relevant to the NSP program.

1. Training and technical assistance

Types of training provided by SUAs. In the past two years, 70 percent of SUAs held general trainings on a range of programs and services, and 60 percent have held trainings that focus on the NSP and related topics (Table III.24). About 60 percent of SUAs have provided training on nutrition quality, food safety, and food service to AAAs or LSPs.

Table III.24. Training and technical assistance provided by SUAs

	Percentage of SUAs
SUAs have provided the following training and technical assistance to AAAs or LSPs for the NSP in the past two years:[a]	
Held specific trainings that focus on the NSP and related topics	60
Held general trainings that cover a range of programs and services, including the NSP and related topics	70
Held trainings on the NSP and related topics in conjunction with other state or local agencies or organizations	40
SUAs have provided training on the following topics to AAAs or LSPs:[a]	
Nutrition quality	56
Food safety	63
Food service	56
Nutrition education	53
Nutrition counseling	35
Program evaluation or outcome measurement	42

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 43 SUAs that do not also function as AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

2. Data systems and reporting

SUA data systems and reporting. SUAs require AAAs to report nutrition program data regularly through, for example, nutrition program service reports, program performance data, quality assurance findings, and fiscal management reports. All AAAs report at least some NSP data to SUAs electronically (using software or a computer system),[9] and 65 percent of AAAs are required to provide data at least monthly (Table III.25). Seventy percent of SUAs require all AAAs to report data beyond those required for the AoA state program report. For SUAs that require additional data, 77 percent require AAAs to provide additional program performance data, and 77 percent require the provision of additional fiscal management report data.

[9] Ninety-one percent of SUAs require all AAAs in the state to use the same software for reporting.

Table III.25. SUA data systems and reporting

	Percentage of SUAs
SUAs receive NSP data from AAAs by:[a]	
Software/computer system	100
Email	16
Telephone	5
Mail	5
SUAs require all AAAs in the state to use the same software for reporting	91
SUAs require all AAAs to report NSP data beyond those required in the AoA state program report	70
Data being collected beyond those required for the state program report[a,b]	
Nutrition program service reports/program performance data	77
Quality assurance findings	47
Fiscal management reports	77
SUAs have established NSP performance measures at the AAA level.	49
SUAs share NSP performance data with the public.	65
Frequency with which AAAs are required to report NSP data to the SUA	
Continuously	14
Monthly	51
Quarterly	26
Semiannually	2
Annually	2
Other	5

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 43 SUAs that do not also function as AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentage of SUAs requiring all AAAs to report NSP data beyond those required in the AoA state program report.

AAA data systems and reporting. More than half of AAAs use electronic program participant tracking or referral systems (Table III.26). Forty-eight percent of AAAs reported using electronic financial systems for billing or service payments, and 27 percent use a cost-centered accounting system. More than one-third of AAAs carry out computer-assisted menu planning and analysis, and about one-third also reported using electronic systems for recording that meals were received. Moreover, a high percentage of AAAs collect program performance data: 88 percent collect nutrition program service reports and program performance data, 70 percent collect quality assurance findings, 83 percent collect fiscal management reports, and 88 percent collect client assessments of service.

LSP data systems and reporting. Forty-two percent of LSPs use electronic program participant tracking or referral systems (Table III.26). Thirty percent reported using electronic financial systems for billing or making payments for service, and 20 percent use a cost-centered accounting system. Thirty-one percent of LSPs carry out computer-assisted menu planning and analysis, and 24 percent reported using electronic systems to record that meals were received. Whereas 10 percent of AAAs indicated that they have no automated systems, 30 percent of LSPs reported that they do not use any automated systems.

Table III.26. AAA and LSP data systems and reporting

	Percentage of AAAs	Percentage of LSPs
Data systems currently used[a]		
Computer-assisted menu planning and analysis	38	31
Software to track inventory or order food	14	14
Delivery systems for home-delivered nutrition	24	14
Program participant tracking or referral systems	53	42
Electronic client ID card	11	11
Electronic system for recording that service (the meal) was received	35	24
Financial systems for billing and/or making payments for services	48	30
Cost-centered accounting system	27	20
Geographic Information Systems	6	3
No automated systems	10	30
Types of program performance data currently collected:[a]		
Nutrition program service reports/program performance data	88	NA
Quality assurance findings	70	NA
Fiscal management reports	83	NA
Client assessments of service	88	NA
None	1	NA
NSP performance data are used:[a]		
To justify funding requests	63	NA
To manage the NSP	84	NA
To administer vendor contracts	50	NA
To provide information to stakeholders	84	NA
For program planning	83	NA

Sources: AAA survey and LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample sizes of 333 AAAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

NA = not applicable because the response option was not included in the LSP survey.

3. Collaboration, integration, and partnerships with other programs

Many SUAs partner with organizations or groups to engage in advocacy, strategic planning, public education, senior activities, service delivery, outreach, fundraising, and other activities to meet the nutrition and health needs of NSP participants. Therefore, agencies were asked to provide information about the organizations with which they partner.

Most important partners for the NSP. The ADRC and other OAA programs were cited as the most important partners or collaborators for the NSP at the SUA level. Eighty-four percent of SUAs selected these organizations as one of the top five most important partners (Table III.27). Elder abuse prevention programs (or Adult Protective Services) and state public health departments or agencies also were important partners.

Table III.27. Most important partners or collaborators for the NSP

	Percentage of SUAs
Percentage of SUAs indicating the following as one of the five most important partners or collaborators for the NSP:	
ADRC program	84
Other OAA programs	84
Elder abuse prevention programs or Adult Protective Services	79
State public health departments or agencies	77
SNAP (including SNAP Education)	73
State Medicaid agency/unit (including Medicaid waiver)	70
College or university	68
Senior Farmers Market Nutrition Program	66
State association of AAAs	61
Churches, synagogues, mosques, faith-based organizations	59
Volunteer organizations	59
Non-OAA-funded home-delivered nutrition programs (for example, Meals on Wheels)	54
Other state human services agencies or programs	52
Energy assistance	45
Commodity Supplemental Food Program	38
Veterans Affairs (state or federal)	38
State transportation department or agency	36
Private industry	34
State public housing department or agency	32
Child and Adult Care Food Program	21
Emergency Food Assistance Program	20
Food Distribution Program on Indian Reservations	13

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

SUA collaboration with other food and nutrition programs. Most SUAs reported that they collaborate (very much or somewhat) with SNAP (56 percent) and the Senior Farmers Market Nutrition Program (SFMDP) (62 percent; Table III.28). There is minimal collaboration with the Commodity Supplemental Food Program (CSFP), Child and Adult Care Food Program (CACFP), and the Temporary Emergency Food Assistance Program (TEFAP); 59 percent of SUAs reported little or no collaboration with CSFP, and 77 percent reported little or no collaboration with CACFP and TEFAP.

Table III.28. Collaboration with other food and nutrition programs (percentages of SUAs)

	SNAP	SFMNP	CSFP	CACFP	TEFAP
SUAs collaborate:					
Very much	18	48	13	4	0
Somewhat	38	14	13	4	4
A little	23	9	27	25	20
Not at all	16	20	32	52	57
Not applicable	5	9	16	16	20
SUA NSP staff have collaborated in the following ways:[a,b]					
Participate in review or development of policies or procedures	21	41	14	7	0
Promote older-adult access to the program	68	59	34	13	13
Participate in training and technical assistance	32	41	13	5	0
Participate in committees and workshops	55	45	14	11	4

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentages of SUAs reporting that they collaborated with the other food and nutrition program.

SUA integration with nonfood and nutrition programs. For case management, information and referrals, and ADRC services, SUA staff have been involved in (1) review or development of policies, guidance, or regulations for the inclusion of nutrition services; (2) development or review of screening protocols; and (3) development or review of assessment tools (Table III.29). SUA staff have also been involved with evidence-based health promotion and disease prevention programs. Seventy percent of SUAs indicated that they had advocated for including nutrition program clients as participants in these programs, and more than 60 percent of SUAs have participated in outreach activities.

Table III.29. Integration with nonfood and nutrition programs

	Percentage of SUAs
NSP staff have been involved with case management, information and referral/assistance, or ADRC services in the following ways:[a]	
Review or development of polices, guidance, or regulations regarding the inclusions of nutrition services	43
Development or review of screening protocols	43
Implementation of screening protocols	29
Development or review of assessment tools	43
Development or review of referral/assistance process	36
Implementation of referral/assistance process	23
Provision of training	34
Receipt of training from nonfood and nutrition program	18
NSP staff have been involved with evidence-based health promotion and disease prevention programs in the following ways:[a]	
Management of evidence-based health promotion and disease prevention grants	55
Promotion of inclusion of nutrition program clients as participants	70
Participation in outreach activities	61
Coordination with state health department evidence-based grantees	54

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

SUA coordination and collaboration with Title VI programs. Forty-nine percent of SUAs reported having one or more OAA Title VI Nutrition Supportive Services for Native American, Alaska Native, and Native Hawaiian Programs grant programs operating in their state (Table III.30). Of these SUAs, 56 percent collaborate to share resources, 44 percent collaborate on service delivery, and 41 percent collaborate on advocacy and public education.

