



# Mission Nutrition: Planning Grant Final Evaluation Report

**December 2008**

**Stockton Center on Successful Aging**

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY



# Mission Nutrition: Planning Grant

## Final Evaluation Report

Full Version

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The Richard Stockton College of New Jersey

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## Acknowledgements

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## Executive Summary

Through the three-year Mission Nutrition: Planning Grant Project (2006-2008), the New Jersey Department of Health and Senior Services sought to establish the senior nutrition program as an efficient and cost-effective component of the state's home and community-based services system/ADRC that is accessible and responsive to the state's increasingly diverse senior population. The proposed final outcome was to include the development of three replicable models in the areas of cost effective and efficient nutrition program operations, integration of the nutrition program into the Aging and Disabilities Resource Center (ADRC), and improved service for diverse populations. Three model development workgroups (hereafter referred to simply as "workgroup") were constituted to develop, implement, and test the models; with one workgroup assigned to each model. The project sought to impact the service delivery system at the community, Area Agency on Aging (AAA), and State Unit on Aging (SUA) levels. Because of this project, older adults (particularly those from diverse ethnic/minority populations) were expected to benefit from improved access to effective and efficient nutrition services. The goals were to be achieved through partnership with the Richard Stockton College of NJ, two broad-based advisory councils, and other resources.<sup>1</sup>

### *Objectives*

Project objectives for year one included the establishment of the three model development workgroups that would be trained on model development and evaluation; would subsequently carry-out comprehensive reviews of current practices and identify/assess available tools; would establish performance standards; and would develop, review and finalize models.<sup>2</sup> Concurrently, evaluation specialists from Stockton in consultation with program leadership from NJDHSS-DACS (Division of Aging and Community Services) would establish a multidimensional evaluation protocol for the overall project as well as each development model.

Year two and three objectives included identification and training of pilot counties responsible for implementing models, model implementation and evaluation, data analysis, report generation and dissemination (including Best-Practice Guides), followed by the ultimate institutionalization of models.<sup>2</sup>

### *Resources*

As noted in the Acknowledgements and Appendix A, a wide variety of resources and technical expertise was deployed and utilized for the successful completion of this project. Workgroups were carefully constructed to include staff or program administrators with an array of skills and from diverse backgrounds. When a workgroup needed additional assistance, for example with cultural competence training, acquisition and analysis of census data, focus group methodology, or GIS technology, this assistance was provided or connections were made by the leadership team. Workgroup minutes, meeting agendas, reminders, and group-directed revisions to logic models were prepared and distributed by members of the project leadership team or others from NJDHSS-DACS or Stockton.

### *Activities*

Beginning with a kickoff meeting in January 2006 designed to introduce participants to the project, the three workgroups subsequently worked extensively during the first year to develop appropriate action

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<sup>1</sup> Information in this section has been abstracted/edited from its initial source: Mackenzie, G. (2004). Mission Nutrition: Planning Grant (Grant Narrative). Trenton, NJ: NJDHSS-DACS, unpublished grant proposal.

models for implementation in year two and three. Workgroups met regularly (monthly or in alternate months) to develop their plans using the Logic Model methodology (W.K. Kellogg Foundation, 2001). This activity involved refining their priority statement, identification of appropriate resources, development of an activity timeline, as well as consideration of intended outputs, outcomes, and ultimate impacts of their efforts.

## Outputs

Each workgroup delivered tangible outputs (i.e. Pilot Project Requests for Proposals (RFPs), Implementation Proposals and Guidelines, supportive White-Papers, and a directory of innovative practices throughout the U.S.) designed to promote their vision for program improvement. Specific outputs for each workgroup are listed in section two of this report.

## *Outcomes & Impacts*

Various formative and summative evaluation procedures were utilized to assess the process and outcomes of the project. This included content-analysis of workgroup minutes, observation of monthly changes to workgroup logic models, participant surveys, key informant interviews, and assessment of program reports from pilot counties. Logic models were used for both planning and evaluation; therefore evaluation included assessment of the models developed by each workgroup.

Initial year one results were encouraging; each workgroup marshaled appropriate resources, investigated various options, and arrived at working models which appeared to have a high likelihood of successful implementation during year two and three of the grant. They also seemed reasonably likely to be replicable in other New Jersey counties and other states, thus contributing in a meaningful way to the overall improved effectiveness and efficiency of the nation's Senior Nutrition Program at a time when systems-change approaches are most needed. That is, changing demographics of the older generation, different needs and wishes of aging baby-boomers, and increasing expectancy for cost-effectiveness and evidence-based practice all converged to make this a timely project.

With respect to the plans noted above, the Year One objectives were fully accomplished by the project as a whole, and by each of three development workgroups. DACS Project Management did a masterful job in orchestrating the work of three workgroups. Workgroups were dedicated, proficient, and effective in accomplishing their goals and appropriately utilized resources when needed.

Year Two objectives were fully completed by the Diversity Workgroup, which involved Somerset and Union Counties as pilots. As demonstrated by a variety of measures, each county took several important steps toward improved and expanded service to changing minority populations. The Diversity workgroup also produced a useful and well-received directory of model programs and promising practices in serving diverse populations from around the country (NJDHSS-DACS, 2008). Additional impact data should be collected over the next several months in order to further demonstrate program successes and encourage model replication.

For the Program Operations group, instead of implementing the new cost-model in two counties (as was planned) it was implemented on a state-wide basis. The guidelines were implemented after extensive dialogue between DACS, the Nutrition Directors Advisory Group and county offices on aging (AAAs). As of this writing, one year's reports have been received and analyzed by NJDHSS-DACS. The most important outcome seems to be general consciousness-raising among some key stakeholders. It remains to be seen whether and how these new insights might spread to others in the system and perhaps have a measurable impact on efficacy and efficiency in nutrition programs throughout the state. From discussions

with nutrition and other leaders in other states, at the AoA, and NASUA via our involvement in monthly grantee meetings, it is clear that the issues explored by this committee are not unique to New Jersey. Thus, the planning model developed by this project has excellent potential for replication by other SUAs (State Units on Aging).

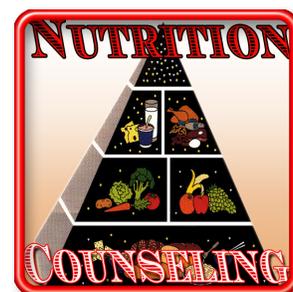
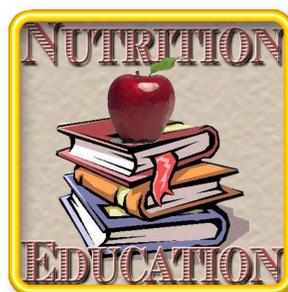
The ADRC-Integration Workgroup’s proposed modification/augmentation of ADRC Intake & Referral mechanisms is elegant in its simplicity and power to trigger appropriate referrals with the addition of a minimal number of additional questions and steps. Noting that the ADRC screening tools are already lengthy, the workgroup carefully investigated practice around the state and nation in order to arrive at their efficient solution. Unfortunately, the proposed modifications have not yet been implemented as NJDHSS-DACS awaited approval of SAMS by the State Department of Purchasing. SAMS was finally purchased in September 2008 and as this report is written it is being integrated into the system at NJ’s two initial ADRC Pilot Counties (Atlantic and Warren) as well as 5 new counties currently being added to the ADRC. Plans are for all 21 NJ counties to join ADRC, 7 counties at a time, over the next 2-3 years. The screening modifications proposed by this workgroup are likely to have a profound and measurable impact on the quality of life and overall well-being of clients in the system.

*Project Highlights include:*

- An apparent revitalization of the “nutrition network” in NJ, whereby workgroup participants feel more engaged in the modernization of New Jersey’s home and community-based service system (HCBS), from which many had previously felt left-out or left behind.
- A proposed mechanism that fully integrates the Senior Nutrition Program into the Intake and Referral Procedures of ADRCs (Aging and Disabilities Resource Centers). Now that NJ has begun expanding ADRC beyond two pilot counties (Atlantic and Warren) it will be fully prepared to make appropriate referral to congregate and home-delivered meals programs. Likewise, nutrition programs are more able to play a full and coordinated role in the home and community based system.
- New reporting guidelines for Senior Nutrition Programs to the New Jersey Department of Health and Senior Services which, for the first time, illuminates true costs across county programs. This information can assist in promoting efficiencies while maintaining or enhancing service effectiveness.
- Multidimensional efforts (changes in menu, environment, and outreach) designed to improve services to changing minority populations, spearheaded by pilot programs in Somerset and Union Counties.
- Publication of “[Senior Nutrition Program: Promising Practices for Diverse Populations](#)” - a compendium of 21 innovative programs from around the U.S.
- A strong foundation from which to collect additional data and further establish models as effective evidence-based practice.
- A clear need to develop and refine program models and encourage replication, enhancing the likelihood of obtaining intended long-range impacts.



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## Section One: Project Background<sup>3</sup>

### Overall Project Goals and Objectives:

To establish the senior nutrition program as an efficient, cost-effective component of the state's home and community-based services system/ADRC that is accessible and responsive to the state's increasingly diverse senior population.

### Problem Statement

Since their inception in 1974, the congregate and home delivered meal programs have become cornerstones of New Jersey's home and community-based services (HCBS) system. However, the programs were in need of careful attention and modernization in order to be maximally effective and responsive to cultural and demographic changes and to evolution in other areas of HCBS.

New Jersey's senior nutrition program has grown into a network of 55 nutrition projects administered by 21 county government based Area Agencies on Aging operating 239 congregate sites and 43 home delivered programs. Nearly 33,000 individuals participate in the congregate program and 20,000 receive home delivered meals each year. The state's annual nutrition budget, inclusive of federal, state and local funds, is \$38,431,437. [2004 Figures]

The nutrition program is often an individual's first contact with the Area Agency on Aging (AAA) and/or HCBS. Yet, these contacts are a currently underutilized mechanism for connecting older residents with appropriate services. "New Jersey's senior nutrition program is operating much as it did when it began 30 years ago," observed Jean Lloyd, U.S. Administration on Aging (AoA) National Nutritionist, at New Jersey's Mission Nutrition Summit, held October, 2004. The challenge for the State Unit on Aging and the AAA network is to revitalize the program, making it accessible and responsive to the needs and preferences of our changing 60+ population while operating in an effective and cost-efficient manner. The New Jersey Department of Health and Senior Services, Division of Aging and Community Services (DACS) committed to meeting this challenge by including the re-engineering of the senior nutrition program as one of five priority areas in its State Plan on Aging, 2005 - 2008.

### Three Program Priorities

#### 1. Program Operations - Cost and Purchasing

"A coordinated planning process is needed to ensure that high quality, cost-efficient nutrition services are provided uniformly statewide"

Because they are county-managed, the local nutrition programs developed and function independently; consequently, program operation, quality and cost-effectiveness vary significantly across programs.

Notable variations across counties include:

- How meal programs are administered (direct service vs. contracts).
- Meal preparation (vendors vs. self-prep kitchens).
- Staffing (county, non-profit, and/or volunteer).
- Budgeting and unit cost practices (congregate unit cost ranges from \$4.02 to \$24.01 depending on line items included).

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<sup>3</sup> Information in this section has been abstracted/edited from its initial source: Mackenzie, G. (2004). Mission Nutrition: Planning Grant (Grant Narrative). Trenton, NJ: NJDHSS-DACS, unpublished grant proposal.

## 2. Integrate Nutrition Screening and Referral into ADRC System

**“A coordinated planning process is needed to integrate the nutrition program into the ADRC.”**

As one of the 12 original states to receive an Aging and Disability Resource Center (ADRC) grant, the NJ Department of Health and Senior Services' (DHSS) Division of Aging and Community Services (DACS) has worked collaboratively with state partners, AAAs and key community stakeholders to develop and apply performance standards for information and referral services and for access to a full array of HCBS. As a key component of the HCBS system, the senior nutrition program helps to maintain the health and wellness of congregate participants and to enable frail and/or vulnerable home delivered meal participants to remain in the community. Currently, the processes for assessing need for HCBS and home delivered meals are separate. An integrated protocol is needed to ensure that a comprehensive assessment is completed, whether an individual enters the HCBS system through an ADRC site or through a nutrition program. Consistent with New Jersey's ADRC development, this assessment must be built on the Centers for Medicare and Medicaid Services' (CMS) triggers for risk assessment and contain crosswalks between the nutrition program and the ADRC.

## 3. Enhanced Services to Changing Diverse Populations

**“A focused planning effort is needed to improve access to and utilization of the nutrition program by diverse populations.”**

NJ is experiencing significant demographic shifts. The percentage of residents age 60 and over grew by 3.5% from 1990 to 2000, with the largest population growth in the 85+ population (42.3%). The current population of 1,495,460 adults over age 60 is projected to reach 2,518,734 by the year 2030 when this cohort will represent 25.7% of the state's total population. NJ currently ranks 5th in the nation in the percentage of foreign-born residents, with 1.2 million of the state's 8.4 million residents born in other countries. The 60+ population includes 9.8% non-Hispanic Black, 7% Hispanic and 3.7% Asian and Pacific Islander. A 2004 analysis of the senior nutrition program revealed significant underutilization by minority participants. Program managers report having few strategies to foster greater participation among these groups. Focus groups held with Asian Indian and Latino seniors revealed barriers such as language, site location, transportation and food preferences.

### Favorable Conditions to Initiate Planning

Based upon the above assessments NJ-DACS concluded that a variety of environmental conditions and opportunities made this an appropriate time to implement such needed changes. A brief description of these conditions follows.

Prior to the initiation of this Mission Nutrition: Planning Grant, NJ had recently completed several fact-finding efforts in preparation for the planning process. For example, in July 2003, DACS began a formal assessment of the current senior nutrition program. Under the direction of an ad hoc advisory council comprised of DACS staff, AAA executive directors, nutrition directors, site and home delivered meal managers, local public health professionals and consumers, NJ designed and implemented a five-part survey of the nutrition program. The surveys included input from program directors, site managers, and participants in both home delivered and congregate meals. Also, focus groups were held with participants and non-participants from the Latino and Asian communities to supplement the survey data. The survey data were collected electronically and results were analyzed by the Rutgers University Department of Nutritional Sciences. Final reports were issued in August, 2005 and distributed among the NJ nutrition network.

In October, 2004, the State developed new partnerships through a two-day summit, “Mission Nutrition – New Directions for Senior Nutrition,” which brought together 125 professionals within and external to the senior nutrition program. The summit generated ideas for program enhancement and raised awareness of the role of the nutrition program in HCBS. Two state level councils emerged from this summit: the Mission Nutrition Blue Ribbon Panel (BRP) and the Nutrition Directors Advisory Group (NDAG). The BRP is comprised of high-level representatives of private sector organizations and academic institutions, including NJ’s largest supermarket chains, national food distributors, hospital systems, consumer product companies, and culinary institutes. The role of the Blue Ribbon Panel is to bring high-powered expertise and new methodologies needed to revitalize the senior nutrition program. The BRP had an introductory meeting in June 2005 to hear background on the program from both the DHSS and AoA. The BRP’s first working meeting was held in November 2005.

The NDAG includes representatives from each county nutrition program. As the front line staff in the senior nutrition program, the nutrition directors have a breadth of expertise related to program functioning. Their role in the current Planning Grant was to provide input into the process and review recommended strategies. Representatives from this group will play a lead role in implementing the models developed through this planning grant.

An additional favorable condition for the successful implementation and completion of this project was DACS’s extensive experience in implementing planning and systems change models. Recent examples include the establishment in 1997 of NJ EASE (Easy Access, Single Entry) as a first step in providing uniform access to information and support services for older adults. The initiative led to the integration of care management services into the AAAs and served as the precursor to the current ADRC Integration project. Also, in 2003, DACS received a three-year grant from the Robert Wood Johnson Foundation to develop a model for coordinating and expanding health promotion services for older adults. This model establishes the AAA as the focal point for accessing older adult wellness information and programs, and coordinates activities provided by local health departments, hospitals, and community-based providers.

**Evaluator’s Note:** NJDHSS-DACS’ assessment of the favorable conditions as noted above seemed to be right on target. In addition, their description of capacity was quite accurate - DACS has an accomplished and competent staff with excellent, forward looking leadership. Connecting this Planning Grant Project into ongoing and emerging departmental initiatives provides the greatest likelihood for success.

In addition, it is important to note that national developments emerging during the 3-year Planning Grant bode well for the continued and expanding relevance and impact of this project. For example, the U.S. Administration on Aging’s Strategic Action Plan: 2007-2012 recommends major systems change activity, which if implemented, would greatly expand Aging Services Network (AoA, State Unit, AAA, and grantee/partner agency) capacity, budgets, and programming with respect to community based long-term care (AoA, 2007). The plan projects significant potential cost-savings when compared to the current system of long-term care, paid for through Medicare and Medicaid. This is particularly important since Title III accounts for nearly 70% of OAA FY08 Appropriations. Nutrition Programs (a portion of Title III) accounts for 40% (O’Shaughnessy, 2008). The role of the Nutrition Program in the overall modernization of the aging network cannot be underestimated. (Kunkel & Lackmeyer, 2008).

## Elaboration on Project Plan<sup>4</sup>

The planning grant intervention was carried out by three state-wide development teams (workgroups) representing each of the three priority areas noted in section one. They were:

- Program Operations (Cost and Purchasing Committees)
- Integration of the Senior Nutrition Program into the ADRC (ADRC-Integration workgroup)
- Service to diverse populations (Diversity workgroup)

Oversight and coordination of the overall project was provided by the Program Manager for Community Education and Wellness, DACS. Each workgroup was comprised of providers, AAA and nutrition program staff, consumers and/or advocates. Each was co-chaired by a representative from DACS and a representative from an AAA, selected for their expertise and commitment to the priority area under consideration. One or more representatives from Stockton College provided additional logistical support, as well as technical assistance in program planning and evaluation. (See Appendix A, Workgroup Participant List)

From the inception of the planning grant, the leadership team took careful steps to maximize participant buy-in to the project and to provide a sense of empowerment and ownership. Conceptually, the project was carefully embedded in ongoing projects and activities, and communications from the Stockton planning/evaluation team were designed to demonstrate a recognition that the project was, in some respects, ongoing and in mid-stream.

DACS staff informed the Stockton team that many in the nutrition network had felt either left out, or neglected, in contrast to the many new programs and systems change activities in other areas of NJ's aging services network. Consequently, invitation and follow-up letters were designed to express enthusiasm and affirmation of their past work and future promise.

Workgroups operated as planning and development teams and were responsible for conceptualizing and in some cases implementing proposed quality improvement changes. Workgroups convened as necessary, throughout the grant period; their activities were most intensive during the first year as plans were being developed and refined. In year two and three, activities shifted away from regular workgroup meetings and towards implementation, which including pilot projects (for the Diversity workgroup) and statewide implementation (for the Cost Committee of the Program Operations workgroup).

Throughout the project, members of the Blue Ribbon Panel (BRP) were available to bring expertise and resources to the table that had not previously been utilized by the nutrition program. For example, the representative from U.S. Foodservice, Inc. could make available to the Program Operations workgroup various tools for assessing cost, evaluating purchasing options and managing nutrition programs. Similarly, a member representing an ethnic food distributor could provide advice to the Diversity workgroup on service to diverse populations regarding cultural preferences, food options, food preparation and purchasing.

*Barriers:* From the outset, the program noted potential barriers that would need to be surmounted. For example, local senior nutrition programs are based in county government and have diverse operating practices. Existing program differences and the strength of "home rule" may make statewide

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<sup>4</sup> Information in this section has been abstracted/edited from its initial source: Mackenzie, G. (2004). Mission Nutrition: Planning Grant (Grant Narrative). Trenton, NJ: NJDHSS-DACS, unpublished grant proposal.

standardization difficult. These challenges were addressed from the outset by fully including both AAA and nutrition program representatives in developing and implementing the models to ensure that local factors and concerns would be fully considered.

The specific Action Steps initially proposed for each development workgroup are described below. As will be noted later in this report, environmental conditions outside the control of this planning grant altered plans of some of the workgroups (e.g. Program Operations-Purchasing, and ADRC-Integration). Nevertheless, the fidelity between what was proposed and what was attempted was quite good.

Each workgroup could utilize the expertise of DACS Liaisons, Stockton Staff, Blue Ribbon Panel and the NDAG in completing their tasks. They were also able to review the data collected through the recently completed comprehensive assessment of the senior nutrition program. Each workgroup was to develop and present their model to the BRP and NDAG for review.

Each model was to include specific, executable implementation strategies including the identification of responsibilities, timelines, required supports, reporting and evaluation practices. Upon finalization of the plans, one or two AAAs were to be identified to pilot each of the three models (grant year two and three). The two pilot ADRC counties (Atlantic & Warren) participated in the integration planning model. Selection of other pilot counties would be based on interest, level of commitment and geographic distribution, and representative of AAAs that provide nutrition services directly, as well as those that contract with community-based providers. In implementing the services to diverse populations model the demographic profiles of each county were considered in selecting the pilot county/counties for participation.

*Special Target Populations and Organizations:* Community-based organizations and consumers were expected to participate as members of the three planning workgroups. In addition, DACS anticipated that community-based organizations would be integrally involved in the implementation of the three models in grant year two and three. The development workgroup focusing on service to diverse populations was expected to include partnerships with community-based agencies, particularly those serving primarily minority and non-English speaking seniors, as a significant component of its planning model. The ADRC Cultural Competence Subcommittee would assist with the establishment of such partnerships by identifying key leaders and community groups at the local level – specifically within the Latino, African-American and Asian (particularly Korean and Asian Indian) communities and faith-based organizations.

*Expected Outcomes:* New Jersey’s project was proposed to address challenges faced on a daily basis by both state units on aging and AAAs. For example, the growing and increasingly diverse older adult population creates unique challenges for the senior nutrition program. While some local programs have successfully incorporated strategies for meeting the needs/preferences of specific minority populations, a systematic approach had not been established. Similarly, while strategies for improving program efficiencies are used in several nutrition programs, a comprehensive model including tools (taken from both the private and public sectors) and minimum performance standards was not. Further, the ADRC is an emerging systems change model. The models developed, tested, and evaluated through NJ’s Mission Nutrition: Planning Grant were expected to serve as a significant resource for the other 43 ADRC states.

Proposed final products included a comprehensive evaluation report, and three “best practice” guides that would detail each model. A multidimensional evaluation protocol was expected to make NJ’s products particularly useful as national models, because the outcomes would be clearly demonstrated. As well, best practice guides would provide step-by-step guidelines useful for model replication.

## Elaboration on Workgroups

The following section provides elaboration on the proposed focus and strategies of each workgroup. It should be noted that because significant workgroup buy-in was sought, the proposed plans and the actual priorities and activities were not identical. Adoption of the Logic model modality for training and evaluation (as selected subsequent to the 1st Annual Planning Grant Grantee Meeting in December, 2005) enhanced the empowerment of each development workgroup to carefully reach their own sense of mission, and their own proposals for activities, outputs, outcomes, and impacts. Formative and summative evaluation commentary will be provided in a subsequent section as the logic models that emerged through the efforts of the three workgroups are discussed.

### **Program Operations Workgroup (Cost & Purchasing Committees)**

This workgroup's initial charge was to focus upon cost analysis, contracting processes, cost containment practices (including purchasing), menu selection, staffing, quality controls, and budget preparation. Important guidance for this group was provided by final reports of the 2005 comprehensive survey, which included information on staffing, food service profiles, meal cost breakdowns (labor and non-labor), and site profiles (space, storage, fees). The workgroup was to evaluate NJ's existing practices and investigate models being used in other states. The group was also expected to review nutrition management tools such as purchasing/inventory modules, monthly operating assessment tools, and financial analytical tools that could be utilized by nutrition programs to improve cost-effectiveness and efficiencies.

### **Integration into the ADRC Workgroup**

Prior to the beginning of the Mission Nutrition: Planning Grant, both ADRC pilot counties (Atlantic & Warren) had identified nutrition sites as critical components of a coordinated HCBS system. As noted in the funding proposal, the vulnerability of nutrition program participants was apparent in the outcomes of NJ's 2004 nutritional risk assessment which indicated that 46% of home delivered meal clients are at high nutritional risk and 45% are at moderate risk; 33% of congregate meal participants are at high risk and 34% are at moderate risk. The proposal noted that it is important that these risk assessment triggers be examined with respect to consumer needs. The proposal sought to develop and implement an appropriate, comprehensive assessment tool to replace the current separate assessments used in nutrition programs and in the assessment of nursing home level of care. The workgroup was charged with the tasks of:

- Integrating nutritional components into the ADRC clinical/functional assessment tool.
- Establishing protocols for referrals and information sharing between nutrition sites and the ADRCs.

### **Service to Diverse Populations Workgroup**

As part of its ADRC initiative, DACS' Cultural Competence Subcommittee established a cultural competence model for program development and evaluation for all programs implemented within the Division. This model encompasses specific performance measures that gauge ability and readiness to deliver culturally competent services to diverse populations. The model addresses three areas: accessibility, delivering culturally competent care, and providing linguistically competent services. The workgroup was charged with building upon the ADRC Cultural Competence model to develop strategies for AAAs to use in: 1) assessing the current environment for service delivery and service utilization among minority populations in their planning and service area (including the identification of how various populations are having their nutritional needs met); 2) identification of barriers limiting utilization of the senior nutrition program; 3) identification of potential community partners; and 4) development of strategies for modifying the senior nutrition program to better meet the needs and preferences of seniors with diverse ethnic backgrounds.

## Section Two: Workgroup Descriptions & Results

### *Logic Models for Planning & Evaluation*

The project leadership team (NJ-DACS and Stockton) selected the logic model methodology (Kellogg, 2001) as an effective means for project planning as well as process/outcome evaluation. This methodology was selected after extensive training provided by John McLaughlin during the 1st Annual Coordinated Planning Grant Grantee Meeting (December, 2005) in Washington, DC. This meeting convened representatives from the eight grantee states, NASUA's TASC (Technical Assistance and Support Center) and AoA staff for 2 ½ days to discuss and refine the plans. NJ's leadership team concluded that this methodology would be an ideal means of empowering the workgroups, implementing and evaluating NJ's plans, and subsequently demonstrating effectiveness to key stakeholders and decision makers. The logic model approach also responded to NJ's proposal plans, whereby "evaluation development will begin at the initial stages of workgroup formation and will include a workgroup orientation session." That is, the evaluation plan emerged over time as each workgroup developed their models and planned their activities.

Early in the project the leadership team investigated several potential mechanisms for assisting workgroups with development of their models. For example, Innovation Network's Point-K Learning Center ([www.innonet.org](http://www.innonet.org)) provides several useful online tools for program design and evaluation. An online collaborative Logic Model Builder is available and apparently quite useful given the right workgroup circumstances and environment. Stockton also created a Caucus web-conference ([www.caucus.com](http://www.caucus.com)) for communication among the leadership team and workgroups, and included archives of useful resources.

After careful consultation with workgroup chairs it was decided that these online resources/approaches were unlikely to be adopted or fully utilized by the workgroups due to the nature of the participants' jobs. Instead, model development was tracked by using MSWord's "Track Change" feature, which allows collaborative editing, logs who suggests what changes/additions, and when, etc. This approach, coupled with the production of minutes from each workgroup meeting, and between-meeting e-mail communications helped the groups to effectively carry out their tasks. Stockton maintained the Caucus conference and it served as a useful communication tool for members of the Stockton team.

Time spent creating and utilizing logic models for planning varied considerably across groups. For example, the Diversity workgroup spent the most time initially refining their model and found it particularly useful in setting priorities among a long list of goals and objectives derived from their prior work. In contrast, the Program Operations workgroup quickly created two basic logic models (one for Cost Models and the other devoted to investigating alternate approaches to Purchasing) and got to work more quickly in acting on their proposed plans. The participant survey conducted at the conclusion of Year one found that individuals more actively engaged in the workgroups (as measured by self-reported regular attendance and effort) were significantly *more* likely to find logic models to be useful.

As the project emerged, it became clear that some participants lacked the training, patience, inclination or time to focus upon in-depth discussions of program evaluation, logic models, and the like. In response, the project leadership (DACS & Stockton) scaled back the intensity of training and instead provided support services when called on by workgroups or pilot counties as they completed their assigned tasks. For example, DACS and Stockton took the lead in creating the Diversity workgroup's directory, "Senior Nutrition Program: Promising Practices for Diverse Populations" (New Jersey Department of Health and Senior Services, 2008). At the conclusion of the 3-year planning grant, most respondents seemed pleased with the approach utilized.