Table III.30. SUA coordination and collaboration with Title VI programs

	Percentage of SUAs
SUAs have one or more OAA Title VI nutrition and supportive services for Native American, Alaska Native, and Native Hawaiian programs grants	49
SUA currently collaborates with Title VI programs in the following areas:[a,b]	
Shared resources	56
Advocacy	41
Strategic planning	26
Public education	41
Development of policies, guidance, or regulations	15
Service delivery	44
Shared outreach	22
Targeting special populations	33
Development of consumer materials	11

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentages of SUAs with one or more OAA Title VI programs.

D. Quality of nutrition-related program services provided

The ability to meet client dietary needs is perhaps the most important aspect of the NSP. Accordingly, the study examined several indicators of nutrition program quality. This section examines three important components of quality: nutrition program quality at the SUA level, nutrition program quality at the AAA and LSP levels, and food safety policy and practices used in preparing and serving meals.

1. Nutrition program quality at SUAs

Dietary Reference Intakes (DRIs) are nutrition recommendations from the Institute of Medicine of the National Academies. The extent to which DRIs are followed in the planning of program meals is an indicator of program quality. Seventy-four percent of SUAs have full implementation of DRIs throughout the state, and 18 percent have partial implementation throughout the state (Table III.31). Six percent of SUAs reported having very little implementation throughout the state.

Table III.31. Nutrition program quality at SUAs

Characteristic	Percentage of SUAs
Implementation status of Dietary Reference Intakes (DRIs)	
Full implementation throughout the state	74
Full implementation in portions of the state	2
Partial implementation throughout the state	18
Very little implementation throughout the state	6
Implementation status of *Dietary Guidelines for Americans*	
Full implementation throughout the state	77
Full implementation in portions of the state	2
Partial implementation throughout the state	17
Very little implementation throughout the state	4
SUA has a formal policy for the implementation of the following:	
DRIs only	9
Dietary Guidelines only	13
Both DRIs and *Dietary Guidelines*	66
Neither DRIs nor *Dietary Guidelines*	13
Year the implementation policy of the DRIs or *Dietary Guidelines* was last updated	
Before 2001	0
2001–2010	32
Since 2011	68
Frequency of updates for the implementation policy of the DRIs or *Dietary Guidelines*	
Yearly	6
After every reauthorization of the Older Americans Act	0
After changes are made to the DRIs, *Dietary Guidelines*, or food service codes	52
Every 1 to 5 years	13
Other	9
No schedule is used	20
SUA has established a formal policy for the NSP regarding the implementation of state and local food service codes.	75

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

Dietary Guidelines for Americans are jointly issued and updated every five years by the U.S. Department of Agriculture (USDA) and DHHS and provide authoritative dietary and wellness recommendations for Americans ages 2 and older. Seventy-seven percent of SUAs have full implementation of the *Dietary Guidelines* throughout the state, and 17 percent have partial implementation throughout the state (Table III.31). Four percent reported having very little implementation throughout the state.

Policies for Dietary Reference Intakes and *Dietary Guidelines.* Sixty-six percent of SUAs have a formal policy for the implementation of both DRIs and *Dietary Guidelines* (Table III.31). Only 13 percent of SUAs have no formal policy for the implementation of DRIs and *Dietary Guidelines.*

Updates to implementation policy. Sixty-eight percent of SUAs have updated the implementation policy for DRIs and *Dietary Guidelines* since 2011, and the remaining 32 percent have updated the policy since 2001 (Table III.31). Six percent of SUAs indicated that they update their implementation policy every year, and 13 percent indicated that they make updates every one to five years. Fifty-two percent of SUAs indicated that they update their implementation policy whenever changes are made to the DRIs, *Dietary Guidelines*, or food service codes.

2. Nutrition program quality at AAAs and LSPs

Staff, programs, and materials that contribute to the quality of nutrition education. AAAs and LSPs use a variety of methods to ensure the quality of nutrition education. Most AAAs and LSPs use credentialed nutrition professionals to conduct education (58 and 64 percent, respectively; Table III.32). AAAs also report employing surveys to measure program participant needs (45 percent), and using evidence-based education programs (45 percent), cooperative extension materials (58 percent), and curricula from a reliable, science-based organization (68 percent).

Table III.32. Nutrition program quality at AAAs and LSPs

	Percentage of AAAs	Percentage of LSPs
To contribute to the quality of nutrition education, the following are required:[a]		
Credentialed nutrition professional to conduct education	58	64
Survey of program participant needs	45	39
Evidence-based education programs	45	29
Cooperative extension materials	58	51
Curricula from a reliable, science-based organization	68	42
To contribute to the quality of nutrition counseling, the following are required:[a]		
Credentialed nutrition professional to conduct education	76	52
Protocols approved by a respected source	39	38
Credentialed non-nutrition professionals (such as nurses or diabetes educators) to conduct counseling	15	20
The following are used to contribute to the nutrient quality of meals:[a]		
Computer-assisted menu analysis	49	20
Meal patterns	41	29
Dietitian or other state-credentialed nutrition professional	84	65
SUA guidance	65	64
OAA guidance	57	15
The following contribute to the overall food service quality provided at the program:a		
Food service license/safety inspections	88	83
Training of staff	88	92
Survey of program participants	87	77
Program participant feedback mechanism	77	78
Regularly scheduled site visits to production location and/or service location	85	48
Visits to home of home-delivered nutrition clients	71	56
Program participant advisory or menu committees	45	23
Food quality specifications	56	40
Use of dietitian or state-credentialed nutrition professional	85	65
AAA guidance		76
SUA guidance	73	22
OAA guidance	65	26

Sources: AAA survey and LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample sizes of 333 AAAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

Staff, programs, and materials that contribute to the quality of nutrition counseling. For nutrition counseling, AAAs and LSPs also use credentialed nutrition professionals to conduct counseling (76 and 52 percent, respectively), use protocols that have been approved by a respected source (39 and 38 percent, respectively), and rely on credentialed non-nutrition professionals (such as nurses or diabetes educators) to conduct counseling (15 and 20 percent, respectively; Table III.32).

Staff, programs, and materials that contribute to the nutrient quality of meals. AAAs and LSPs reported using the following resources to contribute to the nutrient quality of meals: 49 percent of AAAs and 20 percent of LSP use computer-assisted menu analysis; 41 percent of

AAAs and 29 percent of LSPs use meal patterns; 84 percent of AAAs and 65 percent of LSPs use the services of a dietitian or state-credentialed nutrition professional; 65 percent of AAAs and 64 percent of LSPs rely on guidance from the SUAs; and 57 percent of AAAs and 15 percent of LSPs rely on guidance from the OAA (Table III.32).

3. Food safety policies and practices in NSPs

Food safety is a critical indicator of the quality of program services offered. Ninety-six percent of AAAs and 96 percent of LSPs require their service personnel to have food safety and sanitation training (Table III.33).

Table III.33. Food safety policies and practices in the NSP

	Percentage of SUAs	Percentage of AAAs	Percentage of LSPs
Food service production facilities required to have a food service license	NA	88	90
Food service personnel for the NSP required to have food safety and sanitation training	NA	96	96
Individual service providers are required to report incidents of food-borne illness in the NSP to:[a]			
AAA	NA	74	56
SUA	NA	39	18
State or local department of health	NA	80	72
Other	NA	4	4
Not required to report food-borne illnesses	NA	2	6
Follows polices for reporting food-borne illnesses and food recalls[b]	NA	97	NA
Mean number of times in the past three years that the food served in the congregate nutrition program was associated with an outbreak of food-borne illness	<1	0	0
Mean number of congregate nutrition program participants who got sick in the past three years	6	3	0
Mean number of times in the past three years that the food served in the home-delivered nutrition program was associated with an outbreak of food-borne illness	<1	0	0
Mean number of home-delivered nutrition program participants who got sick in the past three years	3	<1	0

Sources: SUA survey, AAA survey, and LSP survey.

Note: Tabulations are based on an unweighted sample sizes of 56 SUAs, 333 AAAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Question not asked in the LSP survey.

NA = not applicable because the question was not included in the SUA or LSP survey.

Food-borne illness policies. Sixty-nine percent of SUAs have formal policies, guidance, or regulations for managing food-borne illnesses in the NSP (Table III.34). These policies were developed by several stakeholder organizations. Fifty-two percent of AAAs, 34 percent of SUAs, 83 percent of state or local departments of health, and 10 percent of state departments of agriculture were involved in developing the current food-borne illness policies (Table III.34).

Table III.34. Food safety policies and practices in SUAs

	Percentage of SUAs
Percentage of SUAs with formal policies, guidance, or regulations for managing food-borne illnesses in the NSP	69
Entities involved in the development of the SUA's current food-borne illness policy for the NSP[a]	
AAAs	52
SUAs	34
State or local department of health	83
State department of agriculture	10
None of the above	3
Percentage of SUAs with formal policies, guidance, or regulations for managing food recalls	32
Entities involved in the development of the SUA's current food recalls policy for the NSP[a]	
AAAs	38
SUAs	31
State or local department of health	85
State department of agriculture	23
None of the above	0
Percentage of SUAs that require LSPs to report incidents of food-borne illness that occur in the NSP to each of the following entities:	
AAA	56
SUA	49
State or local department of health	76

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 43 SUAs that do not also function as AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

Food recall policies. Thirty-two percent of SUAs have formal policies, guidance, or regulations for managing food recalls (Table III.34). Like the food-borne illness policies, the food recall policies were developed by several stakeholder organizations. Thirty-eight percent of AAAs, 31 percent of SUAs, 85 percent of state or local departments of health, and 23 percent of state departments of agriculture were involved in developing the current food recall policies (Table III.34).