## *Preparing the Workgroups*

### Planning Grant Kickoff Meeting

The initial orientation session held on January 26, 2006 was led by Stockton College and DACS representatives, and designed to help workgroup members develop and utilize effective communication strategies to foster a shared goal, vision, objectives and implementation priorities. Prior to the meeting, participants received an invitation letter and handouts including a meeting agenda, synopsis of the proposed 3-year project, and short readings on creating and using logic models for planning and evaluation. They were asked to read and review the handouts in advance so that the kickoff meeting would be most effective. The meeting included:

- A review of past planning & development efforts in Mission Nutrition.
- How these efforts would now feed into the current AoA Comprehensive Aging Planning Grant.
- Presentations on the planning & evaluation process using the logic model approach.
- Time for each workgroup (program operations, diversity, and ADRC-Integration) to make plans and set the framework for moving forward on their individual initiatives.

### Planning Grant Participant Survey Results

A participant survey was constructed to ascertain participant satisfaction with the kickoff meeting, as well as their understanding of the ongoing process, basic familiarity with program planning and evaluation, and the use of logic models for planning and evaluation. The online survey was deployed using Zoomerang: Z-Pro Online Survey Software (Marketing Tools, Inc., 2008). Meeting participants (N=38) were contacted via e-mail on 02/07/06 and asked to complete a short online survey that would take less than 10 minutes of their time. They were informed that their assistance would help the leadership team to better serve their needs at subsequent meetings. Non-respondents received two reminder e-mail messages. Twenty-four complete surveys were received (representing a 63% response rate). Results indicate generally favorable assessments on the nature of the kickoff meeting and plans for future activities.

The first question asked participants to assess their prior knowledge about the following aspects of the planning grant and topics covered at the kickoff meeting:

- The nature and scope of the Nutrition Planning Grant.
- The nature and process of comprehensive program planning.
- The use of logic modeling for program planning and evaluation.
- The nature and process of comprehensive program evaluation.

This “retrospective pre-test” was compared to their answers to an identical question at the end of the survey, which asked them to rate their knowledge after their participation in the kickoff meeting. They used a 7 point Likert Scale where 1 indicated “No Knowledge or Understanding”, 4 indicated “Average Knowledge or Understanding” and 7 indicated “Superior Knowledge or Understanding”.

As can be seen from Figure 1, responses to these questions ranged significantly. One in five respondents indicated no prior knowledge about the Planning Grant, but the modal answer (43%) was “average knowledge/understanding”. A larger portion of respondents (37%) indicated above average understanding of and knowledge about comprehensive program planning. One-quarter of the respondents indicated they had above average knowledge/understanding of s for planning/evaluation, while 34% indicated “no knowledge/understanding” or nearly no knowledge/understanding. A larger proportion of respondents indicated above average knowledge of comprehensive program evaluation than below average knowledge.

Table 1 demonstrates that respondents' self-ratings of knowledge at post-test as compared to pre-test showed marked elevations on all elements.

A set of questions evaluated the three core presentations (Planning Grant Description, Logic Models for Planning, and Program Evaluation) in terms of informativeness, scope, and pace. All three presentations were rated as "useful" or "very useful" by over 75% of respondents. In addition, at least 2/3 of all respondents found the scope and pace of each presentation to be "just right", with the others indicating it was slightly too fast or too slow, or slightly too much or too little.

Ninety-two percent of respondents were satisfied or pleased with the workgroup they selected. Workgroups were provided with basic logic models that the leadership team had previously put together to stimulate group discussion at the kickoff meeting. The survey asked "On a scale of 1 to 10, please indicate how well the basic logic model distributed to your group makes sense to you? In other words, can you see how the efforts you engaged in last year "work" within a logic-model framework and how the framework will help your group to move forward?" Results indicated that 86% of the respondents selected responses ranging from moderately to very well. A closer inspection of the data indicates, however, that a large proportion (54%) indicated either "moderately" (27%) or just above moderate (27%). The leadership team took this as an indication that additional work needed to be done in subsequent workgroup meetings to make logic models useful, or that the team should flexibly consider alternative methodologies to help the workgroups accomplish their task in the following year.

Figure 1: Kickoff Meeting Prior Knowledge of Program Elements

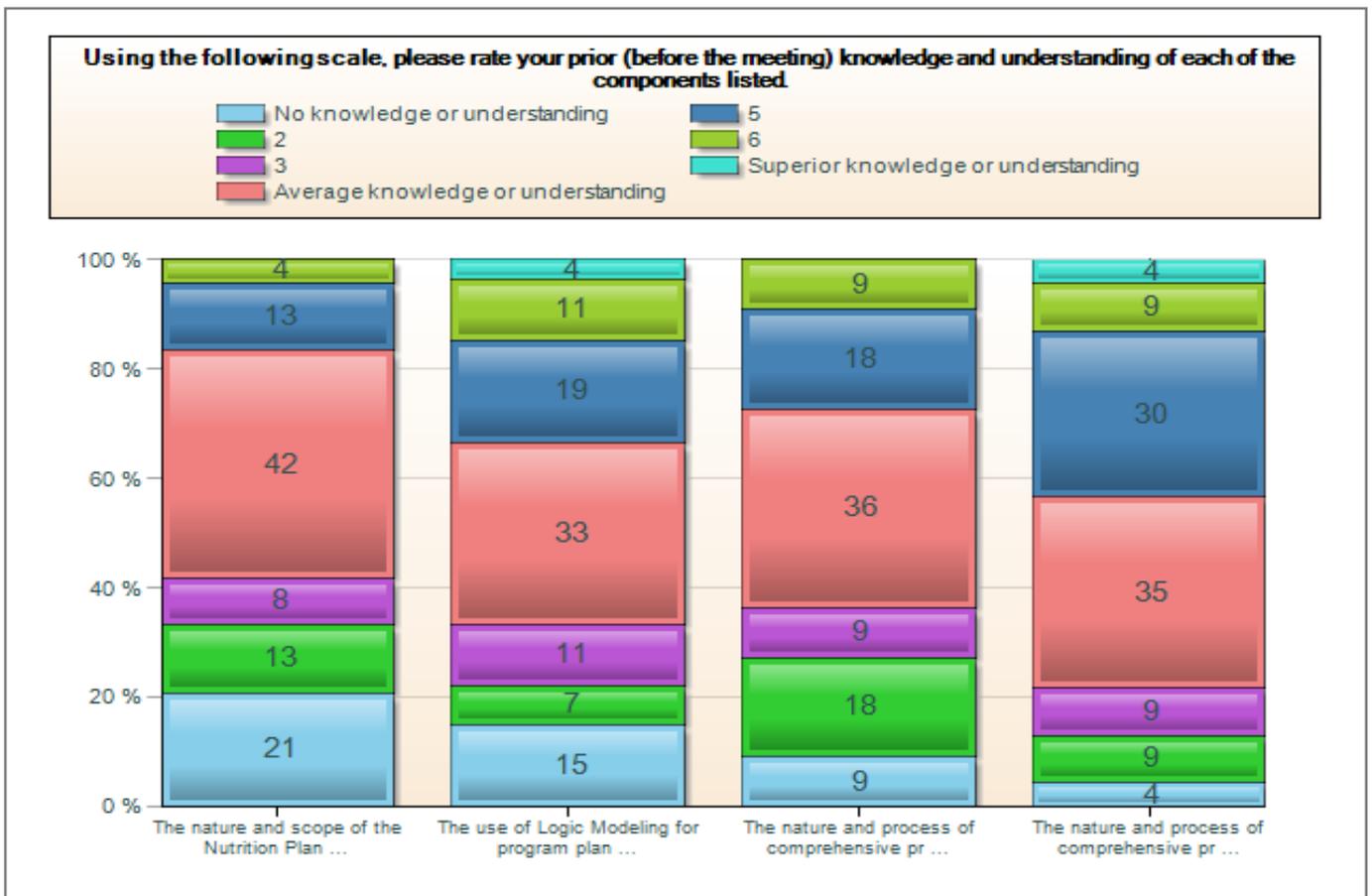


Figure 2: Kickoff Meeting: Knowledge/Understanding *Subsequent* to Training

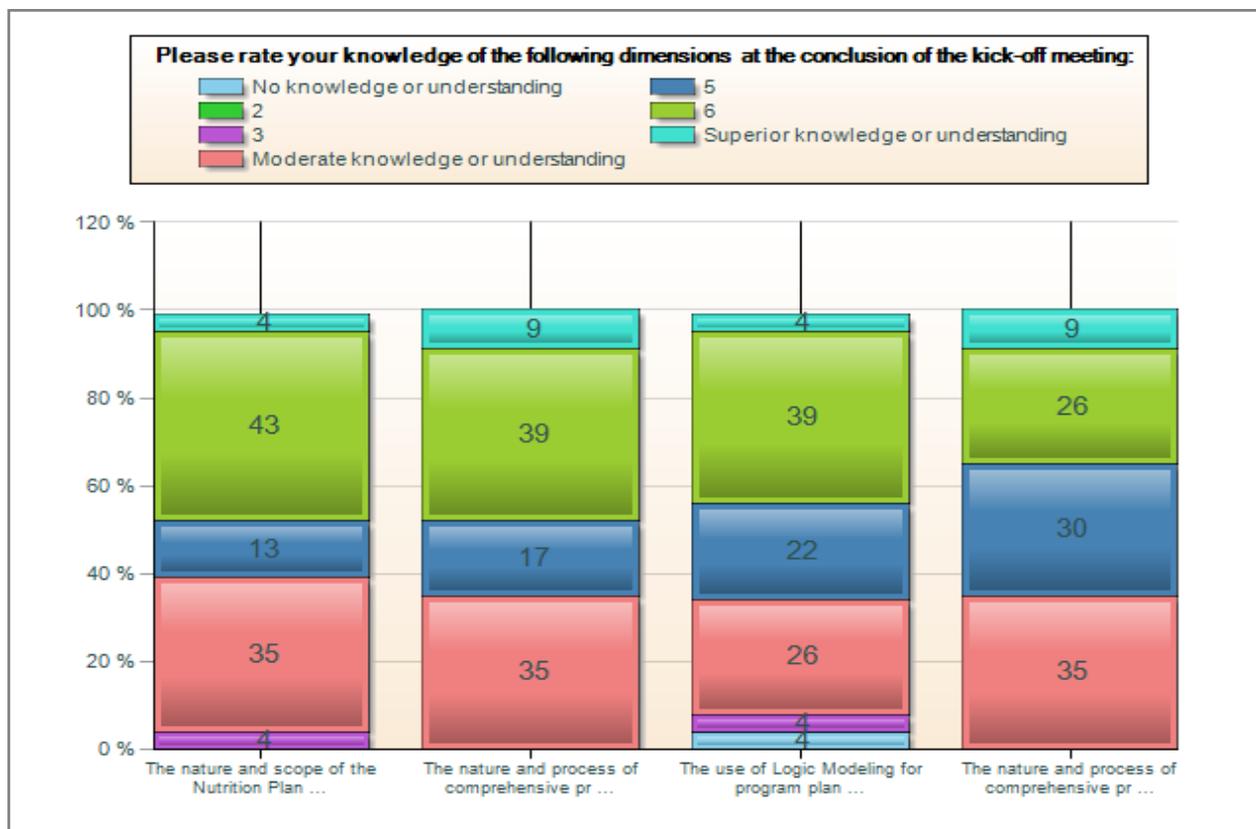


Table 1: Knowledge about Key Program Elements Prior to and After Kickoff Training

		None			Average			Superior		Mean	SD
		1	2	3	4	5	6	7			
Planning Grant	Pre	21%	13%	8%	42%	13%	4%	0%	3.25	1.51	
	Post	0%	0%	4%	35%	13%	44%	4%	5.09	1.08	
Program Planning	Pre	4%	8%	13%	38%	21%	13%	4%	4.17	1.40	
	Post	0%	0%	0%	35%	17%	39%	9%	5.22	1.04	
Logic Modeling	Pre	17%	17%	8%	33%	17%	8%	0%	3.42	1.59	
	Post	4%	0%	4%	26%	22%	39%	4%	4.96	1.33	
Program Evaluation	Pre	8%	8%	8%	33%	29%	8%	4%	4.08	1.50	
	Post	0%	0%	0%	35%	30%	26%	9%	5.09	1.00	

\*Non-parametric tests of significance indicate all pre-post comparisons were statistically significant  $p < .05$ .

## *Description & Evaluation of Workgroup Progress & Results*

This section provides a more detailed report and evaluation of what was planned, accomplished, and/or proposed by each workgroup. The logic model methodology used by the groups to refine their priorities and plans is also used here to organize the report. Thus, sections including each workgroup's priorities, resources, activities, outputs, outcomes, and impact are included. Descriptive and evaluative comments are often provided within the context of each workgroup's plans. Also included in the Appendix for each workgroup is a boxed/shaded section including the year-by-year reporting provided by NJDHSS-DACS to the AoA as required by the grant guidelines. Complete logic models are provided in Appendix B.

### *Workgroup One: Program Operations*

#### Synopsis

The Program Operations Workgroup met initially at the January 2006 kickoff meeting, and held four subsequent monthly meetings in February-May. Their progress was steady and significant across these first several meetings. Their efforts were divided into two main purposes: to develop a cost model (or models) that allows for standardized budgets/reporting; and to evaluate the cost-effectiveness of various cost options including purchasing methods, group buying, and volume purchasing. In order to best serve this dual purpose, the workgroup split into two committees after their first meeting. They reconvened as an entire workgroup periodically for reporting and consultation.

Over the course of several monthly meetings the Cost Committee accomplished all that they set out to. Their recommendations for cost reporting were developed, refined, submitted and approved by NJDHSS, and discussed with AAA Directors and Nutrition Program Administrators, fine-tuned and ultimately implemented. Prior to the ultimate implementation of the policy it was also discussed with the Finance Committee and a period of review/comment was provided. (See synopsis of comments and DACS responses below). The first annual reports using the new reporting requirements have been received and reviewed by the state. Initial indications are that compliance was good. There was still a great deal of variation from county to county in the details provided, but DACS analysts believe that continued improvement will occur in subsequent cycles. A good indication of impact will be to see if any substantial changes occur when all 21 NJ counties submit their annual plans in 2009.

Some further elaboration of step-wise progress of the committees may be helpful to others wishing to replicate the workgroup's efforts. To that end, the following brief review of the first several meetings is provided here.

During the February 2006 meeting (the first one after the main Kickoff) the workgroup decided to add several activities to their logic models. These activities are noted below and included in Appendix B.

The workgroup's March meeting involved a review of the updated logic models, including their activity lists and proposed timelines, and a revised copy of Fiscal & Budget terms. They then divided into the two committees for the remainder of the meeting. The Purchasing committee decided to obtain detailed specific information on operations of the 21 county programs and designed a plan to gather this information with DACS assistance. Two members agreed to develop a written survey form to be used, and a procedure for follow-up calls to collect additional data. Concern over potential closing of the state distribution center was discussed and a member agreed to investigate and report back to the committee.

The Cost-Model committee discussed topics, including variations in county reporting and a plan to identify legitimate costs and under which line item they belong, accuracy of data collected/reported in the recent comprehensive assessment, whether to invite AAA fiscal staff to participate in the workgroup, and whether to recommend mandatory reporting of certain costs.

Meetings in April and May involved reporting back and discussing various findings. In May the purchasing committee heard a report on different purchasing and vendors, including the “MOWAA Marketplace” buying consortium where prices are 10-25 % below market, as well as Nuway and Whitsons. They also learned that the State Warehouse would continue to operate. They decided that a statewide survey of similar self prep and county prep kitchen projects and a survey of catered programs would be used to compare the costs of individual items on the typical menus. The Cost committee agreed to collect basic cost information on actual food cost as purchased by surveying Nutrition Projects in June using a survey form with the five sample menus. See Appendix C for a three year synopsis of this workgroup’s activities and results.)

## Cost Committee Logic Model Development & Final Plan:

### *Priority Statement:*

Develop a cost model(s) that allows for standardized budgets/reporting.

### *Inputs & Resources:*

DACS fiscal staff, County/local expertise, models from other states, DACS existing reporting system/forms.

*Activities* – these were all completed by the workgroup

- Contact other states for models and AoA to determine if standard model exists.
- Review DACS reporting system/forms
- Review components local programs use to construct budgets.
- Evaluate unit cost vs. line item budgets.
- Evaluate need for more than one cost model.
- Review match/maintenance of effort issues, order in which federal/state/local funds are spent, and close-out implications.
- Assess in-kind.
- Consider impact of extraordinary expenses or one-time influx of funds.

*Outputs & Outcomes* (workgroup combined these):

- Standardized cost model(s) for use statewide.
- Training curriculum developed.
- Training delivered in pilot counties.

### *Impacts:*

The workgroup projected that the short-term impact of their efforts would be that AAA professional staff would be trained and have greater expertise in budgeting, and that the NPE budgets would begin to more accurately present program costs. Long-term impacts would include more uniform assessment and reporting of program efficiencies and that this would allow the state, counties and local programs to better demonstrate program efficiencies.



As noted above, implementation of this committee's recommendations occurred on a statewide basis. In retrospect, in order to minimize some controversy, it might have been preferable to follow the original plans and implement in two pilot counties during year two and then statewide in year three. Some concerns were raised by some counties and there were some negative emotions. This is not surprising since the new guidelines could be viewed by some as an encroachment on "home-rule"; a concept firmly entrenched in NJ, which has 567 municipalities and 593 operating school districts ([www.nj.gov/education/data/fact.htm](http://www.nj.gov/education/data/fact.htm)).

This evaluator did not observe first-hand, so the depth of these feelings/concerns is difficult to ascertain. Some concerns were submitted by counties during a response period for the draft policy memorandum. A summary of the concerns, provided by NJDHSS-DACS, is included in Appendix C to further elucidate for those who might wish to mitigate such problems during replication.

## Purchasing Committee Logic Model Development & Final Plan

### *Priority Statement:*

To evaluate the cost-effectiveness of various cost options including purchasing methods, group buying and volume purchasing.

### *Inputs & Resources:*

The committee identified resources to include various options available in the market for purchasing, DHSS expertise, local NPE expertise, as well as bid law specialist at the NJ Department of Community Affairs.

### *Activities Proposed:*

- Collect background info from NPEs, such as type of system in use, sample product lists, etc.
- Identify potential vendors.
- Develop specifications (content and format) to request from potential vendors.
- Distribute specifications and request proposals from potential vendors.
- Research status of State Distribution Center and State Contract.
- Evaluate vendor proposals.
- Present findings to DHSS and AAA Executive Directors.
- Train county staff on purchasing options.

### *Outputs:*

The committee expected to produce a written report on viability of various purchasing options (including potential cost savings). Further, they projected that county and local staffs would be trained on various purchasing options. Both of these outputs were achieved somewhat informally. Various purchasing options were considered and reported back to the committee and operations workgroup.

### *Outcomes and Impacts:*

The committee projected that as a result of this project county staff would have greater expertise on purchasing and bid requirements. This would contribute to the strengthened purchasing power of the NPE network, resulting in cost savings to program based on utilization of new purchasing method(s). (See below for a discussion of actual outcomes and impacts).



## *Additional Information and Findings: Cost and Purchasing Committee*

### Key Informant Interviews

Informant One: Anthony Garofalo, Program Operations Workgroup, Cost Committee Co-Chair, NJDHSS-DACS Contract Administrator

Date of Interview: 08/28/08

Duration: 45minutes

As Co-Chair of the workgroup's Cost Committee and Contract Administrator at NJDHSS-DACS, Mr. Garofalo has the most comprehensive understanding of the Cost Committee's activities and also how the project's recommended actions have been utilized on the state level. In a phone interview, we discussed his general thoughts and feelings about the work of the committee and its real or potential impact on the Senior Nutrition Program in New Jersey. In addition to an initial unstructured discussion, we also specifically considered the committee's logic model to discuss outputs, outcomes, and impacts in more detail.

Mr. Garofalo noted that as a result of several workgroup meetings during year one, the cost committee recommended new reporting guidelines to NJDHSS (output). As a result the NJDHSS created new budget reporting guidelines (outcome) (issued in a memorandum entitled "Nutrition Program Budget Preparation" on July 30, 2007). Prior to full implementation, he conducted a session with AAA Directors that included discussion and instruction on required changes to reporting. The new reporting procedures were implemented in the 2008 contract year and changes were included in the Integrated Project Summaries submitted by the County Offices on Aging on or before February 1, 2008. At the time of our discussion, Mr. Garofalo had reviewed all of the reports and could provide some useful observations:

- While reports varied significantly by county (as had always been the case), more counties were including more information on various costs involved in operating their nutrition programs.
- There was (as expected) significant variation across counties with respect to how much detail they included in reporting on in-kind contributions and other cost elements. This is understandable because of the complex environment of funding, which includes federal, state, county, and local sources; AoA regulations with respect to maintenance of effort; and local political considerations.
- Enhanced reports provided important additional *insights* and general consciousness-raising among key personnel/administrators in several counties on the full and real cost of program operations. The range and positions of individuals varied across counties, depending on who was responsible for creating the reports, and how widely they were shared.
- He predicted that in future cycles information would be shared more broadly as counties become more comfortable with the new reporting requirements; resulting in enhanced long-term impacts of the project.
- The project's outcome of illuminating the correlation between project payroll and the number of meals served could be particularly useful.
- Awareness of *all* of the costs involved in Senior Nutrition Programs may also:
  - a. Help AAAs (County Offices on Aging in NJ), SUAs (NJDHSS-DACS), and the U.S. AoA to advocate for additional funding from all sources, including at the federal level as

Informant Two: Geraldine Mackenzie, Planning Grant PI, NJDHSS-DACS

Date of Interview: September 3, 2008

Duration: 45 minutes

Provided several additional insights with respect to the work and results of both the Cost Committee and the Purchasing Committee of the Operations Workgroup. With respect to the Cost Committee she noted the following key points:

- NJDHSS-DACS understands and is sensitive to the complex funding and political environment in which County Nutrition Programs operate.
- The overall improved knowledge of total costs at the county level is an important step forward.
- The Mission Nutrition Planning Grant was a significant catalyst for positive change in New Jersey's Senior Nutrition Program.
- All 21 NJ counties complete an annual Self-Assessment Form, which includes an assessment of the Senior Nutrition Program. NJDHSS-DACS also does more comprehensive assessments and site-visits of seven counties per year. This process can/should be used to enhance the impact of this committee's work, and of the new reporting requirements.
- Area Plans are due from all 21 counties in October, 2008. "They include requirements for awarding funds included in the Area Plan Contract, in conformance with state laws which mandate a free, open and competitive process and further that all procurement transactions must be conducted in a manner providing full and open competition. In accordance with the Older Americans Act section 306(a), the County Office on Aging as the Federally Designated Area Agency on Aging, has the authority to enter into agreements with service providers in order to implement the Area Plan Contract." (Tina J. Zsenak, Administrator, Area Agency on Aging Administration, NJDHSS-DACS, personal communication 11/24/08). Reviewing the plans for any change would be another means of ascertaining this workgroup's *Impact*. Such a review may prove particularly useful and informative as a national systems change agent in light of a report from the National Resource Center on Nutrition, Physical Activity & Aging, (2008) indicating that bid specifications for OAA Title III programs are not uniformly standardized at the local, state, or national level.

With respect to the Purchasing Committee Ms. Mackenzie noted that many of the committee's intended/anticipated outcomes and impacts were derived or evidenced most directly in members of the workgroup itself. That is, members became more aware of the various purchasing approaches

utilized by other counties, and sometimes ‘took home’ useful information. Broader impact could be accomplished with additional effort.

She noted that the Purchasing Committee was initially constituted because of the real threat that the State Distribution Center (operated by the NJ Department of Treasury) would close. This Distribution Center (see: <http://www.state.nj.us/treasury/dss/aucdirs.htm>) was the major source of several commodities for many nutrition programs. When it was decided that the Distribution Center would remain open, this committee’s activities were discontinued. However, it is important to note that awareness of alternate sources was viewed as useful by some workgroup members, as well as others involved in the Planning Grant. One potential impact, for example, is that Nutrition Directors and/or those responsible at the AAAs for purchasing commodities necessary for serving increasingly diverse populations (the mission of the Diversity Workgroup) may now have a better awareness of alternate vendors.



### *Workgroup Two: ADRC Integration*

#### Synopsis

The ADRC-Integration Workgroup made significant efforts to develop recommended changes to the ADRC Process. Meeting over a 9 month period from January to September 2006, the committee recommended additions to the “Consumer Page” of the PICK (Portable Information Collection Kit), recommended training for the intake screeners, recommended the addition of a “Nutrition Page” to the MI Choice Assessment, recommended the use of standard US Census categories for the coding of Race/Ethnicity (with the addition of an “other” category), and recommended that a question on “need for special diet” should be added to the PICK, with a drop-down box including several response categories.

These recommendations were made to the NJ ADRC Director on September 11, 2006 and accepted in principle by ADRC and NJDHSS-DACS. NJDHSS then explored various vendors and software products for the uniform capture and reporting of information, and ultimately selected SAMS. After a lengthy delay SAMS was approved and purchased by the State Department of Budget and Procurement in late September 2008. Once SAMS is operational, the recommendations of the ADRC Integration Workgroup can be implemented without much difficulty. At that time, 211 and/or Information & Assistance Staff can also be trained with respect to the new questions and positive impacts should become evident. Since NJ is in the process of implementing ADRC in all 21 counties, training will need to extend statewide.

#### Logic Model Development and Final Plan

##### *Priority Statement:*

Integrate the NPE assessment process into the ADRC and develop correlated referral processes.

##### *Inputs & Resources:*

- MI Choice assessment tool and 20-question screening form.
- Warren and Atlantic County pilot experience.
- Tools and protocols currently used by NPEs.
- NAPIS requirements.

### *Activities:*

The workgroup's logic model proposed an extensive list of activities: (See Appendix D for a year-by-year synopsis of this workgroup's activities and results).

- A. Assess current tools being used by NPEs for intake/assessment.
- B. Review current MI Choice Tool and assess whether Nutrition Risk Survey is imbedded in tool.
- C. Review 20-question screening form.
- D. Identify protocol for intake, assessment and referrals in two ADRC pilot counties.
- (continued, over)
- E. Identify any gaps/recommendations for additions to MI Choice and screening form.
- F. Develop Two-Page Nutrition White Paper.
- G. Assess current protocols used to refer participants between the aging services network and the NPE.
- H. Develop model with recommended protocol for intake, assessment and referrals.
- I. Present model to DACS, nutrition directors and AAA Directors.
- J. Develop Evaluation Models for effectiveness of training & integration of nutrition questions into intake instruments.
- K. Modifications Made to MI Choice Tool.
- L. Develop curriculum for model training.
- M. Confirm pilot county/counties.
- N. Implement model.
- O. Review Evaluation Data.

The committee carefully and proficiently carried out activities A-I above during year one of the planning grant. A data collection strategy, including mechanism for baseline data collection in Warren County, was developed by Stockton (Item J). Warren's County's Nutrition Intake Form did not previously include a question "How did you hear about us". This question was added in October, 2007. Because MI Choice modifications have not been made (Item K) and the model has yet to be implemented (Item N) a curriculum for model training of I & A and 211 Call Center staff has not been developed, nor has a means of evaluating such training.

Pilot Counties were selected to be Atlantic and Warren (NJ's Pilot ADRC Counties). Had other counties become involved with the ADRC during the course of this Mission Nutrition Planning Grant they would have been eligible to participate. Items N & O have not been accomplished as noted elsewhere in this report. Now that the state has purchased and begun to implement SAMS, the plans of this workgroup can be resumed.

### *Outputs:*

- Comparison of NJ Counties Additional Input Screening Questions to MI-Choice.
- White Paper: The Role of Nutrition in Maintaining/Improving Older Adult Health.
- Recommendations for modification to MI Choice for use in NPEs.
- Recommendations for use of 20-question screening form in NPEs.
- Model for utilizing intake form, assessment tool and making referrals between NPE and aging service network.

### *Outcomes:*

The group hoped that their recommendations would be accepted by the state (they were) and then implemented. Outcomes and impacts of this group's careful work will await implementation of their recommendations now that SAMS has been purchased by the state. It seems that the system envisioned in

the initial grant proposal will soon become a reality as NJ spreads the ADRC statewide over the next 2-3 years. That is, an integrated protocol will be utilized “to ensure that a comprehensive assessment is completed, whether an individual enters the HCBS system through an ADRC site or through a nutrition program.” Moreover, this protocol will be “consistent with New Jersey’s ADRC development [and] this assessment will be built on the Centers for Medicare and Medicaid Services’ (CMS) triggers for risk assessment and [will] contain crosswalks between the nutrition program and the ADRC.”

### *Impacts:*

Mechanisms for capturing and reporting impact data are currently in place in Warren County and can be arranged in Atlantic County. Measures should be taken to insure effective data collection in the five other counties currently being added to ADRC. Data will demonstrate whether the system improves referral to the nutrition program for those in need, and whether participation in the nutrition program also serve as an introduction to other HCBS. Demonstration of broader or longer term impact, e.g. reduced morbidity/mortality, forestalling premature institutionalization, or cost-containment outcomes could be accomplished should additional funding be provided for such an assessment.

### *Additional Findings*

#### **Key informant interviews**

##### **1. Nancy Field, NJDHSS-DACS, ADRC Director (and Cultural Competence Trainer)**

The Evaluation Coordinator conducted a brief phone interview with Ms. Field in mid-September 2008 to ascertain whether any progress had been made in implementing the workgroup’s recommendation. She confirmed that the State Department of Treasury, Division of Purchasing had still not acted on NJDHSS-DACS recommendation for the purchase of SAMS. Further, she could not predict when and if Treasury would make the purchase. However, she remained confident that the additional nutrition trigger questions, training of 211 call-centers and I&A staff, and other steps recommended by the workgroup could be accomplished once SAMS is implemented. As noted elsewhere, SAMS was purchased soon after this phone interview.

##### **2. Christine Wilson, Atlantic County Department of Human Services, Division of Intergenerational Services (has oversight for Atlantic County’s ADRC).**

Ms. Wilson confirmed Atlantic County’s readiness to collect and share outcomes data on integration of nutrition questions into ADRC screening once SAMS is fully implemented. Her discussion reminded this evaluator about how complex the screening process really is, including MiChoice questions, the 21-Question instrument (which actually includes many more than 21 questions), and other dilemmas and impediments to the full implementation of ADRC and ADRC-Integration of Nutrition Screening. She also confirmed that full statewide implementation of ADRC is taking place seven counties at a time, and that Atlantic County (along with Warren County) is often called upon to share their expertise as other counties are phased into the system.

## *Workgroup Three: Diversity*

### Synopsis

The Diversity Workgroup involved several meetings and lively discussions as plans were refined during year one. This group had already developed an extensive list of intended tasks as part of the earlier Mission Nutrition project. The list was somewhat daunting to most involved, needing additional focus, winnowing down, etc. The logic model template and methodology appeared to be most useful to this group in this process, an assessment which was confirmed by data collected in surveys at the end of year one and end of the three-year project.

Highlights for this group during year one included complete refinement and completion of a planning logic model as well as the production and dissemination of an RFA for two pilot counties during year one, and selection of the pilot counties (Somerset & Union). In year two and three, the workgroup helped to oversee implementation of the two intensive pilot county projects, which included:

- Initial assessment of U.S. Census data (including AoA's additional analyses) on diversity within the older population
- Diversity training of nutrition and senior center staff
- Several focus group meetings with representatives from targeted minority groups, participants and non-participants in senior nutrition program, and other key stakeholders or informants
- Implementation of changes to menu, environment, and outreach.

In addition, the leadership team with workgroup input developed a national best practice directory, "Senior Nutrition Programs: Promising Practices for Diverse Populations," (NJDHSS-DACS, 2008). This directory was reported by Geraldine Mackenzie, Dave Burdick, and Maryann Marian during the August 2008 monthly NASUA TASC Conference call, which involved representatives from NASUA, AoA, and leaders from each of the other seven planning grant states. Included on the call was Jean Lloyd, AoA's Nutritionist. The Directory was discussed in detail, enthusiastically received and acknowledged by the group.

In sum, this 3-year Planning Grant phase of "Mission Nutrition" has had a significant and meaningful short-term impact on the provision of congregate meals to diverse populations in Somerset and Union counties. The model developed would be easily replicated by nutrition programs in other counties and other states in order to better serve diverse populations. Extensive data indicates that our nation continues to show significant health disparities across different ethnic groups and cultural origins. The potential impact of the Senior Nutrition Program in addressing these disparities, particularly among the old, but also among others in their families, cannot be overstated.

The next section provides a detailed process and outcome description of the workgroup's efforts as well as formative and summative evaluation commentary.

### Logic Model Development and Final Plan

(See this workgroup's logic model in Appendix B)

This workgroup developed and refined a complex and well-conceived logic model during four monthly meetings during year one. The planning grant was most useful in providing them with time and support to focus their efforts, to prioritize some objectives and activities, put others on a back burner, and eliminate still others from consideration. Notable elements of this workgroup's model were its attention to detail and the wide variety of activities planned and implemented via two pilot county projects during year two and

three of the grant. In addition, the workgroup's Priority Statement is accompanied by detailed statements of Rationale and underlying Assumptions statement.

*Priority Statement:*

NJ's older adult population is increasingly ethnically and culturally diverse. A plan of action is needed to guide NJ's NPE to better meet the needs and preferences of this diverse population.

*Goal:*

Enhance cultural diversity at nutrition sites and senior centers. Incorporate ethnic meals that represent target groups in each county. Increase outreach effectiveness resulting in increased participation and satisfaction.

*Rationale:* Survey and NAPIS data indicate that persons from diverse backgrounds are underutilizing the NPE. The NPEs need to understand factors related to participation/non-participation. Often people fear the unknown and this can lead to prejudice. Before participants will buy in, staff and management must buy in. Nutrition directors must connect with food preparers so that challenges can be understood.

*Assumptions:*

- a. Demographics in each county differ, each with different needs/resources. Assessment and planning must be done at county level to best respond to needs/preferences.
- b. When people see the similarities between cultures and when people understand how cultural practices/beliefs developed, there is less fear and greater acceptance.
- c. Enhancing the physical environment of the Senior Center/Nutrition Site is important and may require new resources/planning. When such things as music, decor, menu & activities, ESL classes and written materials in various languages are readily available, it communicates to the guest that their presence is expected and welcomed.
- d. When participants, staff, and management understand various cultures, their behaviors may be more welcoming to others. They may be more willing to explore new and different ethnic foods and celebrations.
- e. Culturally diverse activities and wellness programs may draw in new people. Advertising activities (such as wellness) may entice participation.
- f. It is important to use message mapping (i.e. using the language and culture of target populations) and social marketing to reach culturally diverse populations.

*Inputs & Resources:*

The Diversity Workgroup identified several resources which could be utilized for the completion of the project during the Pilot Test Phase. They made extensive and effective use of these resources; in particular experts in diversity training, focus group design/leadership, and to a lesser degree GIS for mapping and illuminating geographical patterns of demographic characteristics (such as age, disability, ethnic status, and proficiency with English language.)

General resources noted included funding from the planning grant as well as other Older Americans Act funds; technical assistance from the NJDHSS Center for Health Statistics; expertise among workgroup participants, from the Blue Ribbon Nutrition Taskforce, as well as Stockton College staff, state staff, and key community leaders.

Specific task-based resources identified and/or utilized included the following:

- a. Focus group protocols & questions for key informants, participants/non-participants from Mission Nutrition 2004/05.
- b. Practice Standards Coordinators from each county Health Department. Since they were already doing focus groups the workgroup thought it might be advantageous to try to combine forces or “piggyback”.
- c. Workgroup member Padma Arvind had recently led approximately 15 Focus Groups and was willing to assist.
- d. An Audio Recording of a presentation by a Focus Group Expert to the monthly NASUA TASC Conference Call on April 13 2006 was made available to the workgroup during their efforts.
- e. Nancy Field - DACS Cultural Competence Coordinator provided cultural competence training for two pilot counties during year two.
- f. Dula Pacquaio, Ed.D., Associate Professor and Director, Stanley Bergen Center for Multicultural Education, Research and Practice, School of Nursing, University of Medicine and Dentistry of New Jersey, Newark, NJ, provided assistance with outcomes measures for participants in the training provided by Ms. Field.
- g. Geographical Information Systems resources were made available by Stockton and a team from Florida, another participant in the national planning grant. The TASC Web-Site Strategies/Methods Section also provided useful information. Stockton’s Environmental Studies Professor Weihong Fan produced maps for Somerset and Union Counties (the Diversity Pilot Counties), which replicated/simulated the Florida Office of Elder Affairs composite index of need.

*Activities:*

The workgroup was diligent in accomplishing its planning activities during year one and in preparing the pilot counties for their subsequent work in year two and three. (See Appendix B for the workgroup’s logic model and Appendix E for a synopsis of actual activities accomplished). The group identified specific activities plans for each objective.

1. Identify resources available to NPEs to identify ethnic/cultural groups in local catchments.
  - Review Census and related data
  - Review demographics of NPE Participants
2. Develop & pilot test focus group protocol to identify needs/preferences, reasons for non-participation.
  - Develop standardized focus group tool for participants/non-participants
  - Pilot project implemented to hold focus groups
  - Pilot counties analyze focus group findings and include in report
3. Foster Cultural Competence among NPE participants, staff, and management.
  - Identify partners who can assist in identifying/developing training resources.
  - Identify training curriculum and instructors.
  - Implement pilot project to train staff and management.
  - Identify activities to be taught to Nutrition Program Directors to use at sites to increase staff and participant sensitivity.
  - Evaluate training project and develop report.
4. Encourage sites/centers to communicate welcoming atmosphere to diverse seniors.
  - Identify partners/resources with expertise in area.
  - Develop simple resource guide for participants, staff, & management on cultural sensitivity and creating a welcoming environment.

- Develop RFP & procedures to implement pilot project(s) for sites/centers to implement strategies to create a welcoming environment. Local needs addressed by encouraging local NPEs to select training activities and resources most appropriate to their needs.
  - Evaluate pilot project and prepare report.
5. Develop NPE strategies for increasing accessibility to diverse foods.
- Establish team to meet with central kitchens, caterers, chefs, purchasing agents, distributors, and possibly a sampling of local restaurants to explore ways to incorporate foods into production.
  - Evaluate alternate models for integrating ethnic meals; e.g. menu choice, set menu cycles including ethnic menus, ethnic specific sites, use of ethnic restaurants (and vouchers to).
  - Evaluate impacts on meal ordering, equipment needs & costs, transportation, records maintenance/client tracking, nutritional value/compliance with Title III nutrition standards, etc.
  - Initiate pilot project to implement identified strategy/strategies.
  - Evaluate pilot project(s) and prepare report.

As will be noted below, many of these activities were accomplished within the context of the pilot programs in Somerset and Union Counties. An additional activity as described in Appendix E is that the workgroup acted as catalyst for a full-day workshop on September 25, 2007 presented by NJDHSS-DACS, the Latino Nutrition Coalition, and Goya Foods to Nutrition Program Managers and staff on enhancing nutrition programs for the Latino population. The coalition also developed 10 recipes for use by vendors which will appeal to Latino and other clients.

#### *Outputs:*

The workgroup produced the following outputs:

- Focus Group Reports from Somerset and Union County Pilot Programs – *have illuminated several areas for potential improvement*
- Menus Translated into Spanish, Chinese, and Hindu
- Best Practice Directory
- [Somerset County Senior Center Reporting Form](#)  
Somerset County Calendar Planning Form for Special Programs

#### *Outcomes:*

The workgroup projected the following outcomes:

- Nutrition program directors use information from focus groups to improve service delivery to diverse older adults
- Nutrition program participants, staff, and management are more culturally competent.
- There is an increased number of older adults with diverse cultural/ethnic backgrounds who utilize and are satisfied with the NPE.
- Cultural Competence training program for staff and management implemented and evaluated.
- Nutrition program directors use demographic information to improve service delivery to diverse populations.
- Sensitivity to cultural diversity will be raised among directors, staff, and clients.

Final project reports from the pilot counties indicate that several of the anticipated outcomes were accomplished. In addition, both hired bilingual staff members as a result of this project. Below is a description of activities and outcomes as well as any impact data provided by each county.

#### *Union County*

Union County's final report (11/07/08) indicates that substantial progress was made in marketing and programming for targeted minority populations – two areas targeted for intervention based upon the findings of their first year activities. The report is primarily descriptive and at the time of this writing empirical reports have not been prepared. With respect to marketing, the county has translated program materials for accessibility by Russian, Latino, and Haitian populations. Advertisements and articles have been submitted to publications often read by these groups.

Union County also reports mounting several innovative program changes designed to attract and retain individuals from target minority populations. At the core of these efforts was a focus on offering culturally specific foods and entertainment generally appealing to members of each group in order to “engage and introduce newcomers to the congregate lunch program.” In addition, the program sought to offer new food experiences, nutrition education, and to encourage intercultural exchange and understanding among all program participants. Recognizing that transportation and language are often barriers, the county also provided enhanced/targeted transportation for the special events as well as translators to facilitate intercultural communication and a welcoming environment.

Three successful and enthusiastically received events, each at a different congregate nutrition site, sought to improve attendance where it was low among targeted groups:

1. Cultural Heritage Celebration for Haitian population in Elizabeth. The Nutrition program worked with the Jefferson Park Mission, developing and translating a flyer, arranging transportation, entertainment and appropriate ethnic additions to existing menu. The event was very successful, attracting 19 Haitian participants, and all the seniors involved enjoyed it.
2. Hispanic Heritage Month Celebration, held at a site with low Latino participation despite being located in a neighborhood with a high density of Latino residents. Important program elements included a language-appropriate announcement, transportation provided by County-funded Para-Transit, entertainment (a hired a DJ played both Spanish and American music), and menu augmentation by ethnically specialty foods purchased from a local Spanish restaurant. The success of this event (it attracted 25 new participants) has led the county Nutrition Program to hire a bilingual staff member to assist in the kitchen.
3. A third event targeting the growing Russian population in the area followed the same successful programming formula as used in the previous two programs: translation of program materials into Russian, additional transportation via Para-transit, entertainment featuring a Russian concert pianist, and menu augmentation with Russian delicacies. The event attracted 23 new participants.

Union County's report expresses a desire to continue developing innovative and effective ways to attract ethnically diverse populations currently underutilizing the lunch program. Positive outcome reports, in the form of increased long-term participation rates among target populations should begin to emerge. It seems unlikely that the effective integration of appropriate/necessary program elements (i.e. outreach, translation, transportation, environmental modification – through culturally appropriate entertainment, menu augmentation with appropriate ethnic food, and nutrition education) would have occurred without the catalyst provided through participation in the Mission Nutrition Planning Grant.

### *Somerset County*

Somerset County provided a more extensive final report, from which additional evidence of program effectiveness can be observed. As a result of data collected during year two of the planning grant (year one of their pilot program) the Somerset County Nutrition Program reported that they learned valuable

information about barriers to participation by minority residents and that they implemented several innovative and initially effective programs or environmental modifications. The most notable outcome was the introduction of “Menu Choice” to eight nutrition sites during 2007. This effort, coupled with diversity training received by 29 staff members and translation of menus into Spanish, Chinese, and Hindu, contributed to making Somerset County Nutrition Sites more attractive to target minority populations.

Somerset County also reported that several focus group meetings held in 2007 with key informants (one each for key community leaders, key East Asian leaders, and Chinese non-participants) yielded important information that was acted upon. For example, although menus are available in Chinese at targeted nutrition sites, lack of Chinese speaking drivers and/or timetables in the transportation system were reported as participation barriers. Another example cited was the realization that Indians (particularly females) found the smell of meat cooking/being served to be a major disincentive for participation, even when vegetarian options were available. Also, some participants reported that food didn’t contain enough spices, others reported too much spices. The nutrition program addressed this concern by providing a “Spice Bar”. Demonstrating an excellent understanding of the need for ongoing assessment/program improvement, the Nutrition Program Administrator noted that some participants at some sites were unaware of the “Spice Bar” and the bars were promptly relocated to more visible locations.

Somerset County’s Nutrition Program Administrator provided an additional 6-page follow-up report on September 15, 2008 indicating that the Nutrition Program has continued a multi-pronged outreach and service improvement effort for diverse populations. The 5-part effort includes:

- **Outreach:** The creation of new systems to reach key community leaders who could help spread the word about senior centers. A tracking form was created to document efforts to reach leaders who could potentially refer their clients, patients, customers, parishioners, etc. to the nutrition program. Targeted individuals included realtors, hairdressers, fitness facilities, MDs, and others who regularly come in contact with ethnically diverse older individuals.
- **Visibility:** The improvement of online promotion of senior centers. A recently initiated effort designed to encourage other groups and municipalities to put description of the nutrition program, and links on their homepages. Nutrition Director provided a 4-page report listing specific contacts. Initial cooperation has been good and the effort will continue. No outcomes/impact reporting has been conducted as yet.
- **Ethnic Food Quality Control:** The development and implementation of new Quality Assurance tools, surveys or processes. Several innovative approaches have been used recently in Somerset to rectify a variety of issues with respect to increasing the use of vegetarian meals. For example, they have increased public awareness that the meals are available, they have taken steps to insure quality/freshness of meals that go out for delivery to the meal-sites by having ‘sample’ meals travel on the delivery route and then return to the kitchen hours later for an assessment of any deterioration of quality and appearance. According to the report, “This daily process has helped the catering facility better understand the effect of long exposure to heat on the meal’s quality and flavor because it mimics the long exposure to heat in delivery routes from the catering facility to senior centers, which then hold food on a heat source until noon when the food is consumed. Chefs are working on recipe adjustments to help “correct” these food quality changes.” The Nutrition Director reports that these actions have resulted in better satisfaction ratings on surveys of participants.
- **Environment & Events:** The program has demonstrated a continued focus on implementing a rich array of multi cultural events into senior center calendars. (See Appendix E for listing.)

- **Advertisements:** The development of a special multi page color insert to be distributed via a major Central NJ newspaper, with copies also to be distributed to major ethnic community establishments. The advertisement will include pictures of various nutrition sites when special ethnic/cultural programs are occurring.

(Source: Dubivsky, A. (2008). Somerset County: Mission Nutrition 2008 Update. Unpublished internal document.

### *Impacts:*

Anticipated by Diversity Workgroup:

- Quality of Life, Improve & Maintain Health; forestall premature institutionalization and increase length of community based living
- Cultural competence of nutrition provider agencies would be raised as measured by pre-post agency self-assessment.
- Cultural competence of program managers would be raised as measured by pre-post scores on standardized questionnaire.
- Sensitivity of clients to cultural diversity would be raised, as measured by pre-post scores on standardized diversity questionnaire
- Congregate nutrition sites would provide a more welcoming environment as documented 1) in pre-post behavioral assessment of participants/staff; and 2) Outcomes from scenarios assessment.
- Ultimate Impacts of entire project:
  - Pilot counties would demonstrate that steps taken lead to increased participation in nutrition program by targeted (at-risk) ethnic groups
  - Pilot counties demonstrate increased user satisfaction among continuing and new participants.
  - Better targeted congregate and home-delivered meals service leads to increased quality of life and delayed institutionalization.

### *Reported/Observed Impacts:*

Based on some measures, Somerset County's ability to attract targeted minority group members seems to have shown marked improvement as a result of the Mission Nutrition Planning Grant. They report a 32% increase in minority participation during the first half of 2008 as compared to the first half of 2007. This figure compares favorably to the overall increase of 21.7% over the same period in unduplicated client count. The Nutrition Program Administrator also reports that a large and growing number of Asian Indians participate in activities, particularly at the Raritan Center, but do not eat the meals because of cultural beliefs related to eating food prepared by others. If these individuals were added to the client count change from 07 to 08, the positive impacts would be even greater.

The impact of the workgroup's effort will not occur overnight, and despite the overall success rate noted above, there are still some areas needing improvement. For example, in Somerset goals for three groups (Asian, Black, and Hispanic) were set at all 6 centers, for a total of 18 target goals. The number of missed goals (six) for the first half of 2008 equaled the number missed for the first half of 2007.

### *Diversity Workgroup Additional Findings:*

#### *1. Cultural Competence Training: Assessing My Workplace for Diversity Sensitivity Survey*

Thirty-one members of the nutrition program or senior center staff from Somerset and Union Counties completed the Mission Nutrition Trainee Survey at the conclusion of the 3-Hour Diversity Training Program provided by Nancy Field, NJDHSS-DACS Diversity Trainer. The copyrighted survey instrument was constructed by Dula Pacquiao, EdD, CTN, RN, Director of the Stanley S. Bergen Center for Intercultural Education, Research and Practice at the University of Medicine and Dentistry of New Jersey, School of Nursing. and was used with permission of the author.

Sixteen participants from Somerset County and 15 from Union County completed the survey designed to ascertain the overall cultural sensitivity at their place of work. Respondents were mostly female (90%); 52% were white, and 29% were African American. Thirty-nine percent selected “60 or over” as their age, with 26% each selecting “50 – 59” and “40 – 49”. A majority were fluent in only English for their oral (81%), written (77%) and reading (74%) language. Thirty-six percent indicated that they had worked with their organization for 11 – 20 years, and 19% each for 4 – 6 and 1 – 3 years. Forty-two percent included “manager” in their job title.

Respondents were asked to indicate their degree of agreement or disagreement with a series of 26 statements that dealt with their organization’s ability to relate to, communicate with, and serve ethnically and culturally diverse clients. Possible responses were “strongly agree,” “agree,” “disagree,” “strongly disagree,” “don’t know,” and “not applicable.” A majority of respondents strongly agreed with the statements “The county considers community population changes when planning nutrition program services” (73%), “Community population changes influence the nutrition program menus” (53%), “The Nutrition Site(s) plans activities that encourage participants to socialize” (63%), “The Nutrition Site(s) encourages participants to socialize with those from other backgrounds” (62%), and “Administration and staff provide respectful treatment to ethnic minority and white American participants” (66%). Half of the respondents strongly agreed with the statement “The Nutrition Program recruits new ethnic minority clients through publicity.”

Responses to the statement “Nutrition staff has access to interpreters in languages/dialects commonly spoken by clients” were mixed, with 24% responding “strongly agree,” and an equal percentage responding “disagree.” Twenty-one percent disagreed with the statement “Languages other than English or Spanish are used in telephone contact with clients,” but a larger 36% responded “don’t know.” There were no other statements with which a larger number of respondents disagreed or strongly disagreed than agreed or strongly agreed.

The survey concluded with an opportunity for respondents to provide any other comments, which four did. Their comments were:

- “Change the menu, more fresh fruit, need more kitchen supplies.”
- “Found PowerPoint definition of race confusing- specifically as it relates to question 33 (Latino- what are the physical characteristics that distinguish a Latino person from a White person?) A better fit would be to define “Latino” as an ethnicity.” [presumably referring to the question on the survey that asks the respondent to select their race]
- “Nancy is a wonderful speaker. Nancy allows us to ask questions and get answers before moving forward with the program. It is never boring and we learn something new with each program.”
- “There is a real need for a Chinese outreach worker to do home assessments. My area’s town is still trying to find a part time social worker and policeman, can speak Chinese, just for the reason of the Asian population explosion.”

These results would indicate that Somerset and Union counties, at least, at the time of the survey (Summer 2007) had made a commitment to effectively serve diverse populations. Through the prudent

use of often limited resources they had taken some of the steps necessary to best serve diverse populations.

One observation about the demographics of the respondents: the majority was middle-aged or older (39% were over 60), and over 1/3rd had been in their positions for 10 years or more. Taken together with the belief (stated at the introduction of this report) that many in the senior nutrition program had felt left-out or left-behind in comparison to other systems change in the older adult network, and one can see that sustained and meaningful improvements to the senior nutrition program does have some impediments. In an unrelated project with senior nutrition in another locale, this author has observed a resistance to change, “we already tried that and it doesn’t work”, and almost a “learned helplessness” belief about changing or modernizing the nutrition program. It is unfortunate that Henry David Thoreau’s notion “perception is reality” often holds true, and that ‘self-fulfilling prophecies’ handicap positive change unless dealt with effectively.

These points are made to encourage key decision makers to understand that change-agents, such as the Nutrition Program Directors in AAAs need additional support and time to change the attitudes, beliefs, and behaviors of staff (as well as clients) who may be resistant before nutrition programs are fully able to thrive and experience significant system change.

The results of this survey for Somerset and Union also illuminate some steps necessary to improve services to diverse populations; for example, improved language proficiency and greater availability of interpreters and/or menus in various languages, etc. Both counties have taken various successful steps to address these findings, as well as those of their focus group meetings and other investigations. If possible, follow-up surveys should be conducted in 2009 as one means of assessing continued improvement and long-term program impact.

## *2. Cultural Competence Training: Evaluation of Training Survey*

Thirty-six individuals from the Somerset and Union County Nutrition Site and/or Senior Center staff completed the Diversity Training Evaluation Instrument subsequent to training. There were 18 participants from each county. The anonymous paper & pencil survey was distributed and completed by all participants at the conclusion of the three hour training sessions.

Respondents were asked to indicate their level of agreement on a five-point scale (strongly agree, agree, not sure, disagree, strongly disagree) with nine statements about the training, and then to rate three aspects of the session using another 5 point scale as either very poor, poor, good, very good, or excellent. The evaluation concluded with three open-ended items asking for comments on the training.

Overall results were very favorable on all measures. Seventy-four percent of participants strongly agreed that “The instructor(s) seemed well prepared and organized.” For the statement, “The speaker(s) is knowledgeable about the subject matter presented,” 71% strongly agreed and another 24% agreed. For “The objectives of the training were clear to me,” 61% strongly agreed and 39% agreed. Most respondents agreed with the statements, “The content of this session was appropriate for my abilities” (64% agree, 25% strongly agree), “I learned information or techniques, which I plan to use in my work” (60% agree, 34% strongly agree), “The physical environment was comfortable and conducive to learning” (60% agree, 34% strongly agree), “The subject matter presented was pertinent to my needs and expectations” (58% agree, 39% strongly agree) “The training aids (handouts, PowerPoint) were effective” (52% agree, 42% strongly agree), and “The presentation style maintained my interest” (50% agree, 47% strongly agree). Forty-three percent rated the content of the session as “excellent,” and another 37% as “very good.”

When asked to rate their “role in the session in terms of investment of (their) time and participation,” 34% each responded “excellent” and “very good,” while another 26% selected “good.” The training was rated as “excellent” (51%), “very good” (29%), or “good” (20%).

Open-ended responses to “What did you like best about the training” included:

- “Discussions with group.”
- “Hands on involvement with exercises.”
- “Have to communicate with people.”
- “Ideas about individual competence.”
- “Interaction between Nancy and audience.”
- “It was relaxed and informative.”
- “Kept interest, openness for interaction,”
- “Learned information I wasn’t aware of, well-explained, participation in groups.”
- “Nancy Fields - clear answers.”
- “Presentation style = interaction between group members mixed with lecture.”
- “Really learning more about different cultures.”
- “Sharing and explanation of true meaning of ‘culture’ and ‘ethnicity’.”
- “The openness to ask questions and discuss it thoroughly.”
- “To make us aware and how to receive other groups of people.”



Things that the respondents found least helpful included “Definitions of race vs. ethnicity,” and “input of others.” However, some used the opportunity to provide additional positive comments such as: “Everything was informative and helpful. When dealing with someone from a different culture, it is important to try to investigate more about what they like or don’t like, and to continue to be respectful of other people’s differences.”

The last question asked, “As a result of today’s training, what two things would you consider implementing as part of your daily work activity?” Responses included:

- “Again asking the housing authority to encourage residents to take part in the program.”
- “Being more sensitive to the way people respond and/or react to their environment.”
- “Better listening and better awareness of needs of diverse groups.”
- “Gain understanding of cultures in our center and take time to explain, be clear and speak slower.”
- “Improve brochures, signs - for more languages. Check how we can use on-phone translators at senior centers.”
- “Increases awareness/sensitivity to what I have yet to learn about different groups/cultures.”
- “Listening better and patience with clients and staff.”
- “Making a stronger effort to be sensitive to differences of others.”
- “Possibly saying a new word in a different language every day, I think that it might make the minorities feel more welcome. I would encourage clients to try other ethnic food.”
- “Would like to be able to interact with our clients. Learn about their cultures.”
- “To be polite, to be helpful.”