Incidence of food-borne illness. The major outcome of interest regarding food handling is whether participants become sick because of the food served by the meal programs. Although there have been instances of food-borne illness associated with the NSP, the reported incidence of such outbreaks is relatively low (Table III.33). For example, at the AAA level, the mean number of times in the past three years that the food served in congregate settings was associated with an outbreak of food-borne illness was less than one (only five incidents of illness associated with the NSP food were reported in the past three years across the 333 AAAs surveyed). The mean number of participants who got sick in the past three years was reported to equal between three and four participants. The figures for home-delivered meal participants were lower.[10]

[10] Note that it is believed that the actual incidence of food-borne illness is much higher throughout the food service industry than the incidence reported; therefore, it is likely that the reported incidence of food-borne illness in the NSP is probably less than the actual incidence.

E. Program resources

The degree to which SUA program staff can effectively monitor income and expenditures, track funding sources, manage budgetary concerns, and distribute resources across their service area has a direct impact on AAA and LSP operations. This section examines four important components of program resources: budgetary and fiscal guidelines, and procedures for budget monitoring and analysis; facilities and equipment provided by SUAs; strategies AAAs and LSPs use to address increasing service costs; and LSP resources.

1. SUA budget and fiscal year guidelines

SUA budget and fiscal activities and guidelines. Many agencies in the program hierarchy involve staff in budget-related activities, including monitoring budgets and fiscal performance. Seventy-four percent of SUAs monitor expenditures per meal at the SUA or AAA level, 74 percent monitor program income, and 70 percent monitor funding sources (Table III.35). Fifty-six percent of SUAs have staff that prepare or review budget justification materials, and 44 percent have staff that provide research or analysis on the implications of budget options (Table III.35). However, only 21 percent of SUAs rely on NSP staff to determine budget allocations.

Table III.35. SUA budget and fiscal activities

	Percentage of SUAs
NSP staff participate in the following budget-related activities:[a]	
Providing research or analysis on the implications of budget options	44
Preparing or reviewing budget justification materials	56
Determining budget request amounts	30
Determining budget allocation	21
NSP staff currently monitor the following at SUA or AAA level:[a]	
Expenditures per meal	74
Expenditures per client	51
Contract costs	67
Program income	74
Funding sources	70
Percentage of SUAs that have policy, guidance, or regulations related to AAA and LSP offering private pay/fee-for-service nutrition services	51
Level of encouragement or discouragement SUAs provide to AAAs or service providers to operate pay/fee-for-service nutrition services. SUAs:	
Strongly encourage	12
Encourage	20
Allow private pay but neither encourage or discourage the activity	61
Discourage	2
Prohibit	5

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 43 SUAs that do not also function as AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

Unit rate for nutrition services programs. Sixteen percent of SUAs use a statewide unit rate for reimbursement of nutrition services provided through their congregate nutrition programs (Table III.36). Twenty-one percent of SUAs use a statewide unit rate for home-delivered nutrition programs, and 46 percent of SUAs use a statewide unit rate for Medicaid waiver nutrition programs. About 20 percent of these programs involved NSP staff in the setting of the unit rate.

Table III.36. Statewide unit rate for nutrition services programs

	Congregate nutrition program	Home-delivered nutrition program	Medicaid waiver nutrition services
Percentage of SUAs with a statewide unit rate	16	21	46
Percentage of SUAs that involved NSP staff in setting the unit rate	21	20	20

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

2. Program resources

Facilities and equipment provided by the SUA. Thirty-six percent of SUAs provide equipment for the home-delivered or congregate nutrition programs, either directly to the site or through designated funding (Table III.37). Twenty percent of SUAs provide facilities (again, either directly or through designated funding) for the home-delivered or congregate nutrition programs.

Table III.37. Facilities and equipment provided by the SUA

	Percentage of SUAs
SUAs provide equipment, either directly or through designated funding, for use by the NSP (home-delivered or congregate nutrition programs).	36
SUAs provide any facilities, either directly or through designated funding, for use by the NSP (home-delivered or congregate nutrition programs).	20

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

AAA and service providers' response to increased costs. Ninety percent of AAAs took actions to respond to increased costs such as labor, fuel, or food costs for the NSP (Table III.38). Just 10 percent made no changes in response to increases in costs. The most frequently selected responses indicate that AAAs modify the program menu, reduce program services, or implement more economical service delivery approaches to offset these costs, or look for efficiencies without reducing services. Many agencies reported reducing staff or staff hours (47 percent), reducing the number of days of service per week at congregate locations (34 percent), reducing the number of congregate nutrition sites (33 percent), and reducing the frequency of home-delivered meals (32 percent). However, many agencies also reported modifying menus or, in the home-delivered nutrition program, increasing the use of frozen meals (49 and 39 percent, respectively).

Table III.38. AAA response to increased service costs

	Percentage of AAAs
Ways in which AAAs respond to increased service costs such as labor, fuel, or food costs for the NSP:[a]	
Modification of menu	49
Reductions in staff or staff hours	47
Increased use of frozen meals in the home-delivered nutrition program	39
Reductions in the number of days of service per week at congregate locations	34
Reductions in the number of congregate nutrition sites	33
Group purchasing	32
Reductions in frequency of home-delivered nutrition deliveries	32
Changes in catering or service provider contract requirements/specifics to reduce cost	30
Shared resources	26
Reductions in the number of home-delivered nutrition participants served	23
Reductions in the number of people served at congregate locations	16
Reductions in home-delivered nutrition service area	14
Reductions in the number of home-delivered meals provided per participant	13
Additional restrictions in program eligibility criteria	10
Reduced or eliminated compensation to volunteers	10
No changes in response to increased cost	10

Source: AAA survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

LSP program resources. LSP program needs are often met using a mix of owned, rented, and donated resources. Table III.39 presents the percentage of LSP that use rented, owned, or donated resources. A greater percentage of LSPs own, rather than rent, kitchens, delivery vehicles, garages and parking facilities, and congregates sites. Using donated or free resources is less common for all resources compared using owned resources.

Table III.39. LSP program resources

Resource	Rented (Percentage of LSPs)	Owned (Percentage of LSPs)	Donated/free use (Percentage of LSPs)
Kitchen	38	53	19
Off-site storage	12	11	5
Delivery vehicles	5	53	11
Vehicle garage/parking facility	16	24	10
Congregate site	39	47	28

Source: LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

F. Program contributions, private pay, and waivers

Participant contributions to the NSP, the extent to which private pay services are offered, and the use of Medicaid waivers are important because they affect service delivery, as well as participants' experiences with the program. This section discusses the policies and standards related to each of these issues.

1. Participant contributions

Participants are not charged for meals, but they are encouraged to make a voluntary contribution toward the meal costs. However, participants cannot be denied meals or other services because of an inability to contribute or an unwillingness to do so.

Policies related to participant contributions. Nearly all SUAs have policies related to the collection and management of voluntary participant contributions (98 percent; Table III.40). Most SUAs also have policies for the distribution and spending of participant contributions (81 and 93 percent, respectively). Fifty-one percent of AAAs and LSPs are required by their SUA to spend participant contributions first and then use other funds.

Table III.40. Participant contributions

	Percentage of SUAs
SUAs have a policy regarding:	
Collection and/or management of participant contributions for NSP	98
Distribution of participant contributions for the NSP	81
Spending of participant contributions for the NSP	93
SUAs have specific policies on the noncoercion of participants with regard to participant contributions	95
Ways in which the SUA determines whether participant contributions to the NSP are used to expand services:[a]	
AAAs and LSPs are required to spend participant contributions first and then other funds.	51
AAAs and LSPs are required to report data on services delivered using participant contributions.	44
The SUA monitors program data in relation to participant contributions reported.	65

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 43 SUAs that do not also function as AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

LSP-recommended participant contributions. The distribution of recommended contributions is provided in Table III.41. Ninety-three percent of LSPs recommend that congregate meal participants contribute $4.50 or less for a single meal. The mean recommended contribution for congregate meals is $2.88. Ninety-two percent of LSPs recommend that home-delivered meal participants contribute $4.50 or less for a single meal. The mean recommended contribution for home-delivered meals is $3.00.

Table III.41. LSP recommended participant contributions

	Percentage of LSPs
Recommended contribution for congregate meal participants for a single meal	
$0.00 to $1.50	30
$1.51 to $3.00	39
$3.01 to $4.50	24
$4.51 to $6.00	4
$6.01 to $7.50	0
$7.51 or more	2
Recommended contribution for home-delivered meal participants	
$0.00 to $1.50	22
$1.51 to $3.00	39
$3.01 to $4.50	31
$4.51 to $6.00	5
$6.01 to $7.50	3
$7.51 or more	0

Source: LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

2. Private pay

AAA private pay and fee-for-service operations. Providers may offer "private pay" or "fee-for-service" programs in which specific services are offered for a fee. Forty percent of AAAs have specific policies to permit, encourage, or prohibit the operations of private or fee-for-service nutrition programs for older adults (Table III.42). However, the level of encouragement or discouragement varies. Of those AAAs with specific policies, 30 percent of AAAs encourage service providers to operate fee-for-service nutrition programs for older adults, 61 percent of AAAs neither encourage nor discourage such programs, and 10 percent discourage or prohibit the operation of fee-for-service programs.