## Section Three: Additional Evaluation Results/Reports

### *Workgroup Participant Survey: End-of-Year One*

At the conclusion of year one of the Planning Grant, participants were asked to complete a participant survey to assess their satisfaction with the year's activities, and obtain their recommendations for subsequent years of the grant. On 11/21/06 e-mail invitations were sent to 54 participants in the project. Thirty-three individuals (61%) visited the survey and of those 29 completed the survey (a 54% response rate).

#### Results

The survey first asked respondents to indicate in which group they primarily participated. Nine were members of the ADRC-Integration Workgroup, eight were in Program Operations, six in Improving Service to Diverse Populations, four indicated they split work between two workgroups, and two selected "did not participate in a workgroup". Almost two-thirds of respondents reported attending most or all of their workgroup's meetings. For those who attended less than half of the meetings, comments mainly cited travel distance and scheduling or work-related conflicts as the reason.

Respondents were then asked about their opinions on the number and length of meetings, the convenience of meeting locations, and alternatives to face-to-face meetings. Eighty-two percent of respondents felt that the number of meetings during the year was just right to complete their intended task(s) and 86% believed that the length of the meetings was just right. Almost two-thirds of respondents indicated that the location of the meetings was either very convenient (31%) or convenient (35%). Another 24% indicated that the location was "not convenient but I appreciate the need for a central location." Ten percent of respondents indicated a preference to move meetings among north, center, and south locations in the state. When offered alternatives to face-to-face meetings and an opportunity to select "all that may have been effective substitutions," the majority (62%) indicated that the meetings were fine, no need for change. Telephone Conference Calls (12%), E-mail Listservs (15%), Computer Bulletin Boards (12%), and Fewer but Longer Meetings (8%) received significantly less support.

The next set of questions dealt with respondents' participation in their workgroup. With respect to self-reported time and effort each participant put into this project, the most frequent answer was "some" (50%), followed by "moderate" (35%), "none outside of meetings" (8%) and "significant" (4%). Participants apparently felt empowered to provide input into the process (a major goal of the organizers). When asked about their opportunity to provide input into the workgroup using a 5-Point Likert Scale, 44% indicated they had Significant Opportunity, 16% indicated between Significant and Moderate, 32% indicated Moderate Opportunity, and only 8% indicated "limited opportunity." Further indication of this empowerment is that 80% felt that their input, commitment, and expertise contributed at least moderately to the workgroup's efforts. (20% felt it significantly contributed) and only 12% felt that their efforts made a limited contribution.

Participants also felt that they made appropriate progress toward completion of their projects during the first year. When asked to rate their progress related to different logic model dimensions, over 90% of respondents rated progress as moderate through significant on all dimensions. These included developing and refining a mission statement, developing a list of resources, developing an implementation timeline, and identifying activities, outputs, outcomes, and impacts of the project. Comments on the most important or notable feature of their group's activities mainly described effective collaboration within the group and indicated that they took their work very seriously.

Respondents were asked to rate the support that their group received from NJDHSS DACS staff and from Stockton College on 5-point scales, from poor to excellent. “not applicable” was also an option. All participants reported that the technical support provided by NJDHSS-DACS and Stockton ranged from good to excellent (a few reported that these questions didn’t apply to them); 78% felt DACS and 52% felt Stockton’s technical support was very good to excellent. When asked to elaborate, or provide suggestions for improvement, no suggestions for improvement were given for either DACS or Stockton and most comments were made to further commend the efforts of the leadership team.

When asked to rate how often their workgroup used the logic model and how helpful they were the results were somewhat mixed. Groups reported using the models to move their efforts forward occasionally (60%), more than occasionally but less than extensively (28%), extensively (17%) or less than occasionally but more than not at all (7%). Sixty percent rated the models helpful, followed by 20% rating them as very helpful, 28% rating as between very helpful and helpful, and only 8% viewed them as less than helpful.

It is interesting to note that those respondents who attended the End-of-Year Meeting (55%) on September 19, 2006 were significantly more likely to indicate that logic models and technical support from DACS and Stockton were extremely to very useful. At this meeting, each workgroup gave a brief presentation of their plans for year two. The vast majority of participants felt that each plan was at least moderately likely to succeed. (74% Program Operations, 70% ADRC, 91% Diversity). No respondents indicated “not at all likely, not realistic”. The remainder indicated “Don’t Know” (26%, 30%, and 9% for the respective workgroups).

## Findings from End-of-Project Survey

At the conclusion of the grant project (early October, 2008) a comprehensive survey was conducted of all participants in the Planning Grant (using Zoomerang online software for data collection). The survey asked participants to evaluate the overall project as well as workgroup priorities (goals & objectives), resources available and utilized, activities of the workgroups, outputs, outcomes, and impacts. All participants were asked to rate priorities, outputs, outcomes and impacts for all workgroups. Specific questions on resources and activities were asked of each workgroup. The survey instrument is included in Appendix F.

An invitation to participate in the online survey was initially sent to 43 individuals on 10/03. Follow-up phone calls were made on 10/7. From these phone calls it was ascertained that 5 individuals were no longer working at the organization and unavailable to answer the survey. Three others indicated they hadn’t received the e-mail (so we verified e-mail address and re-sent). Six indicated that they hadn’t had the time to complete the survey but would do so by the end of the week. No answers were received at 6 numbers. The rest had either already completed the survey (2), or messages were left on their voice-mails or with co-workers. Two additional e-mail reminders were sent.

Ultimately, 23 respondents (of 35 possible) completed the survey, representing a 53% response rate (after 7 individuals were removed from the overall sample because they had retired or otherwise left employment with their organization or indicated that they hadn’t been involved with the project since early in the first year.)

In order to assess whether level of effort/commitment had any bearing on their responses to other questions, respondents were asked to indicate their level of attendance in their workgroup’s meetings in year one, as well as their level of effort outside of those meetings over the three-year grant period. Similar to the results from the Year One Survey, almost two-thirds of the respondents reported attending most or all of their workgroup’s meetings; 35% reported attending all of the meetings, compared to 14% who

reported this following year one. This would indicate an attrition of the lesser-involved. The self-reported level of effort on the final survey was most frequently “some time & effort” (48%), followed by “moderate time & effort” (30%). Thirty-nine percent of respondents reported having attended the June 10, 2008 meeting in Somerset County. (This answer is meaningful because it indicates that 61% of survey respondents may have limited knowledge of the ultimate work and results of the other workgroups. The survey had been carefully constructed to overcome this potential problem by directly including elements from each workgroup’s logic model within the survey questions.

All respondents were asked to rate every workgroup’s priority statement as “very important,” “moderately important,” “minimally important,” or “not important.” They were also asked to rate every workgroup’s outputs, outcomes, and impacts with similar scales. These questions were derived directly from each group’s logic model and were rated on five-point scales. In addition, a separate “don’t know” option was provided so that those without detailed knowledge of other groups’ efforts weren’t forced into making arbitrary selections. Respondents were also given opportunities to offer their own qualitative observations and comments.

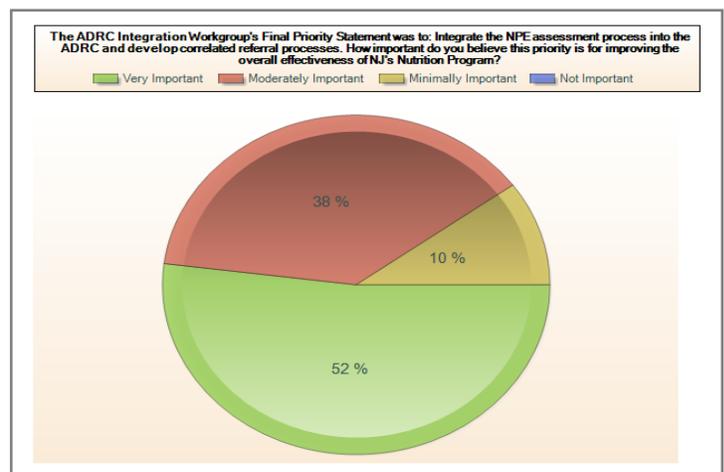
After rating objectives, outputs, outcomes, and impacts for all the groups, respondents were then asked to rate resources and activities for their own group only. Sample sizes for these questions were quite limited. Of the 23 respondents, 5 indicated they were part of the Diversity Workgroup, 3 were part of the ADRC-Integrating Workgroup, and 4 were in the Program Operations Workgroup – Cost Committee. None reported being from the Program Operations – Purchasing Committee. Four other respondents said that they had split work among two or more groups and were directed to some summary questions about the overall results of the Mission Nutrition Planning Grant. Seven respondents indicated that they did not participate in any workgroup and they were directed to the survey closing page without answering any further questions.

In general, participants believed all workgroup priorities/objectives to be quite important for the overall improvement of the Senior Nutrition Program. As might be expected, ratings of Outputs, Outcomes, and Impacts were more variable – partially because some respondents weren’t fully familiar with the plans and activities of other workgroups, and partly because progress on logic model plans were stymied by outside events and forces. Workgroups generally believed that resources available to them and their activities were helpful or valuable in achieving their overall goals and objectives. Following is a synopsis of the findings for each workgroup.

### *ADRC Integration Workgroup*

The ADRC Integration Workgroup’s final priority statement (to Integrate the NPE assessment process into the ADRC and develop correlated referral processes) was considered “very important” by 52% of respondents, and “moderately important” by 38%.

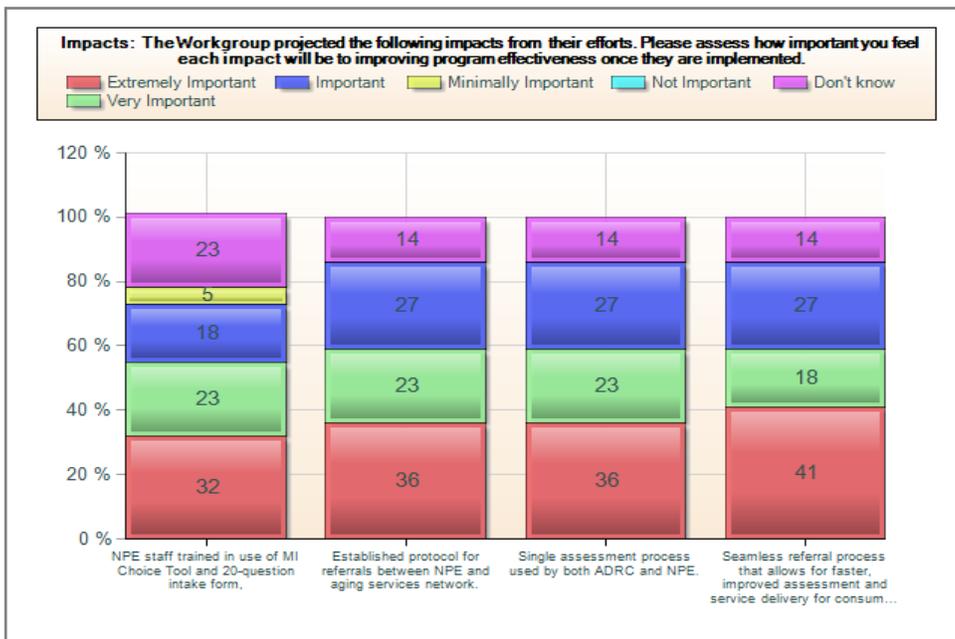
Most respondents rated the ADRC-Integration group’s various outputs (recommendations for specific questions and procedures, and short reports) as “useful” or better. The first listed output, “Recommendations for modification to MI Choice for use in NPEs,” had the largest percentage selecting “don’t know” with 32%. The other three listed outputs were most frequently rated as “extremely useful”;



the most valued output of this group (77% rated as extremely or very useful) was the short White Paper entitled “The Role of Nutrition in Maintaining/Improving Older Adult Health”.

Two individuals replied to the open ended question: “Despite the delay, can you think of any other outcomes (good or bad, intended or unintended), that resulted from this specific workgroup’s project?”:

- Increased awareness about the critical role nutrition plays in determining health status and potential need for support services.
- Caused nutrition providers to think about the potentially negative quality of life issues that may arise from nursing home level of care eligible persons remaining in the community without the benefit of qualified nutrition assessment. Importance of aging network and nutrition professionals’ involvement to ensure safeguards are in place is paramount.



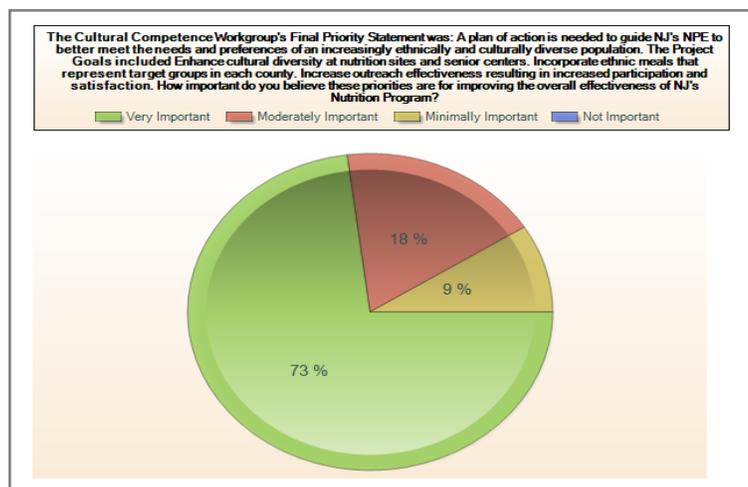
Of the ADRC group’s four listed intended impacts, all were most frequently rated “extremely important”. Asked how likely each impact was to be replicated in other counties, approximately two-thirds selected “likely” or “very likely” for each.

For respondents from the ADRC Integration group, all but two of the resources listed on their logic model were considered “very helpful” by all of the group’s participants; the

other two were rated just a step below by one participant each. All of the activities were rated as “extremely important” or just one step below by all participants, and they all selected either “very good” or “excellent” in rating their level of completion for each.

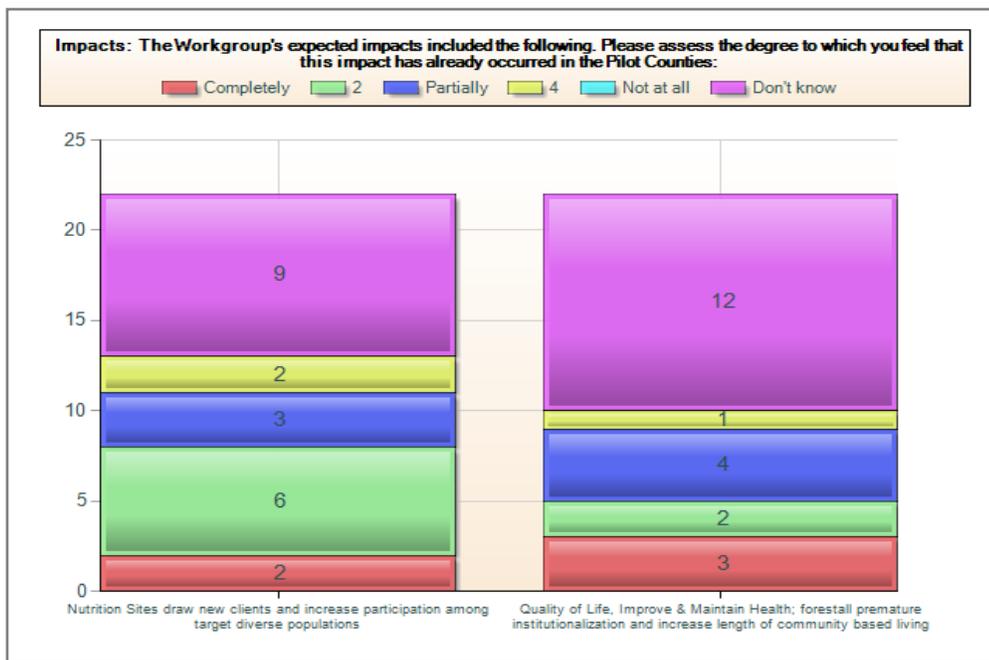
### Diversity Workgroup

The Diversity Workgroup’s priorities were rated as “very important” by nearly three-quarters of respondents, and “moderately important” by another 18%. The group’s four outputs were rated similarly to the ADRC Workgroup’s, with most respondents describing each as “useful” or better. For their four outcomes, however, the most frequent response was “don’t know” – 36% for three of the outcomes and 43% for “Congregate nutrition sites provide a more welcoming environment.”



When asked to think of other outcomes besides those intended by the group’s logic model, one person responded: “Through State funded grant opportunities, AAAs and NPEs often receive internal support that otherwise would not occur.” This response could be interpreted as indicating that such impacts accrued for the Mission Nutrition Planning Grant, and would likely accrue also for other similar funding.

This group’s two proposed impacts were rated on “the degree to which ... (they had) already occurred,” and the largest percentage of respondents for both selected “don’t know” (55% and 41%). Since nearly 2/3 or respondents did not attend the June ’08 meeting, which provided detailed review of the Diversity Pilot County projects, this finding is not surprising.



When asked how likely each impact was to be replicated elsewhere, the most frequent response was once again “don’t know”. However for the proposed impact, “Nutrition sites draw new clients and increase participation among target diverse populations”, just as many respondents (33%) selected “likely”.

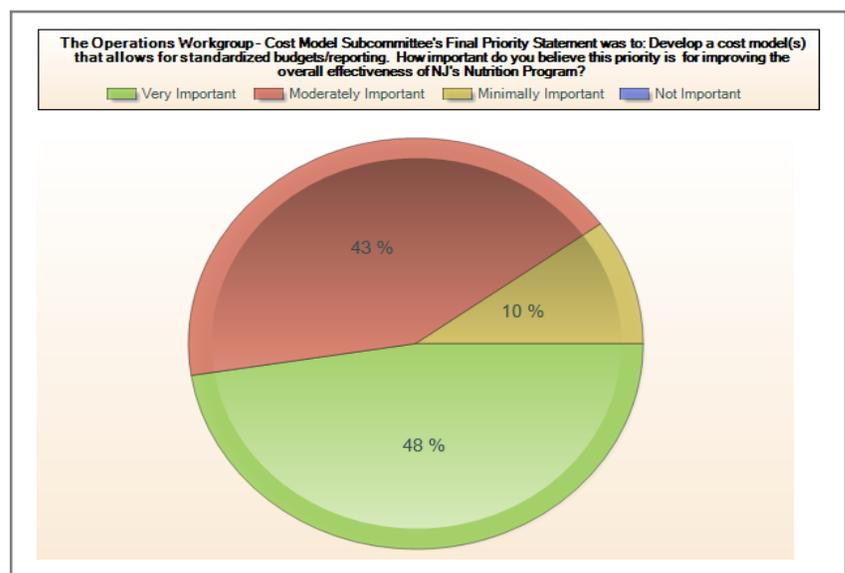
Nearly all respondents from the Diversity Workgroup rated the resources utilized by their group as

“moderately helpful” or better. They all considered their activities to be “moderately important” or better, and nearly all respondents characterized each activity’s completion as either “good” or “excellent.”

*Operations Workgroup:  
Cost Model Committee*

This group’s priorities were rated as “very important” by 48% and “moderately important” by 43% of respondents. There were two outputs listed for this workgroup committee, both of which were considered “useful” by the largest number of respondents.

For the degree of completion of the four outcomes listed by this group, responses were spread out among all five levels (“not at all” to “completely”) but the most frequent response was “don’t know” for all.



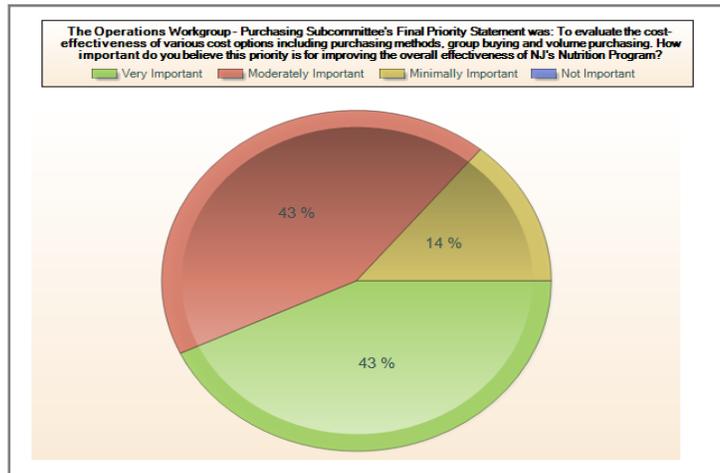
The respondents did not list any additional outcomes, however two provided additional impacts not included in the logic model:

- NPE Staff are now consumed with documenting all cost associated with daily operation that are not always relevant.
- Improved communication and understanding among the network, and with the State.

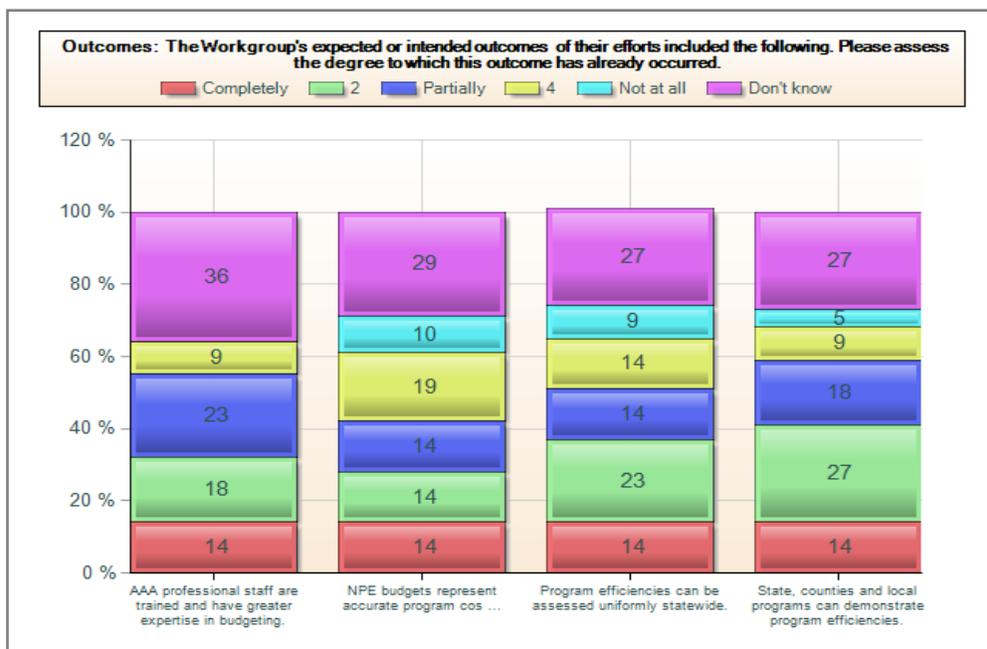
Of those respondents in the Program Operations – Cost Model group, three each thought that “DACs fiscal staff” and “County/local expertise” were “very helpful”; for “Models from other states,” three selected “moderately helpful,” and for “DACs existing reporting system/forms” ratings were evenly distributed among the top four options. Nearly all participants rated their activities as “moderately important” or better. Except for a single response of “N/A” on four of the activities, all characterized their activity completion as “good” or better.

*Operations Workgroup:  
Purchasing Committee*

The Purchasing committee’s priority statement was considered as either “very important” (43%) or “moderately important” (43%) by 86% of respondents. The committee listed two outputs, which were most frequently rated as “useful”, though the same number for output one and just slightly less for output two responded “don’t know”.

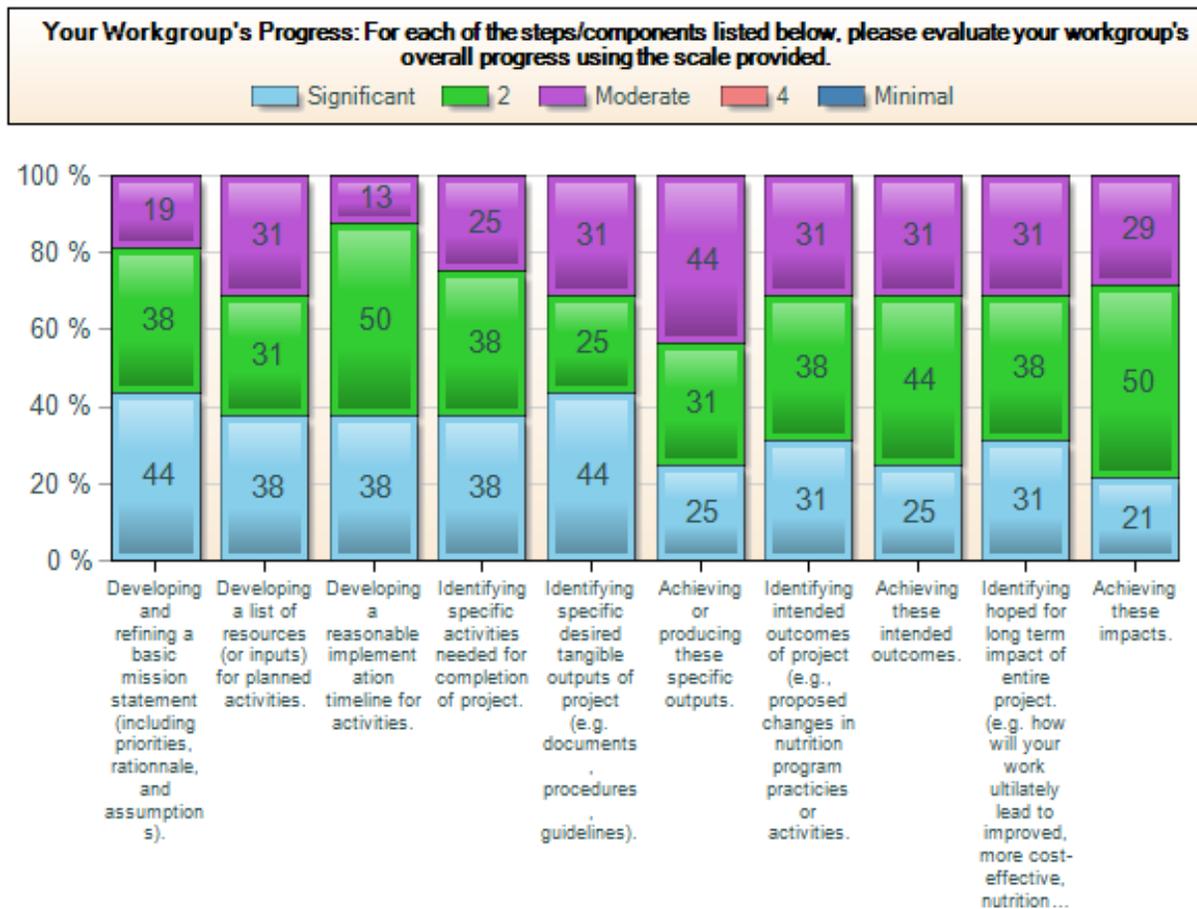


By far the most frequent response for the degree of completion of this group’s three outcomes was “don’t know” (selected by 55%, 52%, and 45% of respondents respectively). One respondent listed an “other outcome”: “Sharing of contacts and best practices.” There was also one impact offered: “Increased options probably resulted in increased efficiency.”



## Overall Progress

In a final section of the survey, participants were asked general questions about their opportunity to provide input, and the degree to which they felt their input contributed. Those were followed by a series of questions about their workgroup's progress. All were answered using 5-point scales. Forty-four percent of the respondents felt that they had "significant" opportunity to provide input; none felt that they had less than "moderate" opportunity. More than two-thirds felt that their "input, commitment, and expertise ... contributed to the workgroup's efforts" better than "moderately". The following figure shows how they rated different aspects of their workgroup's overall progress.



Three final open-ended questions were asked of all participants. When asked, "What was the most important or notable feature of your group's work, six respondents provided the following answers:

- Multi-ethnic clients are interacting with each other. They have stated that they ENJOY learning about other cultures. This is very different than centers of years back when people were annoyed at programs that featured one ethnic group. Participants recognize that program administrators are making special efforts to make all feel welcome and this helps them feel VALUED. I believe it is essential for older adults (many of whom are fully retired), to feel VALUED, as this can lead to a more positive outlook on life.
- Imbedding nutrition questions into intake screening was most important.

- Trying to get the three questions added to the screen and adding the nutritional risk survey to ADRC System was most important. It's just too bad that the state won't fund any more changes to the ADRC and is switching to the SAMS system.
- Real changes occurred.
- The last re-cap meeting where people shared what they are doing in their County.
- Establishment of "Pilots" and obtaining program uniformity.

When asked to briefly describe how involvement in the project was “useful or important to you as an individual”, the most common sentiment was that the program allowed them to see how other nutrition programs operated, and to perhaps benefit from this knowledge:

- Unfortunately I was not able to convince my Executive Director of the importance of the project.
- I am so pleased to see how far our county has come in working with people of diverse cultures. When I listed all the multi - ethnic programs my staff planned this year, I was truly amazed. It appears that their cultural competence has improved (there's still room to grow, and some staff are more advanced than others), but there is a definite shift from the staff I met 16 years ago when I started in this job. I feel as if the direction, training, motivation, etc. that I have provided is working!
- It allowed me to see how other counties operate.
- Our program is fine and mainly driven by national cost trends. Every county is very different.
- Enhanced professional relationships, expanded knowledge and better understanding of how others operate.
- Listening to how other Counties implement different programs are useful to me as I can pick at what I think would bring something new to our County and program.
- The input that was given during discussions added to base knowledge involving many aspects of the program. Active discussion among knowledgeable, participating members yielded valuable insights regarding not only in the topic of discussion but also in other areas. It is unfortunate that due to time restraints, more exchange between programs throughout the state is not possible.
- Our program benefited tremendously by our participation in this project. We found the strategies useful and have hopefully improved our programs and expanded our input in the community we serve.
- The importance of cultural sensitivity and outreach efforts to reach the most vulnerable in our communities.

Finally, when asked to consider “anything else” that wasn't covered elsewhere in the survey, or that might be helpful to others wishing to replicate the project, there were two responses:

- When we began the Mission Nutrition project, we spent a lot of time learning how to create our plan. I found the instrument to be cumbersome. I realize that for a person who may not be detail oriented, it could be helpful, but being personally detail oriented already, I felt a bit frustrated by the time it was taking to roll out how we were going to implement our project. Perhaps, if this project were replicated, there could be more flexibility in the tool used to plan the project. If a group is struggling to think out the details, it could be presented, but if a group can manage the details, perhaps it should not be so important as long as all the important aspects are included.
- The leadership from both Stockton and the State were excellent. The positive program outcomes and personal experiences are a direct result. Excellent job! Thank you.

## Results as Reported at June 10, 2008 Mission Nutrition: Planning Grant Meeting

### Mission Nutrition – Unofficial Minutes June 10, 2008

#### Attendance:

State: Gerry Mackenzie, Paula Newman, Tina Zsenak,

Attendees: Sue Budd (Warren), Mary A. Davis (Essex), Jackie Jones ( FOCUS, Essex), Angela Dubivsky (Somerset), Michelle O’Malley (Montclair, Hudson), Claudia Mojica (Hudson AAA), Linda Gogates (Passaic), James Osgood (Passaic), Sandi Silber (Interfaith Neighbors, Monmouth), Monica Strenk (Hunterdon), Laila Caune (Middlesex), Evie Nielson (Middlesex), Joan Campanelli (Bergen), Jeri Beaumont (Union), Erin Toomey (Somerset AAA), Cindy Chadwick (Atlantic AAA), Gene Bromke (SCUCS, Camden), Joyce Nelson (SCUCS, Camden), Marie Dawkins (Camden AAA), Linda Ward (Catholic Family & CS, Sussex), Diane Friedberg (Sussex AAA), Selena Quest (Community Services Inc., Ocean), James Sigurdson (Community Services Inc., Ocean), Alma Strack (Monmouth AAA), Mary Ann Broadwell (Essex AAA).

#### Welcome and Roundtable Introductions

**Mission Nutrition Planning Grant – Update & Overview:** The outcomes of the three areas of focus were highlighted:

- I. Assessment Integration into ADRC: The workgroup developed three questions to integrate into the ADRC assessment. These questions were presented to the ADRC leadership team and were accepted for incorporation into the assessment tool. The software is currently being revised to accept this change, as well as assessment tool modifications.
- II. Costs: The workgroup developed a standardized template for reporting nutrition program costs. The templates were submitted to the DHSS with the Integrated Project Summaries in March, 2008. The DHSS’ finance office is currently analyzing the submissions.
- III. Service To Diverse Populations:
  - a. Two counties were funded for a two-year pilot project to enhance service delivery to diverse populations. (See below for pilot county reports.)
  - b. The Latino Nutrition Coalition presented a one-day program on service to Latino populations. As part of this effort, the workgroup identified recipes that could be incorporated into the nutrition program menus. Copies of these recipes (in English and Spanish, with nutritional breakdown and with directions for increasing number of servings prepared) were distributed.
  - c. The directory of model programs for enhancing service delivery to diverse programs was developed (see below).

#### Highlights of NJ Pilot Initiatives on Diversity:

##### Jeri Beaumont, Union County

Year One: Identified which populations were most prevalent and/or underserved in their communities. Three target groups were identified: Latino (largest group), Middle European/Russian, and Haitian (very underserved). The AAA met with each of the group to determine why they weren’t participating in the nutrition program. Primary reasons for non-participation were as follows:

Latino – Programming and food issues.

Russian - Transportation barrier and many were already receiving meals in social or medical day programs.

Haitian - Transportation and language barriers; didn't like the food.

AAA contacted each individual municipality to overcome transportation barriers.

Year Two: In May 2008 the nutrition program sponsored a Haitian celebration at a new center in Elizabeth (May is Haitian celebration month). They identified a leader in the Haitian community to help them plan/organize. Their primary partner for the event was the Jefferson Mission. They brought in food from Haitian restaurant, had Haitian music and dancing, flags, and national anthem of Haiti. As an outcome, the AAA now sends the Jefferson Mission their congregate menu and the Mission transports people to the congregate site. A volunteer from the Mission offers translation to Haitians at the congregate site. In addition, the site provides the participants with I&A about other available services/programs. The AAA has been very supportive of this initiative.

The AAA is plans to replicate this program for Latinos in another part of the county. They are also in the process of translating key brochures/materials into 3 languages (translation being done by volunteers).

Angela Dubivsky, Somerset County AAA:

***“Promising Practices for Diverse Populations”***? The directory was completed cooperatively by DHSS and Stockton. A call was put out nationally for submissions to include in the directory. The submissions were reviewed and 21 were included, 3 from NJ. Copies of the directory were distributed to the nutrition programs in attendance. Copies will be sent to the AAA directors in NJ, the director of each State Unit on Aging, and to our federal partners (AoA, National Association of State Units on Aging) and to each program included in the directory. The directory is available to download on the DHSS website.

**New Jersey Programs Featured in Resource Directory:** Presentations by the NJ entries in the Resource Directory gave highlights of their innovations and activities. Jackie Jones, Director, Suburban Essex Nutrition Program, spoke of her successful introduction of golfing, trail walking, Tai Chi, and billiards in her program and the resulting enthusiasm of her participants. She also took her seniors to the Senior Olympics to compete and they won several medals. Laila Caune, Middlesex AAA Nutrition Director spoke about the introduction of Asian Indian Meals and several new vegetarian ideas that have developed and the wider interest of many seniors in her program. Joan Campanelli gave highlights of Bergen's Cultural Sensitivity efforts at the Bergen County Senior Activity Centers. They have addressed the needs of a variety of multi-cultural populations of seniors throughout Bergen County.

Tour: A tour of the Somerset Senior Wellness Center for all Mission Nutrition attendees was conducted by Angela Dubivsky.

## Section Four: Summary and Recommendations

New Jersey's Mission Nutrition Planning grant accomplished a great deal towards modernization of the Senior Nutrition Program by integrating it more fully into the state's system of home and community based care. The Program Operations Workgroup, through both its Cost and Purchasing Committees identified and/or implemented procedures that can contribute to enhanced program efficiency and effectiveness. Impact of the new cost-reporting guidelines will become more evident as 3-year area plans are submitted in the near future and in subsequent annual reporting over the next several years. The Purchasing Committee's work, although suspended once it was clear that the State Warehouse would remain open, nevertheless laid the groundwork for further improvements in providing quality food at reasonable prices and appealing to diverse clientele. The ADRC-Integration Workgroup's recommended changes to screening and intake will begin to take effect in the next few months. In coming years, as NJ implements ADRC state-wide, the positive results will be more pronounced. Finally, the Diversity Workgroup encouraged and directed extensive innovative changes to outreach, menu, environment, and activities to make the Senior Nutrition Programs in Somerset and Union Counties more known by diverse target populations and more likely utilized by these groups.

In moving forward to fully implement the project and replicate evidence-based practices across the state and in other states, it is clear that several steps can and should be taken. It is important to take advantage of momentum as well as a climate encouraging modernization and systems change, even though the economic conditions for the short-term are not encouraging. The following activities are some of the steps that should be considered:

1. The Mission Nutrition Blue Ribbon Panel should be convened to receive these results and consider further developments.
2. The Nutrition Directors Advisory Group should be reconvened on a quarterly basis during 2009, and perhaps beyond, in order to promote expansion/replication of evidence-based practices.
3. Efforts should be taken to let other key stakeholders know the results of their assistance. For example, participants in the Somerset and Union County Focus Groups should receive another expression of gratitude for their input and report on the results.
4. The work of the Operations Workgroup, Purchasing Committee should be continued. Even though the State Warehouse continues to operate, potential economies and purchasing options the committee investigated could be particularly helpful in light of the major economic downturn experienced during the 4th quarter of 2008. Governments and vendors will be looking for ways to reduce costs while the demand for meals will likely increase.
5. For both the Cost and Purchasing committees of the Operations Workgroup, it seemed that they most significant outcome and impact was the new knowledge gained by members of the committee. Other efforts to spread this information more fully should be undertaken. This is probably true for the other workgroups as well.
6. It seems that specific focus on Title III C-2 (Home Delivered Meals) programs was minimal in this project. While elements of all workgroup efforts are relevant to C2, a lack of focus may mean that appropriate and innovative mechanisms were not fully explored. For example, how does the Somerset County "Spice Rack" used to individualize food spicing for Asian Indian congregate clients get extended to home-delivered meal clients; or is this even necessary?. As the nutrition program and other Home and

Community Based Services (HCBS) are called on increasingly to replace the traditional Long-Term Care system because of expected capacity for cost-reduction, these services will need to be fully integrated into ADRC or other I&A mechanisms. Food delivery (via paid and/or voluntary means) will need to provide food for 7-day and perhaps three-meal/day consumption.

7. Members of the ARCR-Integration Workgroup and others involved with the overall Mission Nutrition: Planning Grant patiently awaited a decision by the state office of treasury/purchasing on SAMS. Now that SAMS has been selected and 5 additional counties are joining the ADRC, the workgroup and DACS leadership should re-convene and assist with necessary training, revisit questions on capture and reporting of impact data, and otherwise insure that their goals and objectives are met. They may wish to also consider other screening opportunities; for example, incorporating nutrition trigger/screening questions in some of the self-screening and eligibility assessment tools available on the NJ ADRC Web-Site (<http://web.doh.state.nj.us/adrcnj/resources.aspx>). These would include BEST (Benefit Eligibility Screening Tool), BenefitsCheckUp, and NJHelps. Because new generations of consumers will become more web-savvy, and increasingly accustomed to seeking benefits information online (for example, soon to be a requirement for obtaining Social Security Benefits Information), and because health-information websites will become more 'user friendly' (Benbow, 2005), these other modalities will undoubtedly become more useful.

## References and Resources

- Author (2008). Bid specifications in Older Americans Act nutrition programs. Cleveland, OH: *National Resource Center on Nutrition, Physical Activity and Aging*. Available online: [http://nutritionandaging.fiu.edu/creative\\_solutions/bid\\_specs.asp](http://nutritionandaging.fiu.edu/creative_solutions/bid_specs.asp).
- Benbow, A. E. (2004). Increasing access to reliable information on the World Wide Web: Educational tools for web designers, older adults, and caregivers. In D.C. Burdick & S. Kwon (Eds.) *Gerotechnology: Research and Practice in Technology and Aging*. New York: Springer Publishing.
- Kunkel, S. R. & Lackmeyer, A. (2008). Evolution of the Aging Network: Modernization and long-term care initiatives. *Public Policy and Aging Report*, 18 (3), 19-25.
- New Jersey Department of Health and Senior Services (2008). *Senior Nutrition Programs: Promising Practices for Diverse Populations*. Trenton, NJ: NJDHSS. Available online at: <http://www.state.nj.us/health/senior/nutrition/documents/nutrition.pdf>
- O'Shaughnessy, C. V. (2008). The aging services network: Broad mandate and increasing responsibilities. *Public Policy and Aging Report*, 18 (3), 1-18.
- U.S. Administration on Aging (2007). *Strategic Action Plan: 2007-2012*. Washington, DC. AoA, USDHSS. Available online at: [http://www.aoa.gov/about/strategic/AoA\\_Strategic\\_Action\\_Plan\\_2007-2012.pdf](http://www.aoa.gov/about/strategic/AoA_Strategic_Action_Plan_2007-2012.pdf)
- The following sources provide useful background information on logic models
- Innovation Network (2008). *Point K: Practical Tools for Planning, Evaluation, and Action*. Available online at <http://www.innonet.org>
- W. K. Kellogg Foundation (1998). *W.K. Kellogg Foundation Evaluation Handbook*. Battle Creek, MI: Kellogg. Available online: <http://www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf>
- W. K. Kellogg Foundation (2001). *Logic Model Development Guide*. Battle Creek, MI: Kellogg. Available online at: <http://www.wkkf.org/>
- University of Wisconsin-Extension (n.d.). *Enhancing Performance with Logic Models*. Available online at: <http://www1.uwex.edu/ces/lmcourse>





## Appendices

*Appendix A: Participants, Leadership, Resources & Capacity*

## Directory of Workgroup Participants

### ADRC Integration Workgroup

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## Diversity Workgroup

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## Description of Project Management Team (from original grant proposal)

Project Management: Gerry Mackenzie, Program Manager for DACS' Office of Community Education and Wellness (OCEW), will serve as project manager. Ms. Mackenzie will have responsibility for overall project implementation. She will serve as the lead contact to the Stockton College partners and as primary liaison between the project and the NJ AAA Executive Directors. Ms. Mackenzie will monitor grant progress through ongoing communication with project partners (Stockton College, workgroup co-chairs). This communication will be tracked on a monthly reporting form and will be utilized for process evaluation. Ms. Mackenzie will directly report project progress on a bi-weekly basis to DACS Assistant Commissioner Patricia Polansky and will be responsible for meeting the goals of this grant. Ms. Nimi Bhagawan will serve as Assistant Project Manager. Ms. Bhagawan is a member of the Community Education and Wellness staff with responsibility for new initiatives. Ms. Bhagawan will be responsible for day-to-day project operations. In this role, Ms. Bhagawan will have regular, ongoing communication with workgroup co-chairs and members. The OCEW secretary will provide administrative support to the project, devoting 25% of her time to planning grant activities. Ms. Bhagawan will report to Ms. Mackenzie on a weekly basis. DACS staff with expertise in cultural competence, ADRC, finance and program development will also support the project. Ms. Tina Wolverton, Administrator of DACS' Office of AAA Administration, and Ms. Paula Newman, DACS Nutrition Consultant, will be integrally involved as technical advisors to the Program Planning Project. They will be particularly involved in assessing current AoA and state policies on nutrition and in developing the practice standards for each model.

### Organizational

Organizational Capacity: DACS is one of three service divisions in the DHSS. With responsibility for preparing the State Strategic Plan on Aging, DACS is the focal point for planning services for older adults, and developing policies and programs to support older adults in having more options to remain in their homes and communities. DACS is also the State Administering Agency for two Medicaid 1915(c) waivers. Under the newly consolidated DACS, Older Americans Act and Medicaid funding sources are now integrated to advance the coordination of policies, budgets and programs across funding streams. The leadership is committed to its vision to improve and expand the current capabilities. With a total annual operating budget of nearly \$300 million and almost 400 employees, DACS runs six service offices: Community Education and Wellness (OCEW), Community Support, Community Choice Counseling, Public Guardian and Elder Rights, Ombudsman for the Institutionalized Elderly, and Administration and Finance.

The Planning Grants Project will be based in DACS' Office of Community Education and Wellness. OCEW includes four major units: Older Adult Health and Wellness, State Health Insurance Assistance Program, Information and Assistance, and Training. OCEW is charged with maximizing the health, wellness and independence of older adults; with nutrition is an integral component of this effort. Since its inception five years ago, OCEW has made significant steps in promoting the health, independence and quality of life of older state residents. Innovative program efforts have been recognized as models and highlighted in the 2004 Report of the Surgeon General Bone Health and Osteoporosis, as well as in the Association of State and Territorial Chronic Disease Program Directors' Aging States Report. The Office has received two national SENIOR (State-Based Examples of Network Innovation, Opportunity and Replication) grants and is competing its final year of a model development grant from the Robert Wood Johnson Foundation.

Stockton Program Development Support & Evaluation Team: The primary Stockton College partners will be Drs. David Burdick and Cheryl Kaus. Both have backgrounds in gerontology and extensive experience

in program development, evaluation, education and training. Dr. Burdick, a Professor of Psychology and Coordinator of Gerontological Studies, will have partial released time from teaching in order to participate in all aspects of the planning process. Specifically, he will attend or arrange for other Stockton representation at all workgroup meetings, offer training in evaluation process and outcomes assessment, and ensure uniformity in evaluation protocols across the workgroups. In year two and three, he will supervise data collection, entry and analysis. Dr. Kaus will assist Dr. Burdick in the design of evaluation procedures and protocols, and serve as administrative liaison for the Stockton College partnership. She will manage the Stockton resources and ensure Stockton's productivity schedule and adherence to timeline. Both Drs. Burdick and Kaus will assist in the final preparation of all outcome reports.

*Other Stockton Resources Deployed to Project:*

- Student Research Assistants
  - Joshua Lees - attended several Diversity Workgroup meetings, created Annotated Bibliography on best practices serving diverse populations
  - Gina Maguire - augmented Mr. Lee's Annotated Bibliography, assisted extensively in preparation of best practices directory.
  - Bruce Pollock - attended and contributed "Ice Breaker" at kickoff meeting; represented Stockton at several meetings of Program Operations Workgroup.
  - Karen Sack - attended kickoff meeting and represented Stockton at several meetings of ADRC-Integration Workgroup. Prepared document for committee that compared several different intake/screening tools; this document assisted committee in arriving at final recommendations for changes in intake/screening protocol.
- Other Staff
  - Will Albert, Program Assistant, Stockton Institute for Faculty Development, assisted with development of participant surveys, data analysis, report preparation
  - Anita Beckwith, SCOSA Project Manager, worked on diversity promising practices directory, specifically creating nutrition icons, graphical table of contents, and assisted in completion of final project evaluation report.
  - Weihong Fan, Ph.D., Associate Professor of Environmental Studies, assisted with Geographical Information Systems (GIS) map production for Somerset and Union Counties.

## Initial Evaluation Plan

*(Note: This is the plan as presented in the initial Grant Narrative. It was designed before the leadership team was trained on logic models and decided to use this methodology for planning and evaluation.)*

The purpose of this planning grant is to develop replicable models that address real issues facing nutrition programs. For this reason, the evaluation model will be designed to assess outcomes (including systems change), the process used to develop and implement the models and project context. The dissemination of findings in each of these areas will be useful in program replication, as impact will be demonstrated and organizational/environmental factors will be captured.

DHSS' partnership with Stockton College will ensure that comprehensive evaluation is conducted. Workgroup members, including AAAs and other community stakeholders, will be involved in all facets of model development and evaluation. Evaluation will begin with the development of a logic model that links the goal, objectives, activities, performance standards, formative outcomes and summative outcomes. An impact model will be developed for each development workgroup model. Each impact model will include the specification of objectives, goals and measurable criteria at the phases of implementation, program monitoring and outcome. Appropriate assessment tools will be identified or developed, including rubrics to assess the performance standards established by each development workgroup. Each model will include the identification of data collection methodologies including timeframes, type of data collected, instruments/database, persons responsible for collecting data and analysis protocols. Finally, while models will be developed for each of the three goals, consistency will be ensured across models as part of a uniform and comprehensive evaluation plan.

Systems change will be evaluated on the county and state level. Impact on the DHSS will be evaluated in terms of modifications to the state's policies and procedures, particularly in relation to the area plan contract. County level systems change will include an assessment of tangible changes made to AAAs' and nutrition programs' planning practices/policies.

Process evaluation will be conducted through the collection of baseline information, activity reporting and key informant interviews. Pre and post surveys will capture changes in knowledge, attitude and skill development of workgroup members, DHSS staff and those implementing the models at the county level. This degree of program monitoring and formative evaluation will allow for the immediate identification and resolution of any problems in knowledge and skill attainment necessary for statewide implementation.

The performance standards developed in each of the three planning workgroups will include an objective community and organizational assessment. Dimensions may include demographic profiles, assessment of community resources, operational assessment, identification of barriers, and economic analysis.

The multidimensional evaluation process will result in the preparation of a comprehensive evaluation report at the conclusion of the Planning Grants Project. The report will include both qualitative and quantitative findings in order to thoroughly demonstrate the positive impact of the three models. The process, systems change and contextual components will allow other AAAs/states to consider the critical elements needed for successful model replication. The "lessons learned" section of the report will identify specific factors that led to program successes or challenges.

**Dissemination:** The experience and knowledge gained through the grant will be shared with the state and national aging and public health networks. A comprehensive report on project outcomes will be prepared, as will best practice guides for each of the three priority areas. Vehicles for disseminating information will include posting on DACS website and on the NJ Healthy Aging listserv (membership includes more than 200 local health and aging professionals), direct mailing to state units on aging and state/national organizations, presentations at state/national conferences, and submission of articles to professional journals. DACS' Training Unit (based within OECW and under the direction of Gerry Mackenzie) will collaborate with the project leadership to provide training to the state's aging network on the models for expansion/replication.

*Appendix B: Logic Models*

Blank Logic Model Template Used for Planning/Evaluation Purposes

Program Name:

Priority Statement:

Inputs

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Activities & Timeline

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Outputs

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Outcomes

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Impact (goals)

<u>SHORT TERM</u>
<u>LONG TERM</u>

## *Operations Workgroup: Cost Committee Cost Model Logic Model*

Priority Statement: Develop a cost model(s) that allows for standardized budgets/reporting.

Inputs	Activities	Timeline	Outcomes	Impact (goals)
<p>DACS fiscal staff. County/local expertise. Models from other states. DACs existing reporting system/forms.</p>	<p>A. Contact other states for models &amp; AoA to determine if standard model exists. B. Review DACS reporting system/forms. C. Review components local programs use to construct budgets. D. Evaluate unit cost vs. line item budgets. E. Evaluate need for multiple cost models. F. Review match/maintenance of effort issues, order in which federal/state/local funds are spent, and close-out implications. G. Assess in-kind. H. Consider impact of extraordinary expenses or one-time influx of funds. I. Construct cost model(s). J. Identify local training needs. K. Review DACS fiscal monitoring tool. L. Present model(s) to DACS, AAA/DACS Finance Committee, and AAA Executive Directors. M. Develop &amp; implement training program for accountants, planners, Exec. Dirs.</p>	<p>A. March 7, 2006 B. March 7, 2006 C. April 18, 2006 D. April 18, 2006 E. April 18, 2006 F. May 16, 2006 G. May 16, 2006 H. May 16, 2006</p>	<p>Standardized cost model(s) for use statewide. Training curriculum developed. Training delivered in pilot counties.</p>	<p><u>SHORT TERM</u> AAA professional staff are trained and have greater expertise in budgeting. NPE budgets represent accurate program costs. <u>LONG TERM</u> Program efficiencies can be assessed uniformly statewide. State, counties and local programs can demonstrate program efficiencies.</p>

## *Operations Workgroup: Purchasing Committee Logic Model*

Priority Statement: To evaluate the cost-effectiveness of various cost options including purchasing methods, group buying and volume purchasing.

Inputs	Activities	Timeline	Outcomes	Impact (goals)
<p>Various options available in market for purchasing.</p> <p>DHSS expertise.</p> <p>Local NPE expertise.</p> <p>Bid law specialist – NJ Dept. of Community Affairs</p>	<p>A. Collect background info from NPEs, such as type of system in use, sample product lists, etc.</p> <p>B. Identify potential vendors.</p> <p>C. Develop specifications (content and format) to request from potential vendors.</p> <p>D. Distribute specifications and request proposals from potential vendors.</p> <p>E. Research status of State Distrib Center and State Contract.</p> <p>F. Evaluate vendor proposals.</p> <p>1) Develop format to compare proposals. Complete comparison.</p> <p>2) Evaluate feasibility/viability of each purchasing system.</p> <p>3) Evaluate cost effectiveness of each purchasing system.</p> <p>4) Prepare report on findings.</p> <p>G. Present findings to DHSS and AAA Executive Directors.</p> <p>H. Train county staff on purchasing options.</p>	<p>A. April 11, 2006</p> <p>B. April 11, 2006</p> <p>C. May 16, 2006</p> <p>D.</p> <p>E. May 16, 2006</p>	<p>Written report on viability of various purchasing options (including potential cost savings).</p> <p>Trained county/local staff on purchasing options.</p>	<p><b><u>SHORT TERM</u></b></p> <p>County staff have greater expertise on purchasing and bid requirements.</p> <p>Strengthened purchasing power of NPE network.</p> <p><b><u>LONG TERM</u></b></p> <p>Cost savings to program based on utilization of new purchasing method(s).</p>

## ADRC Integration Logic Model

Program Name: Mission Nutrition Workgroup: Assessment Integration (Aug 21, 2006)

Priority Statement: Integrate the NPE assessment process into the ADRC and develop correlated referral processes.

Inputs	Activities	Timeline	Outcomes	Impact (goals)
<p>MI Choice assessment tool and 20-question screening form.</p> <p>Warren and Atlantic County pilot experience.</p> <p>Tools and protocols currently used by NPEs.</p> <p>NAPIS requirements.</p>	<p>A. Assess current tools used by NPEs for intake/assessment.</p> <p>B. Review current MI Choice Tool. 1) See if Nutrition Risk Survey is imbedded in tool.</p> <p>C. Review 20-question screening form.</p> <p>D. Identify protocol for intake, assessment and referrals in two ADRC pilot counties.</p> <p>E. Identify any gaps/recommendations for additions to MI Choice and screening form.</p> <p>F. Develop Two-Page Nutrition White Paper.</p> <p>G. Assess current protocols used to refer participants between the aging services network and the NPE.</p> <p>H. Develop model with recommended protocol for intake, assessment and referrals.</p> <p>I. Present model to DACS, nutrition directors and AAA Directors.</p> <p>J. Develop Evaluation Models for” 1.) Effectiveness of Training and 2.) Integration of Nutrition Questions into Intake instruments.</p> <p>K. Modifications Made to MI Choice Tool.</p> <p>L. Develop curriculum for model training.</p> <p>M. Confirm pilot county/counties.</p> <p>N. Implement model.</p> <p>O. Review Evaluation Data.</p>	<p>A-D, G: 04/11/06</p> <p>E: 05/11/06</p> <p>F:06/11/06</p> <p>H. 07/13/06</p> <p>I. 09/--/06</p> <p>J. 10/--/06</p> <p>K, L,M: 10-11/06</p> <p>N. 01/--/07</p> <p>O. 10/--/07</p>	<p>Recommendations for modification to MI Choice for use in NPEs.</p> <p>Recommendations for use of 20-question screening form in NPEs.</p> <p>Model for utilizing intake form, assessment tool and making referrals between NPE and aging service network.</p>	<p><b>SHORT TERM</b></p> <p>NPE staff trained in use of MI Choice Tool and 20-question intake form.</p> <p>Established protocol for referrals between NPE and aging services network.</p> <p><b>LONG TERM</b></p> <p>Single assessment process used by both ADRC and NPE.</p> <p>Seamless referral process that allows for faster, improved assessment and service delivery for consumers.</p>

## Diversity Workgroup Main Logic Model

Updated after August 17 2006 meeting

**Priority Statement:** NJ's older adult population is increasingly ethnically and culturally diverse. A plan of action is needed to guide NJ's NPE to better meet the needs and preferences of this diverse population.