Table III.42. AAA private pay and fee-for-service operations

	Percentage of AAAs
AAAs have policies that permit, encourage, or prohibit the operations of private pay/fee-for-service nutrition programs for older adults	40
Level of encouragement or discouragement AAAs provide to service providers to operate private pay/fee-for-service nutrition programs for older adults. SUAs:	
Strongly encourage	8
Encourage	22
Allow private pay but neither encourage or discourage the activity	61
Discourage	3
Prohibit	7

Sources: AAA survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

LSP private pay and fee-for-service operations, congregate meals. Twenty-two percent of LSPs have a private pay or fee-for-service meal program in addition to their NSP congregate nutrition program (Table III.43). The method used to calculate fees for these programs varies, but these LSPs favor cost-reimbursement over fair market value reimbursements (37 percent use cost-reimbursement versus 5 percent that use fair market value). Most LSPs that offer fee-for-service congregate meals offer the same meals to private pay clients and NSP clients (95 percent) and meals are served at the same site (93 percent). On average, the price of a fee-for-service lunch in the congregate nutrition program is $5.27.

Table III.43. LSP private pay and fee-for-service operations

Percentage of LSPs that have a private pay/fee-for-service meal program in addition to the NSP congregate nutrition program.	22
Percentage of LSPs that calculate the selling price for the private pay/fee-for-service programs meal by:[b]	
Cost-reimbursement	37
Fair market value	5
Mean price (in dollars) of the private pay/fee-for-service lunch meal congregate meals [b]	5.27
Percentage of LSPs that offer OAA clients in the congregate nutrition programs the same meals as the private pay/fee-for-service customers[b]	95
Percentage of LSPs that offer the private pay/fee-for-service meal at the same site as the NSP congregate meal[b]	93
Percentage of LSPs that have a private pay/fee-for-service meal program for home-delivered meals	31
Percentage of LSPs that calculate the price of private pay/fee-for-service home-delivered meals by:[c]	
Cost-reimbursement	57
Fair market value	5
Mean price of the private pay/fee-for-service home-delivered lunch meal [c]	5.62
Percentage of LSPs that offer OAA clients in the home-delivered nutrition programs the same meals as the private pay/fee-for-service customers.[c]	90

Sources: LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample sizes of 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[b]Percentage estimated out of the LSPs that offer private pay/fee-for-service meal program in addition to their NSP congregate nutrition program.

[c]Percentage estimated out of the LSPs that offer private pay/fee-for-service meal program in addition to their NSP home-delivered nutrition program.

LSP private pay and fee-for-service operations, home-delivered meals. Thirty-one percent of LSPs have a private pay or fee-for-service meal program for home-delivered meals (Table III.43). Fifty-seven percent of these LSPs use the cost-reimbursement method to calculate fees for the program, and only 5 percent use fair market values to calculate fees. Ninety percent of these LSPs offer fee-for-service clients the same home-delivered meals offered to participants in the OAA home-delivered meal program. On average, the price of a home-delivered fee-for-service lunch is $5.62.

3. Medicaid waivers

Medicaid waiver program for older adults. As part of a coordinated system of services for Medicaid participants at risk of institutionalization, a state can obtain a Medicaid waiver that allows Medicaid funds to be used to pay for the costs of providing services to these adults, including meals. Fifty percent of SUAs administer a Medicaid waiver program for older adults (Table III.44). Of these SUAs, 85 percent offer home-delivered meals under this program, 41 percent offer nutrition assessments, and 30 percent offer nutritional supplements. Nutrition standards and food safety standards are consistent across the Medicaid waiver program and NSP for 69 and 75 percent of LSPs, respectively, and nutrition counseling services are the same for 31 percent of LSPs.

Table III.44. Medicaid waivers

	Percentage of SUAs or LSPs
SUAs administer a Medicaid waiver program for the elderly.	50
SUAs provide the following services under the state Medicaid waiver program for the elderly:[a, b]	
Nutrition assessment	41
Nutrition counseling	22
Nutrition risk reduction	19
Home-delivered meals	85
Medical nutrition therapy	15
Dietitian services	15
Nutritional supplements	30
SUA ENSP staff were involved with the state Medicaid waivers for the elderly by:[b]	
Reviewing policies related to nutrition services	27
Providing input regarding the use of nutritional supplements in the waiver programs	14
The following are consistent across Medicaid waiver and the ENSPs:[b]	
Nutrition standards	69
Food safety standards	75
Nutrition counseling services	31
Cost or rates for nutrition services	25
LSPs provide Medicaid nutrition services to the elderly:[a]	
Provide Medicaid waiver nutrition services to the elderly	39
Provide nonwaiver Medicaid nutrition services to the elderly	9
Do not provide Medicaid waiver or nonwaiver nutrition services to the elderly	42

Sources: SUA and LSP surveys.

Note: Tabulations are based on an unweighted sample sizes of 56 SUAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentages of SUAs with Medicaid waiver program.

To administer this program effectively, NSP staff must coordinate with home- and community-based long-term care. To this end, 27 percent of SUA staff reviewed state Medicaid waiver policies related to nutrition services, and 14 percent of SUAs provided input regarding the use of nutritional supplements in the waiver (Table III.44).

G. Prioritization of services, access to services, and waiting lists

Although adults ages 60 and older are eligible to participate in the NSP, the OAA requires programs to target individuals who have the highest social and economic needs. This section explores the prioritization of services, discussing which organizations are involved in establishing prioritization policies and the criteria used as a basis for deciding whom to serve. It also discusses the eligibility criteria used to determine who may receive services regardless of program resource limitations, as well as the use of waiting lists.

1. SUAs' prioritization of services

SUAs were asked to specify who sets their prioritization policy. Sixty-two percent of SUAs set their own prioritization policies, although more than half of those SUAs (39 percent of the 62 percent) also seek input from AAAs (Table III.45). Twenty percent of SUAs reported that AAAs set the prioritization policy, 7 percent reported that LSPs set the policy, and 11 percent have no policy. For SUAs that have a prioritization policy, 55 percent apply the same prioritization criteria throughout the state, 33 percent use AAA-specific criteria, and 13 percent use LSP-specific criteria.

Table III.45. SUAs' prioritization of services

	Percentage of SUAs
Prioritization policy of SUA is set for the NSP by:	
SUA	23
SUA with input from AAAs	39
AAAs with input from SUA	11
AAAs	9
LSPs	7
No prioritization policy exists	11
Prioritization criteria are:[a]	
Statewide	55
AAA-specific	33
LSP-specific	13

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 42 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Percentage of SUAs with prioritization policy.

For congregate meal programs, the top five most frequently reported prioritization criteria were based on low income (43 percent), racial or ethnic minority status (38 percent), nutrition risk assessments (36 percent), geographic isolation (34 percent), and food insecurity status (34 percent; Table III.46). For home-delivered meal programs, SUAs prioritize service for those older adults who are homebound (66 percent), meet the ADL or IADL impairments minimums (59 percent), are geographically isolated (52 percent), low income (50 percent), socially isolated (50 percent), and for those lacking informal or family support (50 percent).

Table III.46. SUA policy criteria to determine NSP priority[a]

Criteria	Congregate meal prioritization	Home-delivered meal prioritization
ADL and/or IADL impairment minimum	20	59
Lack of informal or family support	27	50
Geographic isolation	34	52
Social isolation	32	50
Chronic health condition	21	36
Poor housing or lack of kitchen access	23	36
Homebound	13	66
Racial/ethnic minority	38	41
Advanced age	20	30
Low income	43	50
Limited English proficiency	32	34
Dementia or cognitive impairment	20	45
Food insecurity or hunger	34	39
Nutrition risk assessment	36	45
Adult day care participation	11	11
Long-term care need for service	13	30
Short-term care need for service	16	30
No prioritization criteria	13	11
Criteria are not set by the SUA	23	20

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

2. Access to services

AAAs and LSPs were asked about prioritization of services.[11] Sixty-eight percent of AAAs and 55 percent of LSPs indicated that they are responsible for prioritizing clients for NSP services. Most of those AAAs reported that they had specific criteria for doing so; roughly half of the LSPs that are responsible for prioritizing their services reported that they had specific criteria for prioritizing clients (Table III.47).

Fifty-four percent of AAAs reported that they were responsible for setting prioritization criteria,[12] 55 percent indicated that they had a lot of influence on the prioritization criteria, and only 11 percent indicated that they had no influence on the prioritization criteria (Table III.47).

[11] Some of their responses regarding who set prioritization policy appear to contradict the information reported at the SUA level. However, responses provided at each level are not mutually exclusive. It is possible for SUAs and AAAs to state that they are responsible for prioritizing client services because there is a hierarchy of responsibilities that resembles the hierarchy of organizations. In other words, each respondent is defining their responsibilities in different ways.

[12] This corroborates the information reported by SUAs in Table III.45, which indicates that 39 percent of SUAs seek input from AAAs on prioritization criteria and that 21 percent of AAAs have primary responsibility for setting prioritization policy.