**Goal:** Enhance cultural diversity at nutrition sites and senior centers. Incorporate ethnic meals that represent target groups in each county. Increase outreach effectiveness resulting in increased participation and satisfaction.

### Rationale:

1. Survey and NAPIS data indicate that persons from diverse backgrounds are underutilizing the NPE. The NPEs need to understand factors related to participation/non-participation.
2. Often people fear the unknown and this can lead to prejudice.
3. Before participants will buy in, staff and management must buy in.
4. Nutrition directors must connect with food preparers so that challenges on both sides can be understood.

### Assumptions:

1. Demographics in each county differ, each with different needs/resources. Assessment and planning must be done at county level to best respond to needs/preferences.
2. When people see the similarities between cultures and when people understand how cultural practices/beliefs developed, there is less fear and more acceptance.
3. Enhancing the physical environment of the Senior Center/nutrition site is important and may require new resources/planning. When such things as music, decor, menu and activities, ESL classes and written materials in various languages are readily available, it communicates to the ethnic guest that their presence is expected and welcomed.
4. When participants, staff, and management understand various cultures, their behaviors may be more welcoming to others. They may be more willing to explore new and different ethnic foods and celebrations.
5. Culturally diverse activities and wellness programs may draw in new people. Advertising activities (such as wellness) may entice participation.
6. It is important to use message mapping (i.e. using the language and culture of target populations) and social marketing to reach culturally diverse populations.

**Notes on Model Development:** Additions from 03/07/06 meeting & minutes are noted via MSWord Track Changes feature. Subsequent changes will also be added using this feature. This will allow a visualization of unmarked current version or version showing markups.

Diversity Workgroup.pg2

Resources/Input	Activities/Goals	Outputs	Outcomes	Impact (goals)
<p><b>General Resources:</b></p> <ul style="list-style-type: none"> <li>• Planning Grant Funds</li> <li>• OAA funding</li> <li>• Center for Health Statistics - Dr. Li</li> <li>• Cultural Competence Subcommittee</li> <li>• Blue Ribbon Panel</li> <li>• Stockton, state staff, key community leaders</li> <li>• Written materials, space &amp; people</li> </ul> <p><b>Specific Task-Resources</b></p> <ul style="list-style-type: none"> <li>• Focus group protocols &amp; questions for key informants, participants non-participants from Mission Nutrition 04/5</li> <li>• Practice Standards</li> <li>• Coordinators from each county Hth Dept. already doing Focus Groups - try to piggyback. State resource: Rick Matzer</li> <li>• Cultural Competence Committee Member Padma Arvind has led approx 15 Focus Groups in last month.</li> </ul> <p>Audio Recording with Focus Group Expert, NAAAA conference call, April 13, 2006</p>	<ol style="list-style-type: none"> <li>1. Identify resources available to NPEs to identify ethnic/cultural groups in local catchments. (TASKS 1 &amp; 2) Review Census and related data Review demographics of NPE Participants</li> <li>2. Develop and pilot test focus group protocol to identify needs/preferences, reasons for non-participation, etc. (TASK 3) <ul style="list-style-type: none"> <li>• Develop standardized focus group tool for participants/non-participants</li> <li>• Pilot project implemented to hold focus groups (TASK 4)</li> <li>• Pilot counties analyze focus group findings and include in report (TASK 5)</li> </ul> </li> </ol> <p>Rationale: This will improve NPE's understanding of factors related to attendance/non attendance and will help us ultimately have better satisfied participants.</p>	<p>Established format/requirements for NPEs to capture county-specific data on demographics of older adult population</p> <ul style="list-style-type: none"> <li>• Focus group tool and protocol.</li> <li>• Report/outcomes from pilot focus group pilot project.</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition program directors use information from focus groups to improve service delivery to diverse older adults</li> <li>• Nutrition program participants, staff, and management are more culturally competent.</li> <li>• More older adults with diverse cultural/ethnic backgrounds utilize and are satisfied with the NPE.</li> </ul>	<p>Quality of Life, Improve &amp; Maintain Health; forestall premature institutionalization and increase length of community-based living</p>

Resources/Input	Activities/Goals	Outputs	Outcomes	Impact (goals)
<ul style="list-style-type: none"> <li>Nancy Field – DACS Cultural Competence Coordinator</li> <li>Dula Pacquaio Assoc. Prof; Dir., Stanley Bergen Center for Multicultural Ed., Research &amp; Practice, UMDNJ</li> <li>GIS resources from Stockton College, Florida grantees and TASC website.</li> </ul>	<ul style="list-style-type: none"> <li>3. Foster cultural competence among NPE participants, staff, and management. Identify partners who can assist in identifying/developing training resources. (TASK 6/7) (Rationale: Many groups specialize in cultural sensitivity/competence, are knowledgeable of resources/training, etc., may be willing to assist.) Identify training curriculum and instructors. (TASK 8) <ul style="list-style-type: none"> <li>Implement pilot project to train staff, management. (Task 9)</li> <li>Identify activities to be taught to Nutr. Prog. Directors to use at sites to increase staff &amp; participant sensitivity.</li> <li>Evaluate and report on training proj.</li> </ul> </li> <li>4. Foster sites/centers that communicate welcoming atmosphere. (TASKS 10 - 14). <ul style="list-style-type: none"> <li>Identify partners/resources with expertise.</li> <li>Develop simple resource guide for participants, staff, &amp; management on cultural sensitivity and creating a welcoming environment. (TASK 11)</li> <li>Develop RFA &amp; pilot project implementation plan &amp; strategies to create a welcoming environment. Local needs addressed by encouraging local NPEs to select training activities and resources most appropriate to their needs.</li> <li>Evaluate pilot project, prepare report.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Cultural competence training curriculum &amp; protocol for participants, staff, and management (each group may have different focus/approach). Report/outcomes from cultural competence training pilot project.”</li> </ul> <p>Resource guide for creating a welcoming environment. Outcomes/report from pilot project implementing recommendations from resource guide.</p>	<ul style="list-style-type: none"> <li>Cultural Competence training program for staff and management implemented and evaluated. Nutrition program directors use demographic information to improve service delivery to diverse populations. <ul style="list-style-type: none"> <li>Sensitivity to cultural diversity raised among directors, staff, and clients.</li> </ul> </li> </ul> <p>Rationale: When such things as music, décor, menu and activities, ESL classes, &amp; written materials in various languages are already available, it communicates to the ethnic guest that their presence is expected and welcomed.</p>	<p>Cultural competence of nutrition provider agencies raised as measured by pre-post agency self-assessment.</p> <p>Cultural competence of program managers raised as measured by pre-post scores on standardized questionnaire.</p> <p>Sensitivity of clients to cultural diversity raised, as measured by pre-post scores on standardized diversity questionnaire.</p> <p>Congregate nutrition sites provide a more welcoming environment as documented 1) in pre-post behavioral assessment of participants/staff; and 2) Outcomes from scenarios assessment.</p>

Resources & Input	Activities/Goals	Outputs	Outcomes	Impact (goals)
	<p>5. Develop NPE strategies for increasing accessibility to diverse foods.</p> <ul style="list-style-type: none"> <li>Establish team to meet with central kitchens, caterers, chefs, purchasing agents, distributors, and possibly a sampling of local restaurants to explore ways to incorporate foods into production.</li> <li>Evaluate alternate models for integrating ethnic meals; e.g. menu choice, set menu cycles including ethnic menus, ethnic specific sites, use of ethnic restaurants (and vouchers to).</li> <li>Evaluate impacts on meal ordering, equipment needs &amp; costs, transportation, records maintenance/client tracking, nutritional value/compliance with Title III nutrition standards, etc.</li> <li>Initiate pilot project to implement identified strategy/strategies.</li> <li>Evaluate pilot project(s) and prepare report.</li> </ul>	<ul style="list-style-type: none"> <li>List of possible strategies and impacts for increasing “accessibility” to diverse foods (i.e., menu choice, ethnically inclusive cycle menus, ethnic specific sites, use of ethnic restaurants and vouchers to ethnic restaurants.</li> <li>Outcomes/report from pilot project on increasing access to diverse foods.</li> <li>Identification of best practices for outreach to diverse populations. Guide for Conducting Outreach to Diverse Populations.</li> </ul>	<p>Rationale: When such things as music, décor, menu and activities, ESL classes, &amp; written materials in various languages are already available, it communicates to the ethnic guest that their presence is expected and welcomed.</p> <p>Rationale: We must connect with those who prepare the meals so that food providers and NPE administrators can understand the challenges on both sides of the fence.</p>	<p>Ultimate Impacts of entire project:</p> <ul style="list-style-type: none"> <li>Pilot counties demonstrate that steps taken lead to increased participation in nutrition program by targeted (at-risk) ethnic groups.</li> <li>Pilot counties demonstrate increased user satisfaction among continuing and new participants.</li> <li>Better targeted congregate and home-delivered meals service leads to increased quality of life and delayed institutionalization.</li> </ul>

**Mission Nutrition Diversity Workgroup: Part II Outreach Logic Model**  
February 2006

**N OTE:** Group decided in March 06 to give outreach separate logic model.

**Priority Statement:** NJ's older adult population is increasingly ethnically and culturally diverse. A plan of action is needed to guide NJ's NPE to better meet the needs and preferences of this diverse population.

**Additional Information & Rationale:** Demographics in each county differ, each with different needs/resources. Assessment and planning must be done at county level to best respond to needs/preferences.

- g. When people see the similarities between cultures and understand how cultural practices/beliefs developed, there is less fear and more acceptance.
- h. Enhancing the atmosphere is important and may require new resources/planning.
- i. When participants understand various cultures, their behaviors may be more welcoming to others. They may be more willing to explore new and different ethnic foods and celebrations.
- j. When such things as music, decor, menu and activities, ESL classes and written materials in various languages are readily available, it communicates to the ethnic guest that their presence is expected and welcomed.
- k. Activities may draw in new people. Advertising activities (such as wellness) may entice participation.

Input/Resources	Activities/Goals	Outputs	Outcomes	Impact (goals)
<ul style="list-style-type: none"> <li>a. Program Planning Grant.</li> <li>b. Older Americans Act funds.</li> <li>c. Center for Health Statistics - Dr. Li.</li> <li>d. Cultural Competence Subcommittee.</li> <li>e. Blue Ribbon Panel.</li> <li>f. Stockton College, state staff, key community leaders.</li> <li>g. Other resources, written material, space and people.</li> <li>h. Input from MAC &amp; Nutrition Summit.</li> </ul>	<p>Activities:</p> <ol style="list-style-type: none"> <li>1. Survey other states to identify best practice (not that this is basically TASK 1 below).</li> <li>2. Analyze findings from previous NJ assessments - MAC &amp; Nutrition Summit.</li> <li>3. Identify partners with expertise in outreach.</li> <li>4. Identify strategies for outreaching to target groups.</li> </ol>	<ul style="list-style-type: none"> <li>• Videos</li> <li>• PSAs</li> <li>• Develop resource guide for outreach to enhance programs.</li> </ul>	<p></p>	<p><b><u>SHORT TERM</u></b></p> <p>Nutrition program participants/staff are more culturally competent.</p> <p>Older adults from with diverse cultural/ethnic backgrounds utilize and are satisfied with nutrition services program.</p>

**Additional Outreach Activities proposed by Diversity Workgroup:**

Task 1: State prepares and conducts national NPE survey to identify creative outreach ideas used to increase NPE participation.

Task 2: Mission Nutrition Team reviews work done on this subject several years ago in the Nutrition MAC and from the Nutrition Summit & identifies ideas related to outreach.

Task 3: Mission Nutrition Team identifies the necessary partners for each idea especially those that provide multi – language communication and funding.

Task 4: Mission Nutrition Team brainstorm about new ideas (especially incorporating current technology) on ways to outreach and increase participation in NPE's; identifies new partners who can work with us to develop/fund unique or little used projects (i.e., development of promotional videos that can be played in MD office waiting rooms, etc.) and who can assist in the development of written pamphlets/radio or other media announcements (i.e., PSA's, news releases, etc.) in various languages.

Task 5: Mission Nutrition Team meets with Mission Nutrition Wellness Team to identify how information about activity enhancements at NPE's can be incorporated into Outreach initiatives and vice versa.

Rationale: In some cases, it is activities (where feasible) that draw in new people. By publicizing the new Wellness programs, new people may be enticed to join the nutrition site/senior center.

Task 6: Mission Nutrition Team meets to develop simple Resource Guide of outreach activities/resources/models/tips, etc. used to increase participation at nutrition sites/senior centers identifying unique aspects of working with culturally diverse populations; local NPE's will be able to select the type(s) of outreach activities/resources most appropriate to meet needs.

Rationale: Every county has different needs/resources and this will help each of us select which idea(s) will work best in our setting.

*Appendix C: Operations Workgroup Additional Documents*

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**Combined Annual Activities Report on Cost and Purchasing Committees** (Source: NJDHSS-DACS progress reports to AoA)

Year One (10/01/05-9/30/06): Activities were refined to two main areas: 1) Development of a cost model(s) that allows for standardized budgets/reporting; and 2) Evaluation of cost effectiveness including purchasing methods, group buying, and volume purchasing. The Development Team evaluated NJ's current financial reporting system, as well as that of other states that responded to our inquiries. A proposed budget model was created for C-1 (Congregate) and C-2 (Home-Delivered) programs. The model was shared with the NJ4A Finance Committee and then distributed to all AAAs requesting that they indicate if they currently report in the included categories. The responses were tallied and used to develop a draft cost model. In regard to cost effectiveness (and purchasing), the Development Team surveyed all counties to determine their current purchasing protocols. Sample menus were designed and distributed to assess current pricing for standard menu items. As a result of their discussion, a recommendation was made to the SUA to consider revision of the state's Maintenance of Effort Policy. This recommendation was accepted and the state is currently transitioning to a certification process.

Year Two (09/30/06 – 09/30/07): In May, 2007, four Division staff, the Administrative Director and the Assistant Commissioner met with the AAA/DACS Finance Committee to review the draft Policy Memorandum on Nutrition Budget Preparation. Based on meeting discussion, a recommendation was made to modify the proposed budget form to include an additional column for "Estimated Cost." The estimated cost column will accommodate those counties that are unable to isolate the actual cost of particular budget line items.

The final policy memorandum for Nutrition Program Budget Preparation was issued on July 30, 2007. The required procedures will be implemented in the 2008 contract year and will be effective with the submission of the Integrated Project Summary due to the Division by February 1, 2008.

Year Three (first half) (09/30/07 – 03/31/08): The policy memorandum for Nutrition Program Budget Preparation (issued July 30, 2007) required budget forms for the nutrition programs to be submitted to the DHSS by February 1, 2008 (as part of the Integrated Project Summary submission for calendar year 2008). Most counties have submitted the required forms. DHSS fiscal staff are in communication with those counties that did not submit the required forms. Data from the nutrition budgets have been reviewed for accuracy and entered into a spreadsheet. The spreadsheets will be used to compare projected costs with actual costs, trends in various line items (e.g. food, personnel) and to identify percentages of funding courses contributing to the operation of the nutrition program.

## Summary of Comments on Draft Cost Reporting Policy and NJDHSS Responses (DHSS Responses are provided in bulleted form)

Category One: “The purpose of the policy is unclear.”

- The purpose of policy is to define and standardize costs for congregate and home delivered meals.
- The purpose is not to compare costs between counties.
- The purpose is not to establish cost levels for items.
- Participation in nationwide study necessitates better access to costs associated with nutrition program.
- Policy enables NJ to show Congress efficiency with which we leverage federal dollars.
- Policy is needed to understand and eliminate the inconsistencies of costs reported by different counties.

Category Two: “The draft policy should be reviewed by the Finance Committee.”

- AAA participation enhances the outcomes. Feedback is needed from the county level.
- AAA members of the Finance Committee did not recommend a review of the proposal before it was issued to the AAAs.
- NJ4A did not submit concerns to DACS.
- AAA Executive Directors were informed as reflected in the minutes of 9/21/06 meeting.
- A subsequent meeting was held with the Finance Committee to discuss concerns.

Category Three: “It is inappropriate for DACS to compare costs between counties.”

- The policy was not intended to compare costs between counties.
- The DACS acknowledges that many factors influence variation in costs.

Category Four: “The proposed policy will create undue burden for the AAAs.”

- Some AAAs reported that they were already reporting all the costs outlined in the policy, no additional administrative costs incurred.
- Other AAAs indicated that the identification of certain cost categories would take time and result in increased administration costs.
- The Operations Committee built upon the data collected from the Spring, '04 survey of AAA practices. The costs were already being collected.
- DACS requests that counties having difficulty including certain categories identify these categories in their response to the draft.
- DACS will assess whether the standardized costs list should be modified.
- One-time yearly expense budget is to be submitted by each county. Following this one-time submission, the budget information will be reviewed during the regular assessment processes.

Category Five: “The authority for the DACS to request the identified budget information is questionable.”

- Citations are provided to help inform critics of the authority and responsibility of DACS to access financial info. 3 citations are from OAA, one from Fed. Reg., and one from DHSS Grants Manual.

Category Six: “The inclusion of all costs in the nutrition programs may have a negative political impact.”

- AAAs are obligated to show they are providing economical and efficient services.

Category Seven: “The inclusion of all nutrition program costs would impact upon a county’s Maintenance of Effort requirement.”

- A policy change allows AAAs to include additional funding without effecting their Maintenance of Effort requirement.

*Appendix D: ADRC Integration Workgroup Additional Documents*

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**ADRC-Integration Annual Activity Report** (Source: NJDHSS-DACS progress reports to AoA)

Year One (10/01/05-9/30/06): The assessment/intake tools currently used within the nutrition programs were collected and analyzed, as were the tools used within NJ's ADRC I&A/intake/assessment process. Gaps were identified in the areas of race/ethnicity, language spoken, and special diet needs. The Development Team developed recommendations for these areas, which were forwarded to the ADRC Management Team. The Development Team identified 3 questions to be added to the ADRC intake tool to assess need for a nutrition referral. In addition, they developed a brief position paper to support the addition of the Nutrition Risk Assessment tool to the ADRC assessment tool package.

Year Two (09/30/06 – 09/30/07): The completion of the ADRC assessment software was delayed due to state-level approval processes. A request for finalization of the software (which includes the addition of the nutrition questions) was submitted to the State Office of Information Technology in October, 2007.

Year Three (first half) (09/30/07 – 03/31/08): The Division of Aging and Community Services' continues to await final approval of its request to the State Office of Information and Technology for finalization of the software (which includes the addition of the nutrition questions). The request was submitted October, 2007. In the meantime, staff have worked with the software vendor to identify placement of the nutrition questions in the assessment tool.

## Comparison of NJ Counties Additional Input Screening Questions compared to MI-Choice.

Mission Nutrition: Integrating into the ADRC

### MI CHOICE ASSESSMENT vs. INDIVIDUAL COUNTY ASSESSMENTS

Prepared by

Karen Sack  
The Richard Stockton College of New Jersey

April 10, 2006

**Objective:** To discover questions that are present and valid in each county, yet not conveyed through the MI Choice assessment tool.

**Participants:** Thirteen of the 21 New Jersey Counties were included in this comparison: Atlantic, Burlington, Cape May, Essex, Gloucester, Hunterdon, Mercer, Middlesex, Morris, Ocean, Somerset, Sussex, and Warren. Counties that did not submit assessment tools include Cumberland, Camden, Bergen, Hudson, Monmouth, Passaic, Salem, and Union.

**Procedure:** First, I reviewed and familiarized myself fully with the MI Choice tool. Then, I carefully reviewed each county's assessment tool analyzing and comparing them against the MI Choice questions. When a question seemed important, I wrote it down along with additional comments regarding the questionnaire. Once this was complete, I again reviewed the MI Choice against each county to be sure that the questions were indeed not addressed in MI Choice.

**Results:** The results are displayed in the attached table, which demonstrates what areas are relevant but not present on the MI Choice assessment. These areas include income and finance, transportation, language, special diet, hobbies and interests, enrollments and entitlements, support systems, and a few other areas that seemed important even though they did not appear on the forms of many counties. These other areas include voting rights, psychological evaluation, releasing of information, nutritional counseling, and type of work done throughout the individual's life. These may help evaluate or further provide information that may be useful. Assessment forms from Hunterdon and Warren counties were the most similar to the MI Choice assessment. On the other hand, Gloucester County's tool was not particularly informative and provided little information in regards to assessing individuals who need services. Somerset County provided an assessment that was very thorough and detailed.

**Discussion:** The MI Choice questions were limited and did not focus enough on our primary target: nutrition. Indeed, they did address many other important and relevant areas, but the section pertaining to nutrition needs to be more fully developed. The format

of MI Choice seemed to be a bit confusing at times. Somerset County's assessment has a more "user friendly" format. We may want to think about whom is performing these assessments and the degree to which their training entails. It is important that this assessment is accurate to ensure proper services to those really in need. We may also want to consider how in depth we want to get with this assessment alone. MI Choice appears to be detailed, which is good as long as that is what we are trying to achieve at this level. Some of the areas not addressed seemed to be shocking due to the fact that they seem to be obvious barriers. For example, questions about spoken language when communication are one of the most important areas to consider when trying to obtain accurate information from someone. The same goes for questions regarding transportation. We need to know this information to provide them with the care and services they need.

It is vital that all counties actively participate in every step of this process. Without assessment tools, in this case, we are eliminating many potentially eligible and needy New Jersey citizens, therefore not accounting for their needs. With so many absent counties, there may be more questions or areas that need to be addressed. There was considerable variability among assessment tools provided by the counties. It may be that counties submitted the wrong tools or incomplete tools. These are all factors that may be responsible for inaccurate or incomplete results.

**Conclusion:** After reviewing and comparing all of the documents, it is clear that certain issues need to be addressed in the MI Choice assessment. This is crucial in devising an effective tool that will accurately assess those residents that need and qualify for nutritional services. It is the task of this group to determine what areas and questions will be most effective and useful in this mission. These questions, then, need to be implemented and administered in the future assessments of all of New Jersey's Counties.

## MI CHOICE ASSESSMENT vs. COUNTY ASSESSMENTS

County	Income & Finances	Transportation	Language	Special Diet	Hobbies & Interests	Enrollments & Entitlements	Support System	*Other Comments*
Atlantic				X				
Burlington	X	X	X				X	
Cape May	X	X				X		
Essex	X	X		X			X	1, 2
Gloucester								
Hunterdon								
Mercer	X	X	X			X		
Middlesex	X		X			X		3
Morris	X	X	X	X				4
Ocean	X	X			X	X		
Somerset	X			X	X		X	1, 2, 5
Sussex	X				X			
Warren		X						

The “X” illustrates how many counties asked these questions on their assessments, but were not asked on the MI Choice assessment.

\*Other Comments\*:

1. Voting information
2. Psychological evaluation section. This included questions pertaining to homicide, suicide, sleep patterns, and stressful events.
3. Release of information section. This may be important to avoid any HIPPA regulations.
4. Nutritional Counseling.
5. Type of work done most of life.

Notes:

## **The Role of Nutrition in Maintaining/Improving Older Adult Health (ADRC Integration Committee Document, 07/23/06)**

Nutrition is a key determinant of successful aging; defined as the ability to maintain three key behaviors:

- Low risk of disease and disease-related disability,
- High mental and physical function, and
- Active engagement with life.

As a primary prevention strategy, nutrition helps promote health and functionality and reduce nutritional risk. As secondary and tertiary prevention, medical nutrition therapy, including nutrition assessment and nutrition counseling (as provided through the State Nutrition Program), is an effective disease management strategy that lessens chronic disease risk, slows disease progression, and reduces disease symptoms.<sup>5</sup>

Several studies demonstrate the importance of screening and assessing diverse nutritional needs in an at-risk homebound population and then providing targeted interventions to improve nutritional status and prevent decline.<sup>1</sup>

Adequate nutrition is necessary to maintain cognitive and physical functioning; to prevent, reduce and maintain chronic-disease and disease-related disabilities; and to sustain health and quality of life. Approximately 80% of all persons 65 and older have at least one chronic condition and 50% have at least two chronic conditions. Dietary patterns and lifestyle practices are associated with mortality from heart disease, cancer, cerebrovascular disease, chronic lower respiratory diseases, diabetes mellitus, and influenza and pneumonia diseases, which were among the top five leading causes of death for persons 65 and older in 2000.<sup>6</sup>

The reduction of risk for chronic disease such as heart disease, certain types of cancer, diabetes, stroke and osteoporosis (the leading causes of death and disability among Americans) is related to good diets and improved nutritional habits.

The National Evaluation of the Elderly Nutrition Program 1993-1995 found that 64% of congregate and 88% of homebound participants are at moderate to high risk of malnutrition.<sup>7</sup>

Participants in the Home Delivered Nutrition Program are older, more frail, have higher nutritional risk, have more functional impairments that result from nutrition related diseases and conditions, are lower income and may have more limited access to food than the general older adult population. This essential service within home and community based services provides an

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<sup>5</sup> Position Paper of the American Dietetic Association: Nutrition Across the Spectrum of Aging, 2005.

<sup>6</sup> *Leading Causes of Death by Age Group, New Jersey 2002*, Center for State Health Statistics, <http://nj.gov/health/chs/stats02/mort02.pdf#m1>.

<sup>7</sup> "Serving Elders At Risk", the National Evaluation of the Elderly Nutrition Program, 1991-1995, Volume I: Title III Evaluation Findings, Mathematica Policy Research, Inc., June 1996.

important social link with the community and helps delay institutionalization.<sup>8</sup> Inadequate nutrient intake affects approximately 37-40% of community-dwelling individuals age 65 and older.<sup>9</sup>

Factors contributing to inadequate intake in older adults in the community:

- ◆ Insufficient resources to purchase food
- ◆ Inability to acquire, prepare, feed oneself
- ◆ Functional impairments, especially mobility
- ◆ Social isolation
- ◆ Reduced ability to regulate intake (poor appetite, etc)<sup>10</sup>

Food insecurity, hunger, inadequate intake may lead to increased risk of:

- ◆ Chronic health conditions
- ◆ Deficiency diseases
- ◆ Conditions that impair digestion or nutrient absorption
- ◆ Greater risk of infection
- ◆ Greater risk of under/overweight
- ◆ Increased caregiver demands<sup>5</sup>

Josefina Carbonell, Assistant Secretary, Administration on Aging, recently stated, “the President has proposed a \$1.75B program over 5 years to encourage states to transition people from nursing homes or other long-term care institutions back into the community.” Although many older adults remain independent and actively involved in their communities, many are frail with multiple chronic conditions and need more long-term care services allowed by the Medicaid waiver to prevent and/or delay nursing home placement.

The Older Americans Act requires that Nutrition Programs provide meals and related nutrition services that promote health and help manage chronic disease. As the number of older adults continues to grow, so will their need for assistance to remain functionally able. It is clear, that AoA has recognized this growing need and is taking steps to address the matter. OAA Nutrition Programs provide services that assist frail homebound older adults to remain in their homes and maintain quality of life. The Medicaid Waiver program is one way that may help OAA Nutrition Programs increase the number of services they provide.

Increased access to food and nutrition services has the potential to provide a greater percentage of older adults with a wider variety of food and nutrition services that support health, independence and well-being.

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<sup>8</sup> Pilot Study: First National Survey of Older Americans Act Title III Service Recipients – Paper #2

<sup>9</sup> “The Role of Nutrition in Maintaining Health in the Nation’s Elderly – Evaluating Coverage of Nutrition Services for the Medicare Population”, Institute of Medicine, Committee on Nutrition Services for Medicare Beneficiaries, Washington DC: National Academy Press, 1999.

<sup>10</sup> Food Security Institute, Center on Hunger and Poverty, 2003

ADRC Assessment Integration Workgroup Recommendations to ADRC (09/11/06)

TO: Nancy Field, ADRC Assistant Director

FROM: Gerry Mackenzie, OCEW

RE: Recommendations from Mission Nutrition  
ADRC Assessment Integration Development Workgroup

DATE: September 11, 2006

The Mission Nutrition ADRC Assessment Integration Development Workgroup has met for the past 9 months to develop a strategy to integrate assessment for the senior nutrition program into the ADRC assessment. The attached documents summarize the Workgroup's recommendation.