Table III.47. Access to services

	Percentage of AAAs	Percentage of LSPs
AAA/LSP is responsible for prioritizing clients for the NSP services.	68	55
AAA/LSP has specific prioritization criteria for NSP services.[a]	67	52
Prioritization criteria is established by:[a]		
AAA	54	NA
SUA	29	NA
Other	17	NA
Amount of influence the AAA had on prioritization criteria[a]		
A lot	55	NA
Some	28	NA
A little	6	NA
None	11	NA

Sources: AAA survey and LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample sizes of 333 AAAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Percentage of AAAs (LSPs) who report being responsible for prioritizing clients for NSP services.

NA = not applicable because the question was not included in the LSP survey.

For congregate meals, AAAs and LSPs both prioritize service based on household income (32 and 38 percent), social isolation (27 and 26 percent), and food security status (23 and 31 percent; Table III.48). AAAs also use nutrition risk assessments (36 percent) and prioritize services for racial/ethnic minorities (20 percent).

For home-delivered meals, AAAs and LSPs both prioritize service based on homebound status (87 and 88 percent, respectively), nutrition risk assessments (73 and 59 percent), lack informal or family support (69 and 60 percent), household income (67 and 63 percent), chronic health conditions (60 and 62 percent), and food security status (54 and 53 percent, Table III.48).

Table III.48. Access to services[a]

	AAA Congregate meal programs	AAA Home-delivered meal programs	LSP Congregate meal programs	LSP Home-delivered meal programs
Criteria used for prioritization:				
ADL cutoff	9	54	6	37
IADL cutoff	8	49	6	38
Homebound	3	87	4	88
Food insecurity or hunger	23	54	31	53
Nutrition risk assessment	36	73	28	59
Poor housing or lack of kitchen access	12	37	19	42
Low income	32	67	38	63
Lack of informal or family support	18	69	18	60
Racial/ethnic minority	20	31	19	30
Geographic isolation	17	47	17	41
Social isolation	27	45	26	35
Chronic health condition	16	60	22	62
Advanced age	12	43	32	51
Dementia or cognitive impairment	11	46	4	38
Limited English proficiency	9	16	4	8
Adult day care participation	3	4	1	12
Long-term need for service	5	24	1	22
Living alone	NA	NA	40	72
Lack of ability to stand and cook	NA	NA	29	69

Sources: AAA survey and LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

NA = not applicable.

3. Waiting list policies

Many SUAs have policies or regulations pertaining to the creation and maintenance of waiting lists. Forty-one percent of SUAs indicated that they have such policies for congregate meal program waiting lists, and 57 percent of SUAs have regulations for home-delivered meal program waiting lists (Table III.49). A substantial number of SUAs either maintain or have direct access to waiting lists for home-delivered nutrition services (71 percent), congregate nutrition services (50 percent), and other OAA services (48 percent). The waiting lists typically contain only applicants who are determined to be eligible, and applicants on the waiting list are usually prioritized on a first-come, first-served basis (Table III.50). Relatively few sites maintain waiting lists that contain adults who have not been screened for eligibility (Table III.50). At the AAA level, an average of 51 people are on the PSA waiting list for congregate meal programs, and an average of 143 are on the waiting list for home-delivered meals (Table III.50). At the LSP level, an average of 19 people are on the PSA waiting list for congregate meal programs, and an average of 28 are on the waiting list for home-delivered meals (Table III.50).

Table III.49. SUA waiting list policies for the NSP

Criteria	Percentage of SUAs
SUAs have policies, guidance, or regulations pertaining to the creation and management of waiting list for the following NSP services:[a]	
Home-delivered nutrition services	57
Congregate nutrition services	41
SUAs maintain or have access to information on waiting lists for the following services:[a]	
Home-delivered nutrition services	71
Congregate nutrition services	50
Other OAA services	48

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 56 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

Table III.50. Waiting list policies

	AAA Congregate nutrition programs	AAA Home-delivered nutrition programs	LSP Congregate nutrition programs	LSP Home-delivered nutrition programs
Waiting lists are maintained by:				
SUA	11	16	NA	NA
AAA	20	38	NA	NA
LSP	27	39	29	51
Current waiting list policy in the PSA:				
Waiting list contains everyone who requested service without screening for service eligibility or need, ordered by date of request.	13	9	9	7
Waiting list contains everyone who is screened eligible for services on a first-come, first-served basis.	23	15	19	4
The waiting list contains everyone who is screened eligible and in priority order (by priority criterion).	37	64	30	47
Policy varies across the PSA.	8	8	NA	NA
There is no waiting list policy.	13	2	0	0
Mean number of people on the PSA waiting list	51	143	19	28
Waiting list is updated and checked for duplication and those no longer eligible or in need:				
Weekly	13	17	4	30
Monthly	24	31	54	32
Quarterly	18	21	21	15
Semiannually	8	9	14	14
Yearly	7	9	0	5
Never	7	1	0	0

Sources: AAA survey and LSP survey, weighted data.

Note: Tabulations are based on an unweighted sample size of 333 AAAs and 199 LSPs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

NA = not applicable.

This page has been left blank for double-sided copying.

IV. CONCLUSION

Following are key findings of the evaluation. Where appropriate, the findings are compared to those in the last NSP evaluation conducted between 1993 and 1995, here referred to as the 1995 evaluation (Ponza et al. 1996).

Organizational structure of the National Aging Network

SUAs, AAAs, and LSPs comprise core components of the National Aging Network. SUAs oversee an average of 12 AAAs (one more than in 1995), although this number varies considerably from state to state with a low of 1 and a high of 59. AAAs are more likely to be public organizations than private nonprofit organizations (62 and 38 percent, respectively), while LSPs are more likely to be private nonprofit organizations than public organizations (61 and 36 percent, respectively). These percentages are similar to those in 1995.

Program characteristics

LSPs provide a variety of nutrition and non-nutrition services. The most common service that LSPs provide is congregate meals, provided by nearly all (93 percent) of LSPs. Most (87 percent) also provide home-delivered meals. In the 1995 evaluation, these percentages were 95 and 81 percent, respectively. Thus, LSPs' congregate meal provision has decreased slightly, and home-delivered meal provision has increased.

All NSP congregate programs serve lunch. In addition, about 11 percent of Title III-C congregate programs serve breakfast, up from only 4 percent in 1995. Similarly, 11 percent of programs serve dinner, up from 1 percent in 1995. Most congregate sites operate only on weekdays; however, about 15 percent of sites also serve weekend meals. This is sizably higher than in the 1995 evaluation, when only 4 percent of sites served weekend meals.

Sixty-three percent of congregate meal sites make "modified" meals available (such as those that are low in fat or sodium), and 79 percent of home-delivered providers offer these meal types. This prevalence is noticeably higher than in 1995 (49 and 63 percent, respectively).

Many programs prepare home-delivered meals on-site at congregate meal sites (40 percent), where they are packaged and then distributed. However, more than half (52 percent) of LSPs with home-delivered meal programs contract for these meals with outside vendors or caterers, and 44 percent prepare home-delivered meals at a project-affiliated central kitchen. The preparation of meals at a central kitchen has increased greatly from 1995, when only 17 percent of LSPs used them.

LSPs provide other nutrition-related services in addition to meals, including nutrition education (77 percent of LSPs), nutrition screening and assessment (52 percent), and nutrition counseling (28 percent). Non-nutrition services are also common, including social activities; health promotion and disease prevention activities; and transportation to and from meal sites.

Clients' needs assessments

NSP agencies strive to understand the needs of program participants by seeking information on how clients learn about program services and how nutrition programs help meet the non-nutritional needs of clients by making it easier for them to access other programs.

AAAs reported that clients are typically referred to the congregate and home-delivered meal programs through family and friends. For congregate meal programs, it is also common for clients to be referred through the Aging Network information and assistance system, which helps older adults access social and health services across the country. For home-delivered meal programs, it is also common for clients to be referred through hospitals, health care facilities, and discharge planners.

AAAs and LSPs help many participants in the NSP access other programs. AAAs and LSPs reported that they most often provide assistance accessing transportation services, Adult Protective Services, Medicare Part D, Medicaid waiver programs, Veterans Affairs services, and evidence-based health promotion and disease prevention programs.

Collaboration, integration, and partnerships with other programs

Many SUAs partner with organizations or groups to engage in such activities as advocacy, strategic planning, public education, senior activities, service delivery, fundraising, and outreach. The ADRC was cited as the most important partner or collaborator for the NSP at the SUA level. Eighty-four percent of SUAs selected these organizations as one of the top five most important partners. Elder abuse prevention programs (or Adult Protective Services) and state public health departments or agencies were also important partners. Most SUAs reported that they also collaborate with the Supplemental Nutrition Assistance Program and the Senior Farmers' Market Nutrition Program as well.

Quality of program services provided

AAAs and LSPs use a variety of methods to ensure the quality of nutrition education and the nutrient quality of meals. Most AAAs and LSPs use credentialed nutrition professionals to conduct education (58 and 64 percent, respectively). Many AAAs also report employing surveys to measure program participant needs and using evidence-based education programs and curricula from a reliable, science-based organization. LSPs contribute to the nutrient quality of meals by using computer-assisted menu analysis, meal patterns, or the services of a dietitian or state-credentialed nutrition professional, and by relying on guidance from the SUAs.

Food safety is also a critical indicator of the quality of program services offered, with nearly all AAAs and LSPs (96 percent) require their service personnel to have food safety and sanitation training. Reported instances of such illness do occur, but they are rare.

Program resources

The degree to which SUA program staff can effectively monitor income and expenditures, track funding sources, manage budgetary concerns, and distribute resources across their service area has a direct impact on AAA and LSP operations. Seventy-four percent of SUAs monitor expenditures per meal at the SUA or AAA level, 74 percent monitor program income, and 70 percent monitor funding sources. Thirty-six percent of SUAs provide equipment for the home-

delivered or congregate nutrition programs, either directly to the site or through designated funding. A smaller, though still sizable, percentage of SUAs (20 percent) provide facilities for the programs.

Program contributions

Policies related to participant contributions to the NSP are important because they can affect service delivery as well as participants' experiences with the program. Nearly all SUAs (98 percent) have policies related to the collection, management, and spending of participant contributions. Almost two-thirds (65 percent) of SUAs monitor program data such as service units and people served in relation to participant contributions reported. Fifty-one percent of SUAs require AAAs and LSPs to spend participant contributions first and then use other funds.

LSPs vary in their recommended participant contribution for a single congregate meal. Thirty percent of LSPs recommend less than $1.50, and 93 percent recommend less than $4.50. For home-delivered meals, 22 percent recommend less than $1.50, and 92 percent recommend less than $4.50.

Prioritization of services and waiting lists

Although all people ages 60 and older are eligible to participate in the NSP, the program must sometimes decide to serve some adults before others when resources are limited. Although required by law, only 89 percent of SUAs report having a prioritization policy. For congregate meal programs, prioritization criteria are most commonly based on racial or ethnic minority status, nutrition risk assessments, economic need, and geographic isolation. For home-delivered meal programs, prioritization criteria are most commonly based on whether a person is homebound, meets the Activities of Daily Living impairments minimums, is geographically isolated, or has low income.

About one-half (51 percent) of the LSPs that arrange or provide home-delivered meals report having a waiting list for potential participants, compared to 41 percent in the 1995 evaluation. For LSPs that maintain waiting lists, the mean number of people on the lists is 28. This is substantially lower than in 1995, when it was 85 people. Therefore, waitlists are slightly more common now, but they contain many fewer people than in 1995.

Waiting lists are much less common for congregate meal programs. Twenty-nine percent of LSPs arranging or providing congregate meals report having waiting lists. For LSPs that maintain waiting lists, the mean number of people on the lists is 19, less than half as many as in the 1995 evaluation, when an average of 52 people were on a waiting list.

Conclusion

Findings from the process study demonstrate an elaborate National Aging Network of SUAs, AAAs, and LSPs that interact to provide older people with congregate and home-delivered meals and services to help meet their health and nutrition needs. Although comparisons with the 1995 evaluation findings are limited due to differences in survey modules and content, several findings revealed key changes to program administration and service delivery:

- **There has been robust expansion in meal provision since 1995.** Eighty-seven percent of LSPs now provide home-delivered meals, up from 81 percent in 1995. Although the percentage of LSP providing congregate meal programs decreased slightly (from 95 to 93 percent), there was a substantial increase in the percentage of congregate meal programs that offer breakfast and dinner (all programs served lunch both in 1995 and in the current study). The percentage of LSPs that offered breakfast is about 3 times larger than it was in 1995, and the percentage of LSPs that offer dinner is more than 10 times larger than it was in 1995. Similarly, the percentage of LSPs that offer congregate meals on weekends is almost four times larger than in 1995.
- **Meal offerings and preparation have changed.** "Modified" meals that are low in fat, sodium, or calories are offered by many more LSPs than in 1995. There has also been a shift toward preparing home-delivered meals at a central kitchen.
- **Waiting lists for home-delivered meals are slightly more common than in 1995.** About one-half (51 percent) of LSPs have waiting lists, compared to 41 percent in 1995. However, the waiting lists contain far fewer people, on average, than in 1995 (28 versus 85 people). The waiting lists for congregate meals also contain less than half as many people (19 versus 52 people). These findings generally suggest an increase in program access across both program types.

In addition to these changes, the National Aging Network continues to try to meet client dietary needs through ensuring nutrition program quality. AAAs and LSPs use many methods to improve the quality of nutrition services (such as using credentialed nutrition professionals, assessing needs through surveys, and using evidence-based curricula from reliable, science-based organizations). Agencies also continue to partner and collaborate with organizations (most notably, SNAP and SFMNP) to engage in advocacy, strategic planning, and service delivery.

The data suggest that assessment of clients' needs is one area for further exploration and improvement. Twenty percent of SUAs have conducted a statewide community needs assessment in the past five years, and more than a third (40 percent) of SUAs have not conducted at least one local community needs assessment during that time. Furthermore, many AAAs and LSPs do not have a formal process for assessing nutrition needs of NSP congregate meal and home-delivered meal participants, and even fewer have a formal process for assessing non-nutrition needs. Finally, nearly 20 percent of AAAs and LSPs have no policy to define how frequently participants' service needs should be reassessed.

Examining the program administration and service delivery data collected in this evaluation in conjunction with the evaluation's cost and client outcomes data will shed additional light on how (1) program efficiency varies by core administrative and service-oriented components (such as program size, meal preparation method, and other program characteristics); and (2) program effectiveness varies by programs' policies and practices related to ensuring the nutritional quality of program meals. Studying these data will help identify the best ways to use available resources to make sure that older people participating in the NSP receive adequate services to meet their health and nutrition needs.

REFERENCES

This page has been left blank for double-sided copying.

REFERENCES

Administration for Community Living. "FY 2015 ACL Budget Table: Administration for Community Living, FY 2015 President's Budget." Washington, DC: U.S. Department of Health and Human Services, ACL, 2014. Available at: http://www.acl.gov/About_ACL/Budget/ACL-FY2015-budget-table.aspx. Accessed June 24, 2015.

Administration for Community Living. "Aging Integrated Database." Washington, DC: U.S. Department of Health and Human Services, ACL, 2015. Available at http://www.agid.acl.gov/. Accessed June 24, 2015.

Ponza, Michael, James C. Ohls, Barbara E. Millen, Audrey M. McCool, Karen E. Needels, Linda Rosenberg, Dexter Chu, Catherine Daly, Paula A. Quatromoni. "Serving Elders at Risk: The Older Americans Act Nutrition Programs, National Evaluation of the OAA Nutrition Services , 1993-1995," Volumes I, II, and III. U.S. Department of Health and Human Services, Administration on Aging, 1996.

Ziegler, Jessica, Nicholas Redel, Linda Rosenberg and Barbara Carlson. "Older Americans Act Nutrition Programs Evaluation: Meal Cost Analysis." U.S. Department of Health and Human Services, Administration for Community Living. September 30, 2015.

This page has been left blank for double-sided copying.

APPENDIX A:
PROCESS STUDY SURVEY METHODOLOGY

This page has been left blank for double-sided copying.

Survey Methodology

Overview

The OAA Title III-C NSP process evaluation was designed to examine the strategies, activities, and resources of the program at each level of the aging network: SUA, AAA, and LSP. The following describes the survey of all 56 SUAs, a sample of 360 AAAs, and a sample of 230 LSPs, using web surveys and self-administered questionnaires.

Instrumentation

We created the SUA, AAA, and LSP survey instruments to respond to current Administration for Community Living/Administration on Aging (ACL/AoA) priorities and interests, basing them on instruments from the prior national evaluation of the OAA Nutrition Services . Mathematica completed pretests with 3 SUA directors. The purpose of the pretest was to determine the amount of time needed to complete the survey and identify any issues with respondents' understanding of the questions. The SUA directors also participated in a debriefing with Mathematica staff to provide feedback on the survey instruments. The instruments were revised based on this feedback.

Based on feedback from NASUAD that the SUAs were familiar with completing surveys online, we decided to field the SUA survey as an editable PDF instrument, as this was more cost-effective than a web survey given the small sample size.

We asked the AAAs and LSPs sampled for the study to each complete a web survey and a fax-back form. The web survey contained questions about program processes (for example, partnerships with other organizations) that respondents would likely be able to answer without referring to other sources. The fax-back form contained questions that would likely require referring to other data sources (for example, program costs). The concern was that if both types of questions were included in a web survey, respondents might stop at a question that required looking up the data elsewhere, possibly leading to more incomplete web surveys. Therefore, we decided to separate the two types of questions into two instruments. We pretested the two instruments with respondents from three AAAs and three LSPs that were not sampled for the AAA and LSP surveys, respectively, to determine the amount of time needed to complete the surveys and identify any issues with respondents' understanding of the questions.

As discussed in Section III.A of the evaluation report, some AAAs had a dual function as both an AAA and an LSP. To limit response burden on these agencies, we incorporated a "direct services module" in the AAA web survey that included questions about functions as an LSP.

Data collection procedures

SUA survey

In December 2013, Mathematica sent letters to the SUAs to inform them that they would be receiving the SUA survey via email in January. The letter instructed SUA directors to send an email to the NSP study inbox if they wanted to designate someone else within their SUA to receive and complete the survey. The mailing also included a brochure that provided an overview of the evaluation.