The Development Workgroup include representatives from five counties, as well as liaisons from the DHSS and Stockton College. Key members include Sue Budd and Anne Howell. The Workgroup's process included a comprehensive review of the current assessment tools used in the 21 senior nutrition programs, as well as a literature review.

In reviewing the MI Choice Assessment Suite, the Development Workgroup also identified recommendations to include more information on race/ethnicity and special dietary needs. These recommendations are also addressed in the attached document.

The Nutrition Directors are pleased at the opportunity to integrate the nutrition program into the ADRC process. The Development Workgroup looks forward to working with you to implement their recommendations.

Attachments

## ADRC Assessment Integration Development Workgroup Recommendations (09/11/06)

### A. Nutrition Screening Questions

The Mission Nutrition ADRC Assessment Integration Workgroup recommends the following additions to the "Consumer Page" of the PICK. The nutrition 'trigger' questions need to be included in the Consumer Page to ensure that the questions are asked of every caller. In addition, the Consumer Page is consumer driven rather than algorithm driven, so training can be conducted to sensitive staff on how to interpret responses to the questions.

They are presented in the order in which they will be asked.

1. Have you gained or lost 10 pounds in the past six months without wanting to?
2. Do you eat less than 2 meals each day?
3. Do you have enough money to buy the food you need?

Each of these questions will independently trigger a referral to the nutrition program. For example, a "yes" response to either question one or question two will generate a referral, as will a "no" response to question 3. In addition, a "yes" response to question one will trigger the completion of the 20 Question Assessment (as it may indicate physical/mental health concerns).

B. Add a "Nutrition Page" to the MI Choice Assessment - Similar to Caregiver or Medication Management, this supplemental page would include the Nutrition Risk Assessment. See attachments: Nutrition Risk Assessment and Position Paper documenting role of nutrition in maintaining health/independence.

C. Race/Ethnicity: The Development Workgroup agreed to recommend that the US Census categories be used, with the addition of a blank space for "other". Workgroup members agreed that respondents should have the ability to indicate multiple race/ethnicity categories. The list of languages should correspond to the race/ethnicity categories, along with a blank space to indicate "other". The Workgroup agreed that for those individuals who indicate that their primary language is not English, an additional question should pop up: Do you need a translator? or Can you communicate in English?

D. Standards List of Diets: The Mission Nutrition Workgroup recommends that a question on need for special diet be added to the PICK, with a drop down box of response categories:

Diabetes	No Added Salt
Modified Fat/Cholesterol	Mechanically Soft
No Concentrated Sweets	Allergy Control
Renal Diet	Modified Calorie
Vegetarian	Kosher
Pureed	Lactose Intolerant

### Key Factors for Successful Implementation:

1. Training of the I&A staff is critical to successful implementation of the nutrition questions/referral protocol. The training must include an explanation of "why" the questions are being asked.
2. 211 staff need to be trained on the nutrition programs and on the referral process.
3. Need to determine what type of reports can be generated from the database (Doug Zimmer).

*Appendix E: Diversity Workgroup Additional Documents*

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Year One (10/01/05-9/30/06): The Development Team [Workgroup] developed a two-phase process for model development/implementation. The first phase focused on: a) the need for year two pilot counties to assess current program utilization and local demographics, and identify apparent under-utilization by minority populations and b.) identification of the best means to provide cultural competence training to nutrition program staff. The second phase involved the implementation of initiatives to improve/expand service delivery to diverse populations. The Development Team met with several experts on statistics/demographics to identify available data/sources. Project Director and Evaluation Coordinator also shared appropriate information and resources from monthly TASC conference calls (i.e., on diversity, GIS, and focus group techniques).

Year Two: (10/01/06 – 09/30/07)

### 1. Somerset County

Focus Groups – Two key informant focus groups were held for a total of 11 participants representing African American, Chinese, Latino and Caucasian populations. Two focus groups were held with seniors who have never participated at a Somerset County nutrition site/senior center (total of 24 participants.) Efforts are being made to identify seniors to participate in two more focus groups. Key findings are listed below. See Exhibit 1 for more comprehensive focus group report.

#### Key Findings:

- Lack of signs reduces public awareness of senior centers.
- There is confusion between municipal and county-operated senior centers.
- People thought that certain centers were restricted to residents from that community.
- People were unaware of activities occurring at centers.
- Clients are attracted to centers that are visually appealing and have many activities.
- The image of centers being for “old people” discourages participation.
- People unaware of how to arrange for transportation.

Data - AAA worked with the Somerset County Planning Board and the county GIS coordinator to analyze county demographics. This review revealed that ethnic communities became larger in Somerset County between 1990 and 2000 with significant growth in African American (increase of 51.1%) and Asian populations (increase of 153.5%). Countywide, the highest proportion of seniors remains Caucasian. See Exhibit 2 for example of township data by ethnic background, age, and sex cohorts.

As an outcome of collaboration with the GIS coordinator, GIS software was installed on all of the AAA staff computers. Staff are being coached to obtain data on age/race at the county, municipal and eventually neighborhood level and to evaluate how far current participants are traveling to attend centers.

Cultural Competence Training - Two sessions were held for a total of 26 staff, including nutrition program staff, administrators, eldercare staff and care managers. Evaluation forms were completed and will be included in the final grant report.

Nancy Field, ADRC Manager at the NJ DHSS and Chair of the Department’s Cultural Competence Workgroup, conducted all of the Cultural Competence training (in Union County, also). Each session was 4-hours long. The curriculum included the understanding and meaning of ethnicity and cultural competence, as well as the exploration of individual perception and how one’s past experiences influence and impact service delivery. The training was highly interactive with participants engaging in brainstorming activities, “games”, and the sharing of past experiences.

### 2. Union County

Focus Groups – One key informant group was held with a diverse group of participants representing the Latino and Russian populations. Two focus groups were held with seniors who do not participate in the nutrition program. One group was for Latino seniors and one was for Russian seniors. Key focus group findings are listed below. See Exhibit 3 for a more comprehensive focus group report and Exhibit 4 for a sample outcomes report.

#### Key Findings:

- Participation Barriers include: lack of transportation, no ethnic foods, stigmatization, language issues, lack of information about the sites and attendance at Adult Day Health programs, and centers not being attractive to active seniors.
- Participation Incentives include: welcoming atmosphere, recreational activities, accessibility and improved marketing.
- Seniors expressed an interest in remaining with those from their own culture, eating traditional foods and socializing with those with common interests.

Data – The AAA reviewed the Union County Municipal Census data, focusing on ethnicity by age within individual communities. Data sources included the U.S. Census, NJ State and County Quick Facts, Population Estimates 2005, and Census Data for Urban Regions of Union County. Minorities represent 29.9% of the county’s 60+ population. In reviewing participation by site, the minority rate of participation based on the average daily rate per site is 56% (highest rates include African American 28% and Latino 23 %.)

Cultural Competence Training – One training session was held for 19 nutrition program staff. Evaluation data will be included in the final grant report.

### SIGNIFICANT FINDINGS AND EVENTS

As an outgrowth of the Service to Diverse Populations Workgroup, the DHSS partnered with the Latino Nutrition Coalition and Goya Foods to enhance nutrition program service delivery to the Latino population. On September 25, 2007, the Latino Nutrition Coalition held a full-day workshop for nutrition program directors and related staff (see Exhibit 5 for agenda). In addition, the Latino Nutrition Coalition is developing 10 recipes which can be integrated into the vendors menus and which are both appealing to Spanish-speaking seniors and non-threatening to other program attendees.

Year Three (mid-year) (09/30/07 – 03/31/08)

#### a. Pilot Counties

**Somerset County** – Based on the outcomes of pilot year one, Somerset County identified marketing and outreach as their two primary areas of focus. One of their primary marketing strategies is to work with a major newspaper covering Central NJ (including Somerset County) to develop a pictorial insert that highlights the nutrition programs and their focus on multicultural events. Examples of the events to be highlighted include:

- Divali celebration
- Brasil Tche Dance Troupe Performance
- Dia de Los Muertos (Day of the Dead) celebration
- Wedding Customs Around the World
- Chinese New Year celebration
- Meditation
- Visit to an East Indian Café
- Around the World in 80 Minutes (musical performance)
- CPR classes in Chinese
- History of African-Americans

In regard to outreach, the county recruited and hired a woman from China to work at the nutrition site that has the greatest number of Chinese participants. She is assisting in translating materials, providing on-site translation, and guiding the site manager on Chinese etiquette.

To standardize outreach across centers, the Nutrition Program Director developed a monthly protocol for reaching out to key community leaders. Site managers are encouraged to identify two new key contacts each month, with a focus on contacts from target populations. These contacts are recorded on a monthly Community Leader Contact Sheet and submitted to the Nutrition Program Director. Site managers are required to identify the specific way in which they will follow up with the new contacts as part of this outreach process.

**Union County** – In year one, Union County identified three populations to target: Latino, Haitian and Russian. They are targeting these groups through marketing and program strategies. Based on resources, they will target a minimum of 2 of the 3 groups. Specific efforts include:

#### Marketing (April - May):

- Translate flyers/print materials.
- Heightened outreach using translated materials (community based senior facilities, municipal offices, churches).
- Identification of nutrition sites in catchment areas with high populations of targeted groups.
- Local press and media serving targeted demographic areas.

#### Programming (May – November):

- Coordination of programming with culturally specific events: Haitian Heritage Month (May) and National Hispanic Month (Sept. 15- Oct. 15).
- Culturally appropriate catered food events.
- Availability of translators and transportation for each culturally specific event.

#### b. Directory of Best Practices for Services to Diverse Populations

The Directory of Best Practices was completed and is currently being printed. Document release is anticipated in May/June 2008. Copies will be sent to AoA and NASUA, to each State Unit on Aging, and throughout NJ's nutrition network. The document will also be posted on the NJ Dept. of Health and Senior Services' website.

## Diversity RFA for Pilot Counties

### New Jersey Department of Health and Senior Services (DHSS) Opportunity for Program Implementation

#### Mission Nutrition: Enhanced Service Delivery to Diverse Minority/Ethnic Populations

**Program Announcement:** The Department of Health and Senior Services seeks applicants to implement a two-year initiative to enhance service delivery to diverse minority/ethnic populations through the Senior Nutrition Program. Two pilot counties (Area Agencies on Aging) will be selected to implement the two-year project. Each pilot county will be awarded \$5,000 in year one. Minimum awards of \$5,000 are planned for grant year two (Counties selected through this process will be funded for two years - reapplication for grant year two will not be required).

**Program Purpose:** To increase participation and satisfaction of ethnically/racially diverse older adults in the Congregate Meal Program. The two-year project includes:

#### YEAR ONE - The "Preparation Year"

Model counties will:

Conduct a demographic analysis of the county, including a review of census and other existing local data.

Implement focus groups among targeted population(s) and key informants (using protocol and questions provided by DHSS).

Coordinate the Cultural Competence Training for Nutrition Program staff (to be delivered by Nancy Field, DHSS Cultural Competence Coordinator).

Based on a review of the data collected (and with technical assistance from the Mission Nutrition Diversity Development Team), identify an initiative to be introduced in grant year two.

Award Amount: \$5,000 per pilot county.

#### YEAR TWO – The "Performance Year"

Model counties will:

Implement the initiative that was identified at the end of grant year one to enhance service delivery to an identified target population. The intervention may relate to food, atmosphere/ambience, outreach, programming and activities, marketing, etc.

Award Amount: Minimum \$5,000<sup>11</sup>

In both grant years, the model counties will be provided with forms to collect/report data. This data will be used for program evaluation and to prepare final reports to share with other counties/states for possible replication.

Additional information on required grant activities is provided in Attachment A of this Program Announcement.

Letters of interest must:

Demonstrate the applicant's sensitivity to enhancing service delivery to diverse populations (through requirements identified in #2 Narrative below).

Clearly indicate the applicant's commitment to analyze current demographic data in accordance with Attachment A.

State the applicant's agreement to complete all reporting forms required by the Mission Nutrition Diversity Development Team and to work collaboratively with the Team to implement the program and develop final reports.

Timeframe, Year One:

Program Announcement

November 3, 2006

Letter of Interest due at DHSS

December 8, 2006

Notification to Applicants

December 29, 2006

Implementation Period

January 1– September 30, 2007

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<sup>11</sup> This initiative is funded through a 3-year grant from the U.S. Administration on Aging (AoA). While funding for the second year of the pilot counties is anticipated as part of this three-year grant, year three funding will not be announced by AoA until Sept. 30, 2007 and funding for this initiative is contingent upon the award.

## Letter of Interest Requirements:

### 1. Cover Letter

A letter stating your interest in serving as a model county for the Mission Nutrition Service to Diverse Populations must be submitted. The letter must be on agency letterhead, be dated, contain an original signature and indicate the support of both the Executive Director of the Area Agency on Aging and the Nutrition Director for the two-year project. The original letter and four copies are required.

### 2. Narrative

A narrative of no more than 3 double-spaced pages is required (12 point font, 1-inch margins). Four copies of the narrative are required. The narrative must include:

- Brief statement of current service to diverse ethnic/minority populations within the senior nutrition program.
- Description of nutrition program infrastructure including type of administration/operation, staffing, number/type of sites.
- Proposed strategy for implementing Cultural Competence Training (while maintaining daily program operations).
- Timeline for year one activities.
- Specification of plan for implementing focus groups, i.e. who will conduct the focus groups (AAAs may use their own trained staff, partner with a local resource such as the county planning dept. or academic institution, or indicate they will need to utilize resources available through the DHSS).
- Identification of strategies to be used to analyze data – may include only those strategies identified in Attachment A, or may identify additional methods/partners.
- Person responsible for implementation of the program, including name, address, title, phone number, fax number and e-mail.

NOTE: A budget is not required as part of the Letter of Interest. The award amount is \$5,000.

### Reporting and Funding:

The award of \$5,000 will be distributed to the pilot county AAAs through the mid year amendment to the Area Plan Contract, 2007-2009 (tentative date: May, 2007). An Integrated Project Summary Form and corresponding quarterly fiscal and service reports must be submitted in accordance with this award. Activities will be reported under the “administration” category.

Criteria To Be Used in Letter of Interest Review: Each proposal will be rated using the following criteria by a minimum of three independent reviewers. The three scores will be averaged for a final rating. The highest two scores will be selected as the pilot counties. The weight of each criteria is reflected in the number of potential points listed for each.

Timeliness and completeness of submission. All required sections (including four copies of the narrative and cover letter) must be included. Incomplete and/or late submissions will not be considered. (no points)

Statement on current service to diverse ethnic/minority populations within the senior nutrition program reflects general awareness of utilization patterns. (15 points)

Description of how county/municipal demographics for the 60+ population specific to racial/ethnic diversity will be analyzed. (15 points)

Plan to provide Cultural Competence Training for all levels of Nutrition Program staff detailed. (15 points)

Identification of number of focus groups to be conducted with (10 points):

Older adults (from an identified ethnic/minority population(s) [minimum of three required]; and

Key informants (representing the same ethnic/minority populations(s) [minimum of one required].

Identification of potential agency partners to assist in implementation of focus groups.

(including partner(s) to identify and recruit participants and to conduct focus groups)

(15 points)

Timeline for program implementation. (10 points)

Description of county nutrition program infrastructure. (10 points)

Identification of individual responsible for implementation of the grant implementation/program activities. (10 points)

Submission: Completed applications are due at the Department of Health and Senior Services no later than 3pm, December 8, 2006. Applications may be sent via the US Postal Service (regular mail delivery, not Express Mail), by Federal Express/United Parcel Services, or they may be hand delivered. Please notify Ms. Lisa Bethea in advance, at (609) 943-3498, if the application is to be hand delivered. You must follow the directions specific for each type of delivery. Please note the following mailing and overnight delivery addresses:

US Postal Service Regular Delivery:

Lisa Bethea 609-943-3498  
New Jersey Department of Health and Senior Services  
Older Adult Health and Wellness  
PO Box 807  
Trenton, NJ 08625-0807

Overnight Delivery (Federal Express or United Parcel Service):

Lisa Bethea 609-943-3498  
New Jersey Department of Health and Senior Services  
Older Adult Health and Wellness  
240 West State Street, 7th Floor  
Trenton, NJ 08608-1002

Hand Carry:

Lisa Bethea 609-943-3498  
240 West State Street, 7th Floor  
Trenton, NJ 08625  
(No later than 3pm, December 8, 2006)

Inquiries about this initiative should be addressed to:

Gerry Mackenzie 609-943-3499 OR  
Dot McKnight 609-943-3573  
Community Education and Wellness  
New Jersey Department of Health and Senior Services  
PO Box 807  
Trenton, NJ 08625-0807  
Geraldine.Mackenzie@doh.state.nj.us

OR

Angela Dubivsky 908-704-6342  
Chair, Mission Nutrition Diversity Development Team  
Somerset County Office on Aging  
92 E. Main Street  
PO Box 3000  
Somerville, NJ 08876  
Dubivsky@co.somerset.nj.us

***Mission Nutrition:***  
**Enhanced Service Delivery to Diverse Minority/Ethnic  
Populations**  
**Year One Activities**

**Objective 1 Data Collection:** Analyze local demographics and current utilization of the senior nutrition program.

Activities:

Meet with the Municipal Alliance Coordinator in your county to identify available county/municipal data. Identify the current and projected racial/ethnic population (60+) within each municipality by age cohort (such as 60-74; 75-84; 85+ or 60-64; 65-69, etc).

Evaluate current participation in the congregate meal program by racial/ethnic group. Identify successes and gaps in service utilization by racial/ethnic populations for each nutrition site. Include an assessment of nutrition program capacity. (see Attachment B for sample format).

Identify the “catchment area” for each nutrition site, i.e. linking municipalities with nutrition sites.

**Objective 2 Identification of Target Population:** Identify population to be targeted as part of this initiative (e.g. African-Americans, Asian-Indians, etc.). The group should be selected based on: 1) outcomes from activities conducted under Objective 1 (above); 2) a review of community agencies/resources currently serving minority/ethnic groups within your county.

**Objective 3 Focus Groups:** Identify reasons older adults from the target group (identified under Objective 2) are underutilizing the congregate nutrition program through focus groups of 1) older adults; 2) key informants (such as social service providers currently serving target population, leaders/advocates from within the target population, elected officials, etc.)

Activities:

Identify partner agency(s) to host focus groups.

Prepare focus group facilitator. Facilitator or translator must speak language of target population.

Implement focus groups - a minimum of one key informant and three older adult focus groups will be held. Each group can have a maximum of 8 participants.

Tape record focus group discussion. Transcribe discussion.

**Objective 4 Summarize Findings:** Prepare a brief summary report on activities/outcomes from Objectives 1-3. The report should assist in identifying the area of focus for the Year Two project.

**Resources:**

The Mission Nutrition Planning Project will assist pilot counties as needed with various aspects of this project. We have identified the following resources:

For collection of information required under Objective 1, Activities 1 & 2.

County Resources: County Planning Departments, Health Dept. Partnership Coordinator. (Each county health department is completing a needs assessment and must submit a Planning Report to DHSS by Feb. 2007)

U.S. Census Bureau - <http://factfinder.census.gov>. Specific reports: AGE BY HISPANIC OR LATINO AND RACE FOR THE POPULATION 60 YEARS AND OLDER (TABP8NJ). Data broken out by municipality.

For collection of information required under Objective 1, Activities 1-4

GIS: (Geographical Information Systems) may be useful but will not be required for participation. By centering existing nutrition sites onto a map and geocoding to show proximity to target groups, Nutrition Programs can better target which centers might benefit most from their interventions. Some counties have their own GIS expertise. Assistance is also available from Stockton College (contact David Burdick, Ph.D., Coordinator of Gerontological Studies, 609-652-4311 for additional information on GIS).

For collection of information required under Objective 3 (Focus Groups)

The Mission Nutrition Cultural Competence Development Team will provide:

Standardized focus group questions.

Written protocols for conducting focus groups.

Focus group recording forms.

County health departments each have Practice Standards Coordinators familiar with focus group methodology

For those unable to access local resources to conduct focus groups, Mission Nutrition members (group members, Stockton College, DHSS will assist).

#### B. Cultural Competence Training

Cultural competence is one of three guiding principles for New Jersey's Aging and Disability Resource Connection (ADRC). As such, one of the first activities completed under the ADRC grant was the development of a Cultural Competence Training curriculum. This curriculum was developed by DHSS in collaboration with the Cultural Competence Committee of the NJ Commission on Aging. The goal of the Cultural Competence training is to help individuals understand what Cultural Competence is, both as an individual and as an agency, and how this impacts service delivery. The training uses activities to help individuals identify where they (and their agency) are on the "continuum of cultural competence" and how this is influenced by our past experiences. It also addresses access issues related to older persons with diverse backgrounds.

The Cultural Competence training has been delivered to DHSS staff, and to I&A, outreach and care management staff in the two ADRC pilot counties. Nancy Field, ADRC Director and DHSS Cultural Competence Coordinator, delivers the training. Nancy will work collaboratively with the Mission Nutrition Diversity pilot counties to establish the dates/times of the training in accordance with the plan submitted in the Letter of Interest.

The Cultural Competence training is approximately 4 hours in length. It can be delivered in one day or it can be broken down into two two-hour sessions. The training is highly interactive, so participation is capped at 25 individuals. Applicants may propose that one or two complete sessions be offered in their county. Recognizing that commitment at all levels of program administration/delivery is required in order for a program to be culturally competent, all levels of staff must be included in the Cultural Competence Training.

Senior Center Reporting Form

February 27, 2008

Somerset County Nutrition Director implemented new procedure since the 2007 report. On Feb 27 2008, they rolled out a new way for senior center managers to conduct their "outreach." By using this Community Leader Contact Sheet, she hoped it would help remind them of the importance of reaching out to a variety of key community leaders especially those who come in contact with Nutrition Program target populations. Their goal is to identify two new contacts every month. In addition to documenting who they contacted, the organization and which target population my staff believes this contact will put them in touch with, staff will need to indicate what the follow up will be with this contact. Example, if they contact a church leader for a new Asian temple they may plan to invite that leader to an upcoming event as a way of familiarizing that person with what the senior centers offer. Then that leader might promote the Nutrition Program by discussing his/her (positive) experience with his/her congregation.

Senior Center Report from: 1 2 3 4 5 6 10 Due: The third working day after the reporting month

Month	Contact Name	Organization	Which Target Population This Organization May Help You Reach	Follow Up Plan or Activity Planned to Reach out to this Organization's contacts
Jan				
Jan			F V M P	
Feb.			F V M P	
March			F V M P	
April			F V M P	
May			F V M P	
June			F V M P	
July			F V M P	
August			F V M P	
Sept.			F V M P	
Oct.			F V M P	
Nov.			F V M P	
Dec.			F V M P	

\*\* Note: Form was resized for reporting purposes.

## Somerset County Listing of Special Diversity Programs

1. Remembering Martin Luther King
2. “Finding Peace Within,” “Words of Peace,” and “Tools & Techniques for Releasing Tension with Meditation” (3 programs on meditation, Eastern philosophy and practices common in the Eastern part of the world )
3. Yoga/Tai Chi
4. Wedding Customs Around the World
5. Movie: Having Our Say (in honor of Black History Month)
6. Chinese New Year Celebration
7. Chinese New Year with Stir Fry Demo and Lunch
8. Latin Dance Class
9. Sample Seder Celebration/Tu B’Shavat/Rosh Hashanah (upcoming) /Shavuot (These were separate events that described the Jewish heritage and significance of these holidays)
10. The Flavor of Latin America (learning about the culture and sampling a Latin American dish)
11. A Visit to the East Indian Peacock Café – Explore Dining Customs, Traditions and Games
12. Around the World in 80 Minutes with International Musical Performance by Jerry Castalvo
13. Karam (East Indian Board Game similar to Billiards)
14. Learn About Pilipino Cuisine
15. Cinco de Mayo Celebration
16. Polka Party (To celebrate Polish Heritage)
17. English as a Second Language (for Chinese)
18. Diverse Cultures, Sounds and Musical Instruments
19. Participant: Ghaanshyam Patel, award winning photographer and artist shared art of India with senior center members
20. Panini Day (presented with Italian flair)
21. A Touch of Italy
22. Mexican Independence Day
23. Celebrate Japanese Holiday – Respect for the Aged Day
24. Hawaiian Day
25. Learn About Nia – a form of exercise that blends dance, yoga and martial arts
26. Diwali & Celebration of Ghandi’s birthday (upcoming)
27. Hispanic Heritage – Famous Facts Quiz
28. Dominoes (game that is very popular with Latino people)
29. Soul Food – Sharing favorites

## Somerset County Calendar Planning Form for Special Programs

February 27, 2008

This form was created about 3 years ago. The purpose of the form is to provide programming consistency across all senior centers in Somerset County. Each manager is required to plan programs in the categories listed with the frequency listed at the top of each program category column. Note that "International Target Population" is one column. The Nutrition Director reports that "This was the driving force behind how all those cultural programs I listed in yesterday's e-mail were born." (Through previous training, workshops and several brainstorming sessions, managers have developed skill in planning and implementing such programs.)"

**Senior Center**    1    2    3    4    5    6    8    10

M O N T H	Interactive Games (mind stimulation) (Monthly)	Reminiscence (Quarterly)	Mixed Generations or Performances (Quarterly)	International Target Population Cultural Program (Quarterly)	Demo's/ Crafts (Q'y)	Theme Parties (Q'y)	Mind Stimulating Discussion Topic (Quarterly)	Learning/ Health & Safety (Quarterly)	Healthy Food Tasting (Quarterly)	Nutrition Education (Quarterly)	Other

\* Note: Form was resized to fit into report.

## *Appendix F: Survey Instruments and Results*

1. Blank Kick-Off Survey
2. Kick-Off Survey Results
3. Blank Year-One Survey
4. Year-One Survey Results
5. Blank End-of-Project Survey
6. End-of-Project Survey Results
7. Blank Survey: Best Practice Serving Diverse Populations



# STOCKTON

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

## Mission Nutrition Kick-Off Meeting Survey



Introduction:

The goals of the Mission Nutrition Kick-Off Meeting on January 26 were to:

1. Introduce the planning grant, how it relates to your past efforts, and what the plan is for the next year (and two subsequent years),
2. Introduce you to the basics of Logic Models as a tool for effective planning and, and
3. Introduce you to the basics of program evaluation and how Logic Models can assist with this, too.



1 Using the following scale, please rate your prior (*before the meeting*) knowledge and understanding of each of the components listed.

1		2		3		4		5		6		7
No knowledge or understanding						Average knowledge or understanding						Superior knowledge or understanding

The nature and scope of the Nutrition Planning Grant.

1  2  3  4  5  6  7

The nature and process of comprehensive program planning.

1  2  3  4  5  6  7

The use of Logic Modeling for program planning and evaluation.

1  2  3  4  5  6  7

The nature and process of comprehensive program evaluation.

1  2  3  4  5  6  7



---

## Specific Components of the meeting:

Next, please evaluate specific components of the agenda: Ice Breaker, Introduction to the AoA Grant, Introduction to Logic Model (and Planning), Introduction to Evaluation, and Work-Group Break-Outs

---

2 How would you rate the "Ice Breaker"?

Poor

Fair

Good

Excellent

1

2

3

4

---

---

3 Comment and/or suggestion for future activities?

---

## Introduction to the AoA Grant (Mackenzie)

(tie-in to past work, plan for this year & subsequent years)

4 How informative & useful was this presentation for you?

NA, I already knew this information	Not useful	Somewhat Useful	Very Useful
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5 Based on the total time available for this Kick-Off meeting, the amount of material presented in this presentation was:

Too Little	Just Right	Too Much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6 The pace of this presentation was:

Too Slow	Just Right	Too Fast
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7 Please provide comments/suggestions:

## Introduction to the Planning Process using Logic Models (Burdick)

8 How informative & useful was this presentation for you?

NA Not Useful Useful Very Useful

9 Based on the total time available for this Kick-Off meeting, the amount of material presented in this presentation was:

Too Little Just Right Too Much

1 2 3 4 5

10 The pace of this presentation was:

Too Slow Just Right Too Fast

1 2 3 4 5

11 Please provide comments/suggestions:

## Introduction to Program Evaluation (Kaus)

12 How informative & useful was this presentation for you?

NA	Not Useful	Useful	Very Useful
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13 Based on the total time available for this Kick-Off meeting, the amount of material presented in this presentation was:

Too Little	Just Right	Too Much
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14 The pace of this presentation was:

Too Slow	Just Right	Too Fast
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15 Please provide comments/suggestions:



# STOCKTON

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

## Mission Nutrition Kick-Off Meeting Survey

### Workgroup Questions

16 Which workgroup are you a member of?

- Improving service to diverse populations
- Integration into ADRC
- Program operations
- Other, Please Specify

17 Are you content to be in your assigned workgroup?

If no, why not?