We sent an email to SUA directors or their designee in January 2014, asking them to complete and return the attached SUA survey. The SUA survey was in an editable PDF format, which allowed respondents to enter data in the form electronically without altering the formatting of the questionnaire. We trained four survey liaisons to provide technical assistance to SUAs and to ensure that all surveys were returned and accurately completed.

These liaisons began calling the survey respondent the day after the SUA survey was emailed to make sure they received the survey and were able to open it and enter data in the editable PDF format. The liaison also answered any questions the respondent had about the survey or the evaluation. Those who did not respond to the survey request received one reminder email, as well as follow-up calls from a survey liaison until the questionnaire was completed.

AAA web survey and fax-back form

Before launching the AAA survey, we asked SUAs for the contact information of the AAA directors selected for the study. In early April 2014, we sent email invitations to the 360 AAAs selected to participate in the evaluation. The email contained a link to the web survey and had the fax-back form attached as a PDF file.[13] Over a period of seven weeks, nonrespondents received up to three additional reminder emails to complete the survey and fax-back form. Survey liaisons also periodically contacted nonrespondents by phone and email to encourage participation. In early May, the ACL project officer sent an email to those who did not respond to encourage participation. Data collection for both the web survey and fax-back form closed at the end of May 2014.

LSP web survey (Part A) and fax-back form (Part B)

For the AAA data collection, we sent respondents an email with a link to the web survey and attached a PDF version of the fax-back form to the email. Some respondents did not understand that these were two different data collection instruments and that both needed to be completed. Because the LSP survey also has a web survey component and a fax-back form component, we planned to send respondents an email with a link to the web survey only. When the respondent completed all questions in the web survey, the final screen would thank them for completing "Part A" (that is, the web survey) and instruct them to download and complete "Part B" (that is, the fax-back form in editable PDF format).

We contacted the 115 AAAs that had provided lists for LSP sampling to inform them of which LSPs had been selected. At the same time, we requested contact information for each LSP (a primary contact and an alternate contact, if available) so that we could send them an email invitation to complete the web survey. Slightly more than three-quarters of the 115 AAAs provided some contact information for their selected LSPs, but we were missing email addresses for 60 of the 230 sampled LSPs at the time of the survey launch.

[13] During data collection, we found that some AAA respondents were confused by the request to complete both a web survey and a fax-back form, thinking that they needed to complete only one or the other. As a result of their feedback, and internal usability testing, we changed how we presented the fax-back form to LSPs so respondents would be asked to only complete one instrument at a time.

In mid-November 2014, the sampled LSPs that had an email address on file received an invitation email. After the launch of the survey, liaisons attempted to reach all LSPs by telephone, starting with those that did not receive the invitation email because we did not have their email address. The liaisons tried to identify a respondent from these LSPs and obtain an email address. The liaisons also called LSPs for which we did have an email address to confirm that the LSP contact had received the survey invitation and that the LSP contact was the appropriate survey respondent.

Through a combination of liaison calls to LSPs and emails from the ACL project officer encouraging AAAs to provide contact information, we eventually obtained contact information for the 60 LSPs originally missing email addresses. As we received this information, we sent the web survey invitation to them (on a rolling basis). In December 2014 and January 2015, we sent four rounds of reminder emails to nonrespondents asking them to complete the Part A web survey. In December and January, we also sent five rounds of reminders to LSPs that had completed Part A but did not respond to Part B.

The 28 AAA/LSP combination agencies that had already completed the AAA survey with the direct services module were not asked to complete the LSP survey, which included most of the same questions they had already answered. Instead, we asked them by telephone a short set of questions from the LSP web survey that were not in the AAA survey and requested that they all complete Part B.

Response Rates

We used the American Association of Public Opinion Research's *Standard Definitions* for establishment surveys to calculate response rates.[14] The response rate was defined as response rate = $I / (I + P + R + NC + O)$ where

I = Complete interviews
P= Partial Interviews
R = Refusal and break off
NC = Non Contact
O = Other

[14] American Association of Public Opinion Research, *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys,* revised April 2015. http://www.aapor.org/AAPORKentico/AAPOR_Main/media/publications/Standard-Definitions2015_8theditionwithchanges_April2015_logo.pdf

Table A.1. Shows the final disposition and response rate for each survey instrument.

	Initial sample	Ineligible	Refusal	Complete	Partial	Response rate
SUA survey	0	0	0	56	0	100%
AAA survey	360	1a	3	328 (web)	5 (web)	92%
				292[c] (fax back)	0 (fax back)	81%
LSP survey	230	4b	0 (web)	193 (web)[d]	6 (web)	85%
			2 (fax back)	140 (fax back)	0 (fax back)	62%

[a]One AAA lost its designation and was therefore ineligible.

[b]One LSP only contracted for cash-in-lieu funds to help with their resident nutrition program. During the fielding, three LSPs were found to be duplicates of other LSPs in the sample.

[c]AAAs were expected to complete the web survey before the fax-back form. However, 6 completed the fax-back form but not the web survey (that is, 298 fax back completes total). AAAs that completed the fax-back form without the web survey were assigned a weight of 0 in the analysis.

[d]The total of LSP completed surveys includes the 28 AAA/LSP combinations that completed the AAA survey with direct services module.

Tables A.2 and A.3 show the number of completed web surveys (Part A) and fax-back forms (Part B) among the stand-alone LSPs and AAA/LSP combination agencies, respectively.

Table A.2. LSP Web (Part A) and Fax-Back (Part B) Survey Completes Among Stand-Alone LSPs

Status	Number of stand-alone LSPs
Part A and Part B complete	121
Part A complete, Part B untouched	42
Part A complete, Part B refusal	2
Part A partial	6
Part A untouched	27
Ineligible	4
Total	**202**

Table A.3. LSP Fax-Back (Part B) Survey Completes Among AAA/LSP Combinations

Status	Number of AAA/LSP combinations
Part B complete	19
Part B untouched	9
Total	**28**

Quality assurance procedures

We reviewed all responses on the SUA survey, the AAA fax-back form, and Part B of the LSP survey, as these instruments were fielded as an editable PDF file or hard copy and did not have validations and logical checks built into them. Survey liaisons contacted the respondents to clarify inconsistencies and obtain missing data.

This page has been left blank for double-sided copying.

APPENDIX B:
SAMPLE DESIGN FOR THE SURVEYS OF AAAS AND LSP

This page has been left blank for double-sided copying.

Sample Design for the Surveys of AAAs and LSPs

Surveys were conducted for SUAs, AAAs, and LSPs. All SUAs were included in the study, but probability samples were selected for the AAA and LSP surveys.

AAA Sample. With the help of the National Association of States United on Aging and Disabilities (NASUAD), we obtained from each SUA an unduplicated number of people who received congregate nutrition services and home-delivered nutrition services for older adults during their most recently completed fiscal year in each of their AAAs. Using these client counts, we constructed a composite size measure. For the study, eligible AAAs included only those located in the continental 48 states and the District of Columbia (616 AAAs). Six AAAs with the largest values for the composite size measure were included in the sample with certainty. Of the remaining 610 AAAs, we selected a random sample of 354, using equal probability sequential sampling, and implicitly stratifying by the ranking of each AAA's state in terms of (a) the square miles of service area per AAA and (b) the AAA's composite size measure. Of these 354 selected AAAs, we randomly selected 60 AAAs to serve as a backup sample using a systematic sample, but with the same implicit stratification variables used for the initial sample. All 60 backup AAAs were eventually released into the sample, for a total of 360 AAAs for which web and then faxback surveys were attempted.

LSP Sample. To select a sample of LSPs to survey we first needed lists of LSPs from the sampled and participating AAAs. For reasons of efficiency, we subsampled 120 AAAs from which we would attempt to get these lists: 100 from the main sample of 300 AAAs and 20 from the 60 backup sample of AAAs. The original 6 certainty selections were automatically included in this subsample. Before subsampling the remaining 114 AAAs, we excluded 20 AAAs that had refused to participate in the study. We then selected two probability-proportional-to-size (PPS) sequential samples, one from the main AAA sample and one from the backup AAA sample. When selecting these subsamples, we used the AAA's composite size measure, and implicitly stratified by groupings of AAAs that were similar in terms of their size and their geographic region. Among these 114 selections, 30 additional AAAs were selected with certainty due to the large value of their composite size measure. All 20 backup AAAs were eventually released for LSP survey, for a total of 120 AAAs. Ultimately, 115 AAAs provided lists of their LSPs.

In total, the 115 participating AAAs provided a list of 1,169 eligible LSPs. The basic strategy was to select an average of 2 LSPs per AAA for a total of 230 LSPs. Of the 115 AAAs, 40 AAAs only had 1 or 2 LSPs, and we selected all their LSPs (a total of 51 LSPs). Among the remaining 75 AAAs with 3 or more LSPs, we randomly selected 47 AAAs from which to sample 2 LSPs each, 27 from which to sample 3 LSPs each, and 1 from which to sample 4 LSPs to get to the target number of 230. These LSP samples were selected within AAA using sequential sampling with probability proportional to size with the measure of size being another composite measure of size incorporating both congregate and home-delivered meals at the LSP level, and implicitly stratifying by provider type (whether they provided congregate meals, home-delivered meals, or both). Of the 230 LSPs in the sample, 88 were selected with certainty – 51 because there were only 1 or 2 LSPs in the AAA and 37 because of their size relative to other LSPs in the AAA. Web and then faxback surveys were attempted for all 230 sampled LSPs.

This page has been left blank for double-sided copying.

APPENDIX C:
ANALYSIS WEIGHTS FOR THE SURVEYS OF AAAS AND LSPS

This page has been left blank for double-sided copying.

The purpose of analysis weights is to allow for the computation of unbiased estimates based on sample survey responses from the study population. Weights take into account both the probability of selection into the sample and the differential response patterns that may exist in the respondent sample. All SUAs were included in the sample, and all responded to the survey, so no analysis weights were needed for the analysis of data from the SUAs. Weights were constructed for the samples of AAAs and LSPs (for the web and faxback surveys) as these samples involved both sampling and nonresponse.

AAA Surveys. We attempted a web survey and then a separate faxback survey for a probability sample of 360 AAAs. The sampling weight for AAAs, accounting for their selection probabilities, was 1 for the sample selected with certainty (the six largest AAAs), and was 1.723 for each of the 354 AAAs selected from the remaining 610. Among the 360 in the sample, 333 responded to the web survey, 3 were refusals, 23 were nonrespondents with no contact, and 1 was ineligible. We first adjusted for the 23 nonrespondents with no contact using response propensity models. We entered the following set of variables into a chi-square interaction detection (CHAID) software as well as a stepwise logistic regression model to determine which main effects and two-order interactions were significant predictors of making contact with the sample member: census region, size of area served, rank of size of state's area served per AAA, number of congregate meals served, and number of home delivered meals served. Each of these was broken into four categories, using quartiles for the continuous variables. The final model, run using a normalized sampling weight, had only two significantly predictive variables: number of congregate meals (whether between about 1500 and 3000 meal or not) and home delivered meals (whether greater than about 1800 meals). We multiplied the inverse of the resulting propensity score and the sampling weight for the 337 for whom contact was made. For the 336 eligible AAAs, only 3 were nonrespondents, and we applied a simple ratio adjustment of 1.009 to the 333 respondents to get the final AAA web survey weight, which ranged from 1.03 to 1.97 and sums to 614.1 – an estimate of the number of eligible AAAs in the population, and a design effect due to unequal weighting of 1.005.

Among the 333 web survey respondents, 292 responded to the faxback survey. Using the same process and same candidate variables as used for the web survey response propensity logistic regression model, the final model found the following variables to be predictive of response:

- Midwest census region or not,
- State's average size of area served by its AAAs (whether between about 960 and 3750 square miles or not), and
- The interaction between the average size of its service area (previous bullet) and whether the AAA served more than about 1,800 home delivered meals or not.

We multiplied the inverse of the resulting propensity score and the AAA web survey weight for the 292 faxback survey respondents to obtain the final AAA faxback survey analysis weight, which ranged from 1.06 to 2.94, and also summed to 614.1, with a design effect of 1.011. No large outlier weights were identified for either AAA survey weight.

LSP Surveys. For a probability sample of 230 LSPs, we attempted a web survey and then a separate faxback survey. The sampling weight for 142 of the sampled LSPs accounted for their probability-proportional-to-size selection probability, and 88 LSPs had a sampling weight of 1 due to their being selected with certainty. The sampling weights, conditional on the selected AAAs, ranged from 1 to 89, and summed to 1225 (with an unequal weighting design effect of 4.533). Four of the 230 LSPs were classified as ineligible. We then compensated for the 27 web survey nonrespondents among the 226 remaining LSPs in the sample using procedures similar to those described above for the AAA web survey. The variables available as predictors for the LSPs were limited to census region, number of congregate meals served by the LSP, and number of home delivered meals served by the LSP. The final logistic regression response propensity model for the LSP web survey included census region and number of home-delivered meals. We multiplied the inverse of the resulting propensity score and the LSP sampling weight for the 199 web survey respondents. This final weight summed to 1,212, the sum of the sampling weights for the 226 eligible LSPs (with a design effect of 3.482). We then trimmed three outlier weights resulting from the nonresponse adjustments.

Among the 199 web survey respondents, 140 responded to the faxback survey. Using the same process and same candidate variables as used for the LSP web survey logistic regression response propensity model, the final model found the following variables to be predictive of response to the LSP faxback survey: number of congregate meals served (whether between about 170 and 560 meals) and number of home-delivered meals served (whethxc ffer between 135 and 410 meals). We multiplied the inverse of the resulting propensity score and the web survey weight for the 140 faxback survey respondents to get the analysis weight. We applied a ratio adjustment of 1.03 so that the final LSP faxback survey weight also summed to 1,212 with an unequal weighting design effect of 3.297. We then trimmed 2 outlier weights resulting from the nonresponse adjustments.

But these LSP survey weights do not yet account for the selection and response probabilities for the AAAs that provided the list of LSPs from which the sample of 230 was selected. As described in the sampling section, we subsampled 120 AAAs from 340 sampled and participating AAAs. After adjusting the initial AAA sampling weight for the 20 AAAs that refused to participate in this part of the study (using logistic regression response propensity modeling), we applied the inverse of the subsampling probability of the 120 AAAs to this refusal-adjusted weight. We then further adjusted for the 5 subsampled AAAs who never provided their lists of LSPs using yet another propensity model. This cumulative AAA weight summed to 606. After applying this cumulative AAA weight to the LSP web survey weight, the final cumulative LSP web weight summed to 3,755.11 and ranged from 1.07 to 225.12 (weighting design effect of 2.962). After applying the cumulative AAA weight to the LSP faxback survey weight, we applied a ratio adjustment of 0.979 to ensure the final cumulative LSP faxback weight also summed to 3,755.11. The range of this weight was 1.60 to 258.73, with a design effect of 2.621.

APPENDIX D:
ADDITIONAL TABLES FOR SUAS THAT OPERATE AS AAAS

This page has been left blank for double-sided copying.

Table D.1. SUA data systems and reporting

	Percentage of SUAs
SUAs that function as AAAs receive NSP data from LSPs by:[a]	
Software/computer system	92
Email	54
Telephone	31
Mail	38
SUAs that function as AAAs require all LSPs in the state to use the same software for reporting.	75
SUAs that function as AAAs require all LSPs to report NSP data beyond those required in the AoA state program report.	77
Data being collected beyond those required for the state program report[a,b]	
Nutrition program service reports/program performance data	50
Quality assurance findings	40
Fiscal management reports	60
SUAs that function as AAAs have established NSP performance measures at the LSP level.	62
SUAs share NSP performance data with the public.	58
Frequency with which LSPs are required to report NSP data to the SUA that function as AAA	
Continuously	8
Monthly	58
Quarterly	17
Semiannually	0
Annually	17

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 13 SUAs.
Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

[b]Percentage of SUAs requiring all AAAs to report NSP data beyond those required in the AoA state program report.

Table D.2. Food safety policies and practices in SUAs

	Percentage of SUAs
Percentage of SUAs with formal policies, guidance, or regulations for managing food-borne illnesses in the NSP	67
Entities involved in the development of the SUA's current food-borne illness policy for the NSP[a]	
LSPs	38
State or local department of health	100
State department of agriculture	0
None of the above	0
Percentage of SUAs with formal policies, guidance, or regulations for managing food recalls	33
Entities involved in the development of the SUA's current food recalls policy for the NSP[a]	
LSPs	50
State or local department of health	50
State department of agriculture	0
None of the above	25
Percentage of SUAs that require LSPs to report incidents of food-borne illness that occur in the NSP to each of the following entities:	
SUA	45
State or local department of health	67

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 13 SUAs.
Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

Table D.3. Participant contributions

	Percentage of SUAs
SUAs have a policy regarding:	
Collection and/or management of participant contributions for NSP	92
Distribution of participant contributions for the NSP	92
Spending of participant contributions for the NSP	75
SUAs have specific policies on the noncoercion of participants with regard to participant contributions	83
Ways in which the SUA determines whether participant contributions to the NSP are used to expand services:[a]	
LSPs are required to spend participant contributions first and then other funds.	38
LSPs are required to report data on services delivered using participant contributions.	38
The SUA monitors program data in relation to participant contributions reported.	54

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 13 SUAs.

Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Multiple answers allowed.

Table D.4. SUAs' prioritization of services

	Percentage of SUAs
Prioritization policy of SUA is set for the NSP by:	
SUA	45
SUA with input from LSPs	9
LSPs with input from SUA	18
LSPs	0
No prioritization policy exists	27
Prioritization criteria are[a]	
Statewide	82
LSP-specific	18

Source: SUA survey.

Note: Tabulations are based on an unweighted sample size of 13 SUAs. Individual estimates within the table may have slightly fewer observations due to item nonresponse to individual questions.

[a]Percentage of SUAs with prioritization policy.

www.mathematica-mpr.com

Improving public well-being by conducting high quality, objective research and data collection

PRINCETON, NJ ■ ANN ARBOR, MI ■ CAMBRIDGE, MA ■ CHICAGO, IL ■ OAKLAND, CA ■ WASHINGTON, D

MATHEMATICA
Policy Research