18 We attempted to put your workgroup's plan from last year into a basic logic model with the intention of using this to help you build upon your workgroup's plan over the course of the next year.

On a scale of 1 to 10, please indicate how well the basic logic model distributed to your group makes sense to you? In other words, can you see how the efforts you engaged in last year "work" within a logic-model framework and how the framework will help your group to move forward.

Not at all		Moderately well			Very well	
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>	<input type="button" value="6"/>	<input type="button" value="7"/>



# STOCKTON

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

## Mission Nutrition Kick-Off Meeting Survey

### Summary Questions

- 20 In general, how helpful was the information given at the Kick Off Meeting in guiding you toward the proposed year of planning that lies ahead?

Not at all helpful			Moderately helpful			Very helpful
1	2	3	4	5	6	7

- 21 Please rate your knowledge of the following dimensions *at the conclusion of the kick-off meeting*:

1	2	3	4	5	6	7
No knowledge or understanding			Moderate knowledge or understanding			Superior knowledge or understanding

The nature and scope of the Nutrition Planning Grant.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

The nature and process of comprehensive program planning.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

The use of Logic Modeling for program planning and evaluation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

The nature and process of comprehensive program evaluation.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

- 22 What did you especially like about the day's activities?

- 23 What suggestions for change, if any, do you have for the day's content or activities?

**24** In a short paragraph please describe what expectations you have regarding the grant activities you will be engaged in this year.



## Mission Nutrition Kick Off Results Overview



Date: 12/15/2008 9:01 AM PST

Responses: Completes

Filter: No filter applied

Introduction: The goals of the Mission Nutrition Kick-Off Meeting on January 26 were to:

1. Introduce the planning grant, how it relates to your past efforts, and what the plan is for the next year (and two subsequent years),
2. Introduce you to the basics of Logic Models as a tool for effective planning and, and
3. Introduce you to the basics of program evaluation and how Logic Models can assist with this, too.

1. Using the following scale, please rate your prior (*before the meeting*) knowledge and understanding of each of the components listed.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	No knowledge or understanding	2	3	Average knowledge or understanding	5	6	Superior knowledge or understanding
The nature and scope of the Nutrition Planning Grant.	5 21%	3 12%	2 8%	10 42%	3 12%	1 4%	0 0%
The nature and process of comprehensive program planning.	1 4%	2 8%	3 12%	9 38%	5 21%	3 12%	1 4%
The use of Logic Modeling for program planning and evaluation.	4 17%	4 17%	2 8%	8 33%	4 17%	2 8%	0 0%
The nature and process of comprehensive program evaluation.	2 8%	2 8%	2 8%	8 33%	7 29%	2 8%	1 4%

## Specific Components of the meeting:

Next, please evaluate specific components of the agenda: Ice Breaker, Introduction to the AoA Grant, Introduction to Logic Model (and Planning), Introduction to Evaluation, and Work-Group Break-Outs

**2.** How would you rate the "Ice Breaker"?

Poor		2	8%
Fair		3	12%
Good		14	58%
Excellent		5	21%
Total		24	100%

## Introduction to the AoA Grant (Mackenzie)

(tie-in to past work, plan for this year & subsequent years)

**4.** How informative & useful was this presentation for you?

NA, I already knew this information		0	0%
Not useful		0	0%
Somewhat Useful		10	42%
Very Useful		14	58%
Total		24	100%

**5.** Based on the total time available for this Kick-Off meeting, the amount of material presented in this presentation was:

Too Little		0	0%
		0	0%
Just Right		17	71%
		6	25%
Too Much		1	4%
Total		24	100%

**6.** The pace of this presentation was:

Too Slow		0	0%
		2	8%
Just Right		20	83%
		2	8%
Too Fast		0	0%
Total		24	100%

# Introduction to the Planning Process using Logic Models (Burdick)

**8.** How informative & useful was this presentation for you?

NA		0	0%
Not Useful		0	0%
Useful		15	62%
Very Useful		9	38%
Total		24	100%

**9.** Based on the total time available for this Kick-Off meeting, the amount of material presented in this presentation was:

Too Little		0	0%
		0	0%
Just Right		19	79%
		5	21%
Too Much		0	0%
Total		24	100%

**10.** The pace of this presentation was:

Too Slow		0	0%
		4	17%
Just Right		17	71%
		3	12%
Too Fast		0	0%
Total		24	100%

# Introduction to Program Evaluation (Kaus)

**12.** How informative & useful was this presentation for you?

NA		0	0%
Not Useful		1	4%
Useful		13	57%
Very Useful		9	39%
Total		23	100%

**13.** Based on the total time available for this Kick-Off meeting, the amount of material presented in this presentation was:

Too Little		0	0%
		3	13%
Just Right		16	70%
		4	17%
Too Much		0	0%
Total		23	100%

**14.** The pace of this presentation was:

Too Slow		0	0%
		3	13%
Just Right		19	83%
		1	4%
Too Fast		0	0%
Total		23	100%

## Workgroup Questions

**16.** Which workgroup are you a member of?

Improving service to diverse populations		8	33%
Integration into ADRC		7	29%
Program operations		8	33%
Other, Please Specify		1	4%
Total		24	100%

**17.** Are you content to be in your assigned workgroup?

Yes		22	92%
No		2	8%
Total		24	100%
2 Responses			

We attempted to put your workgroup's plan from last year into a basic logic model with the intention of using this to help you build upon your workgroup's plan over the course of the next year.

**18.** On a scale of 1 to 10, please indicate how well the basic logic model distributed to your group makes sense to you? In other words, can you see how the efforts you engaged in last year "work" within a logic-model framework and how the framework will help your group to move forward.

Not at all		0	0%
		2	9%
		1	5%
Moderately well		6	27%
		6	27%
		5	23%
Very well		2	9%
Total		22	100%

## Summary Questions

**19.** In general, how helpful was the information given at the Kick Off Meeting in guiding you toward the proposed year of planning that lies ahead?

Not at all helpful		0	0%
		0	0%
		2	8%
Moderately helpful		4	17%
		8	33%
		5	21%
Very helpful		5	21%
Total		24	100%

**20.** Please rate your knowledge of the following dimensions *at the conclusion of the kick-off meeting*:

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	No knowledge or understanding	2	3	Moderate knowledge or understanding	5	6	Superior knowledge or understanding
The nature and scope of the Nutrition Planning Grant.	0 0%	0 0%	1 4%	8 35%	3 13%	10 43%	1 4%
The nature and process of comprehensive program planning.	0 0%	0 0%	0 0%	8 35%	4 17%	9 39%	2 9%
The use of Logic Modeling for program planning and evaluation.	1 4%	0 0%	1 4%	6 26%	5 22%	9 39%	1 4%
The nature and process of comprehensive program evaluation.	0 0%	0 0%	0 0%	8 35%	7 30%	6 26%	2 9%

Blank Year-One Survey

# Mission Nutrition Planning Grant Survey

End of Year One

## Workgroup Meetings

1 In which workgroup did you *primarily* participate?

- I did not participate in a workgroup.
- Improving Service to Diverse Populations
- Assessment Integration into ADRC
- Program Operations
- Split work evenly between following groups:

2 How often did you attend meetings of your primary workgroup (or its subcommittees) either in person or via telephone conference calls?

All      Most      About Half      Some      None

1

2

3

4

5

3 If you attended less than half of the meetings, please describe the primary reasons for your limited participation.

4 In order to accomplish your workgroup's tasks, the number of face-to-face meetings was:

Not enough      Just right      Too many

1

2

3

4

5

- 5 The length of each face-to-face meeting was generally:

Too short		Just right		Too long
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5



- 6 The location of the meetings was generally:

- Very convenient
- Convenient
- Not convenient, but I appreciate the need for a central location
- Not convenient, and I would prefer that meetings change locations from south, central, and north Jersey
- Other, please specify



# Mission Nutrition Planning Grant Survey

## Additional Workgroup Questions

7 Alternatives to face-to-face workgroup meetings: Please indicate all that may have been effective substitutions for you or select "*The meetings were fine, no need for change*"

- The meetings were fine, no need for change
- Telephone Conference Calls
- E-mail Listservs
- Computer bulletin board with organized discussion where I could post/read messages in my spare time
- Fewer meetings but of greater duration
- Other, please specify

8 Which of the following best characterizes your level of effort in preparing for and providing input to your workgroup *outside of, or beyond actual meetings*.

- Significant time & effort
- Moderate time & effort
- Some time & effort
- No time/effort outside of meetings
- I neither attended workgroup meetings nor provided input
- Other, please specify

9 How much opportunity did you have to provide input to the workgroup?

Significant Moderate Limited

1

2

3

4

5

10 To what degree do you feel that your input, commitment, and expertise has contributed to the workgroup's efforts?

Significantly Moderately Limited

1

2

3

4

5

- 11** Your Workgroup's Progress: For each of the steps/components listed below, please evaluate your workgroup's progress using the scale provided.

1                      2                      3                      4                      5  
Significant                      Moderate                      Minimal

Developing and refining a basic *mission statement* (including priorities, rationale, and assumptions).

1                       2                       3                       4                       5

Developing a list of *resources (or inputs)* for planned activities.

1                       2                       3                       4                       5

Developing a reasonable *implementation timeline* for activities.

1                       2                       3                       4                       5

Identifying specific *activities* needed for completion of project.

1                       2                       3                       4                       5

Identifying specific desired tangible *outputs* of project (e.g. documents, procedures, guidelines).

1                       2                       3                       4                       5

Identifying intended *outcomes* of project (e.g., proposed changes in nutrition program practices or activities).

1                       2                       3                       4                       5

Identifying hoped for long term *impact* of entire project. (e.g. how will your work ultimately lead to improved, more cost-effective, nutrition services).

1                       2                       3                       4                       5

- 
- 12** What was the most important or notable feature of your group's activities for the last 10 months?

- 
- 13** Please provide any other comments or suggestions regarding workgroup progress or workgroup year two plans here.

# Mission Nutrition Planning Grant Survey



## Support for your Efforts



**14** Please rate the quality and quantity of technical support your workgroup received from NJDHSS DACS Staff towards the fulfillment of your workgroup's mission.

Excellent		Good		Poor	Not Applicable
<input type="radio"/>					



**15** Please elaborate on your answer above, providing constructive suggestions for improvement if needed.



**16** Please rate the quality and quantity of technical support your workgroup received from Stockton College towards the fulfillment of your workgroup's mission.

Excellent		Good		Poor	Not Applicable
<input type="radio"/>					



---

**17** Please elaborate on your answer above, providing constructive suggestions for improvement if needed.

---

**18** At the beginning of this year's planning grant, workgroup plans were put into a basic logic model with the intention of helping your group with its planning efforts. Did your group use Logic Models to move your efforts forward?

Yes, extensively	Occasionally	Not at all		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
1	2	3	4	5

---

**19** How useful was the logic model approach in promoting discussion and planning in your group?

Very Helpful	Helpful	Not Helpful		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
1	2	3	4	5

---

**20** Please elaborate on your answer above, providing constructive suggestions for improvement if needed.



# Mission Nutrition Planning Grant Survey

## Plans for Year Two

In this final section we would like to know any final thoughts or suggestions you might have about the plans for all three work groups' recommendations for next year's implementation.

**21** Did you attend the End-of-Year One meeting on September 19, 2006?

**22** Please rate each workgroup's plans for next year in terms of how realistic they are and how likely they are to succeed in their goals/objectives.

1		3		5		6
Very realistic, very likely to succeed	2	Moderately realistic, as likely to succeed as not	4	Not at all realistic, not likely to succeed		Don't know

Program Operations

Assessment Integration into ADRC

Serving Diverse Populations

**23** Please provide any recommendations you have for any of the workgroups that would enhance the project's chances for success.

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**24** Overall Comments ... Last chance: Please make any final comments about Year One of the Mission Nutrition Planninc Grant you might have.





## Mission Nutrition Y1 Posttest Final Results Overview



Date: 10/7/2008 11:24 AM PST  
Responses: Completes  
Filter: No filter applied

### Workgroup Meetings

#### 1. In which workgroup did you *primarily* participate?

I did not participate in a workgroup.		2	7%
Improving Service to Diverse Populations		6	21%
Assessment Integration into ADRC		9	31%
Program Operations		8	28%
Split work evenly between following groups:		4	14%
Total		29	100%

#### 2. How often did you attend meetings of your primary workgroup (or its subcommittees) either in person or via telephone conference calls?

All		4	14%
Most		15	52%
About Half		5	17%
Some		3	10%
None		2	7%
Total		29	100%

#### 4. In order to accomplish your workgroup's tasks, the number of face-to-face meetings was:

Not enough		0	0%
		2	7%
Just right		22	81%
		2	7%
Too many		1	4%
Total		27	100%

**5.** The length of each face-to-face meeting was generally:

Too short		0	0%
		3	11%
Just right		24	86%
		1	4%
Too long		0	0%
Total		28	100%

**6.** The location of the meetings was generally:

Very convenient		9	31%
Convenient		10	34%
Not convenient, but I appreciate the need for a central location		7	24%
Not convenient, and I would prefer that meetings change locations from south, central, and north Jersey		3	10%
Other, please specify		0	0%
Total		29	100%

Additional Workgroup Questions

**7.** Alternatives to face-to-face workgroup meetings: Please indicate all that may have been effective substitutions for you or select *"The meetings were fine, no need for change"*

The meetings were fine, no need for change		16	62%
Telephone Conference Calls		3	12%
E-mail Listservs		4	15%
Computer bulletin board with organized discussion where I could post/read messages in my spare time		4	15%
Fewer meetings but of greater duration		2	8%
Other, please specify		1	4%

**8.** Which of the following best characterizes your level of effort in preparing for and providing input to your workgroup *outside of, or beyond actual meetings*.

Significant time & effort		1	4%
Moderate time & effort		9	35%
Some time & effort		13	50%
No time/effort outside of meetings		2	8%
I neither attended workgroup meetings nor provided input		0	0%
Other, please specify		1	4%
Total		26	100%

**9.** How much opportunity did you have to provide input to the workgroup?

Significant		11	44%
		4	16%
Moderate		8	32%
		0	0%
Limited		2	8%
Total		25	100%

**10.** To what degree do you feel that your input, commitment, and expertise has contributed to the workgroup's efforts?

Significantly		5	20%
		5	20%
Moderately		10	40%
		2	8%
Limited		3	12%
Total		25	100%

**11.**

Your Workgroup's Progress: For each of the steps/components listed below, please evaluate your workgroup's progress using the scale provided.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Significant	2	Moderate	4	Minimal
Developing and refining a basic <i>mission statement</i> (including priorities, rationale, and assumptions).	9 39%	10 43%	2 9%	2 9%	0 0%
Developing a list of <i>resources (or inputs)</i> for planned activities.	8 33%	10 42%	5 21%	1 4%	0 0%
Developing a reasonable <i>implementation timeline</i> for activities.	11 48%	8 35%	2 9%	2 9%	0 0%
Identifying specific <i>activities</i> needed for completion of project.	13 57%	7 30%	2 9%	1 4%	0 0%
Identifying specific desired tangible <i>outputs</i> of project (e.g. documents, procedures, guidelines).	10 43%	6 26%	5 22%	2 9%	0 0%
Identifying intended <i>outcomes</i> of project (e.g., proposed changes in nutrition program practices or activities).	8 35%	10 43%	3 13%	2 9%	0 0%
Identifying hoped for long term <i>impact</i> of entire project. (e.g. how will your work ultimately lead to improved, more cost-effective, nutrition services).	9 38%	8 33%	5 21%	2 8%	0 0%

# Support for your Efforts

**14.** Please rate the quality and quantity of technical support your workgroup received from NJDHSS DACS Staff towards the fulfillment of your workgroup's mission.

Excellent		13	48%
		8	30%
Good		5	19%
		0	0%
Poor		0	0%
Not Applicable		1	4%
Total		27	100%

**16.** Please rate the quality and quantity of technical support your workgroup received from Stockton College towards the fulfillment of your workgroup's mission.

Excellent		8	30%
		6	22%
Good		10	37%
		0	0%
Poor		0	0%
Not Applicable		3	11%
Total		27	100%

**18.** At the beginning of this year's planning grant, workgroup plans were put into a basic logic model with the intention of helping your group with its planning efforts. Did your group use Logic Models to move your efforts forward?

Yes, extensively		5	17%
		8	28%
Occasionally		14	48%
		2	7%
Not at all		0	0%
Total		29	100%

**19.** How useful was the logic model approach in promoting discussion and planning in your group?

Very Helpful		5	20%
		3	12%
Helpful		15	60%
		2	8%
Not Helpful		0	0%
Total		25	100%

# Plans for Year Two

In this final section we would like to know any final thoughts or suggestions you might have about the plans for all three work groups' recommendations for next year's implementation.

**21.** Did you attend the End-of-Year One meeting on September 19, 2006?

Yes		16	55%
No		13	45%
Total		29	100%

**22.** Please rate each workgroup's plans for next year in terms of how realistic they are and how likely they are to succeed in their goals/objectives.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Very realistic, very likely to succeed	2	Moderately realistic, as likely to succeed as not	4	Not at all realistic, not likely to succeed	Don't know
Program Operations	4 17%	7 30%	6 26%	0 0%	0 0%	6 26%
Assessment Integration into ADRC	6 26%	5 22%	4 17%	1 4%	0 0%	7 30%
Serving Diverse Populations	8 35%	8 35%	4 17%	1 4%	0 0%	2 9%

# Mission Nutrition Planning Grant: 2006-2008

(End-of-Project Survey)

## Participant Survey

### Your Workgroup Membership and Contribution

- 1 During the initial year of the Planning Grant (2006), about how often did you attend meetings of your primary workgroup (or its subcommittees) either in person or via telephone conference calls?

All	Most	About Half	Some	None
<input type="radio"/>				
1	2	3	4	5

- 2 Which of the following best characterizes your level of effort preparing for and providing input to your workgroup *outside of, or beyond actual meetings*.

- Significant time & effort
- Moderate time & effort
- Some time & effort
- No time/effort outside of meetings
- I neither attended workgroup meetings nor provided input
- Other, please specify

- 3 Did you attend the Mission Nutrition Planning Grant meeting in Somerset County on June 10, 2008 where various workgroup progress reports were given?

 YES  NO

# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey

### Workgroup Priorities:

In this section, please consider and rate the Priority Statements, Goals and Objectives of each workgroup.

- 4 The **ADRC Integration Workgroup's** Final Priority Statement was to:

**Integrate the NPE assessment process into the ADRC and develop correlated referral processes.**

How important do you believe this priority is for improving the overall effectiveness of NJ's Nutrition Program?

- Very Important
- Moderately Important
- Minimally Important
- Not Important

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**5** The **Cultural Competence Workgroup's** Final Priority Statement was:

**A plan of action is needed to guide NJ's NPE to better meet the needs and preferences of an increasingly ethnically and culturally diverse population. The Project Goals included**

- **Enhance cultural diversity at nutrition sites and senior centers.**
- **Incorporate ethnic meals that represent target groups in each county.**
- **Increase outreach effectiveness resulting in increased participation and satisfaction.**

How important do you believe these priorities are for improving the overall effectiveness of NJ's Nutrition Program?

- Very Important
- Moderately Important
- Minimally Important
- Not Important

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**6** The **Operations Workgroup - Cost Model Subcommittee's** Final Priority Statement was to:

**Develop a cost model(s) that allows for standardized budgets/reporting.**

How important do you believe this priority is for improving the overall effectiveness of NJ's Nutrition Program?

- Very Important
  - Moderately Important
  - Minimally Important
  - Not Important
-

---

**7 The Operations Workgroup - Purchasing**  
**Subcommittee's Final Priority Statement was:**

**To evaluate the cost-effectiveness of various cost options including purchasing methods, group buying and volume purchasing.**

How important do you believe this priority is for improving the overall effectiveness of NJ's Nutrition Program?

- Very Important
- Moderately Important
- Minimally Important
- Not Important



# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey

### Project Results:

The next few questions ask you to consider results from each workgroup or sub-committee. We'll ask you to rate "**Outputs**" (e.g., reports and recommendations provided to others), "**Outcomes**" (how were recommendations and reports utilized), and "**Impact**" (what were or will be the short and long term impacts of each group's efforts).

Please note:

"We realize that you may be unfamiliar with all of the details of each group but we don't want to miss the opportunity to collect important information. Please don't hesitate to answer "Don't Know" if you are unfamiliar with details.

### ADRC-Integration Results

- 8 Output:** The ADRC Workgroup produced the following outputs. Please rate each in terms of its usefulness in accomplishing the group's overall goals & objectives.

1	2	3	4	5	Don't know
Extremely Useful	Very Useful	Useful	Minimally Useful	Not Useful	

Recommendations for modification to MI Choice for use in NPEs.

1  2  3  4  5

Recommendations for use of 20-question screening form in NPEs.

1  2  3  4  5

Model for utilizing intake form, assessment tool and making referrals between NPE and aging service network

1  2  3  4  5

"The Role of Nutrition in Maintaining/Improving Older Adult Health"

1  2  3  4  5

**9 Outcomes:** The questions were presented to and accepted by the ADRC management team, however they have not yet been integrated due to delays in software modification. Despite the delay, can you think of any other outcomes (good or bad, intended or unintended), that resulted from this specific Workgroup's Project?

If yes, please describe briefly:

**10 Impacts:** The Workgroup projected the following impacts from their efforts. Please assess how important you feel each impact ***will be to improving program effectiveness once they are implemented.***

1	2	3	4	5	Don't know
Extremely Important	Very Important	Important	Minimally Important	Not Important	

NPE staff trained in use of MI Choice Tool and 20-question intake form,

Established protocol for referrals between NPE and aging services network.

Single assessment process used by both ADRC and NPE.

Seamless referral process that allows for faster, improved assessment and service delivery for consumers.

**11 Replicable Impacts:** How likely do you feel that the impacts above can be replicated in other counties and other states if they are provided with "Best Practice Guidelines" derived from this project?

1	2	3	4	5	Don't know
Extremely Likely	Very Likely	Likely	Minimally Likely	Not at all Likely	

NPE staff trained in use of MI Choice Tool and 20-question intake form,

1  2  3  4  5

Established protocol for referrals between NPE and aging services network.

1  2  3  4  5

Single assessment process used by both ADRC and NPE.

1  2  3  4  5

Seamless referral process that allows for faster, improved assessment and service delivery for consumers.

1  2  3  4  5

**12 Other Impacts:** Can you think of any other impacts (good or bad, intended or unintended) that resulted or may result from this specific Workgroup's Project?

YES  NO

If yes, please describe briefly:

**SUBMIT** 

# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey

### Cultural Competency Workgroup Results

**13 Output:** The Cultural Competency Workgroup produced the following outputs. Please rate each in terms of its usefulness in helping to accomplish the group's overall goals and objectives.

1	2	3	4	5	
Extremely Useful	Very Useful	Useful	Minimally Useful	Not Useful	Don't know

Best Practice Directory on Innovative Programs Serving Diverse Populations

1     2     3     4     5   

RFP to involve Two Pilot Counties in Two-Year Demonstration Projects

1     2     3     4     5   

Cultural Competence Training for NPE and Senior Center Staff in Pilot Counties

1     2     3     4     5   

Focus Groups to assess needs/wishes of diverse target populations in Pilot Counties

1     2     3     4     5

**14 Outcomes:** The Workgroup's expected outcomes of their efforts included the following. Based on reports provided in June by the Pilot Counties (Somerset and Union), please rate how successful the group has been in obtaining the desired outcomes.

1	2	3	4	5	Don't know
Extremely Successful	Very Successful	Successful	Minimally Successful	Not at all Successful	
<hr/>					
Cultural competency of nutrition provider agencies raised					
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>	<input type="button" value="Don't know"/>
<hr/>					
Cultural competency of program managers raised					
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>	<input type="button" value="Don't know"/>
<hr/>					
Sensitivity of clients to cultural diversity raised					
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>	<input type="button" value="Don't know"/>
<hr/>					
Congregate nutrition sites provide a more welcoming environment					
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>	<input type="button" value="Don't know"/>

**15 Other Outcomes:** Can you think of any other outcomes (good or bad, intended or unintended), that resulted from this specific Workgroup's Project?

If yes, please describe briefly:

**16 Impacts:** The Workgroup's expected impacts included the following. Please assess the degree to which you feel that this impact has already occurred in the Pilot Counties:

1	2	3	4	5	Don't know
Completely		Partially		Not at all	
<hr/>					
Nutrition Sites draw new clients and increase participation among target diverse populations					
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>	<input type="button" value="Don't know"/>
<hr/>					
Quality of Life, Improve & Maintain Health; forestall premature institutionalization and increase length of community based living					
<input type="button" value="1"/>	<input type="button" value="2"/>	<input type="button" value="3"/>	<input type="button" value="4"/>	<input type="button" value="5"/>	<input type="button" value="Don't know"/>

**17 Replicable Impacts:** How likely do you feel that the impacts above can be replicated in other counties and other states if they are provided with "Best Practice Guidelines" derived from this project?

1	2	3	4	5	Don't know
Extremely	Very		Minimally	Not at all	
Likely	Likely	Likely	Likely	Likely	

Nutrition Sites draw new clients and increase participation among target diverse populations

1  2  3  4  5

Quality of Life, Improve & Maintain Health; forestall premature institutionalization and increase length of community based living

1  2  3  4  5

**18 Other Impacts:** Can you think of any other impacts (good or bad, intended or unintended) that resulted from this specific Workgroup's Project?

YES  NO

If yes, please describe briefly:

**SUBMIT** 

Survey Page 4

# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey

### Operations Workgroup, Cost-Model Results

**19 Output:** The Operations/Cost Workgroup Produced the following outputs.. Please rate each in terms of its usefulness in accomplishing the group's overall goals & objectives.

1	2	3	4	5	Don't
Extremely	Very	Useful	Minimally	Not	Know
Useful	Useful		Useful	Useful	

Standardized cost model(s) for use statewide.

1  2  3  4  5

Training curriculum developed.

1  2  3  4  5

**20 Outcomes:** The Workgroup's expected or intended outcomes of their efforts included the following. Please assess the degree to which this outcome has already occurred.

1	2	3	4	5	Don't
Completely		Partially		Not at all	know

AAA professional staff are trained and have greater expertise in budgeting.

1  2  3  4  5

NPE budgets represent accurate program costs.

1  2  3  4  5

Program efficiencies can be assessed uniformly statewide.

1  2  3  4  5

State, counties and local programs can demonstrate program efficiencies.

1  2  3  4  5

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**21 Other Outcomes:** Can you think of any other outcomes (good or bad, intended or unintended), that resulted from this specific Workgroup's Project?

If yes, please describe briefly:

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**22 Impacts:** Can you think of any impacts (good or bad, intended or unintended), which resulted from this specific workgroup's project and the outcomes noted above?

If yes, please describe briefly:

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**23 Replicable Impacts:** Do you feel that the impacts you describe above can be replicated in other states if they are provided with "Best Practice Guidelines" derived from this project?

If yes, please describe briefly:



# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey

### Operations Workgroup - Purchasing Committee Results

**24 Output:** The Purchasing Committee produced the following outputs. Please rate each in terms of its usefulness in accomplishing the group's overall goals & objectives.

1	2	3	4	5	Don't know.
Extremely Useful	Very Useful	Useful	Minimally Useful	Not Useful	

Written report on viability of various purchasing options (including potential cost savings).

1  2  3  4  5

Trained county/local staff on purchasing options.

1  2  3  4  5

**25 Outcomes:** The Workgroup's expected outcomes of their efforts included the following. Please assess the degree to which this outcome has already occurred.

1	2	3	4	5	Don't know
Completely		Partially		Not at all	

County staff have greater expertise on purchasing and bid requirements.

1  2  3  4  5

Strengthened purchasing power of NPE network.

1  2  3  4  5

Cost savings to program based on utilization of new purchasing method(s).

1  2  3  4  5

**26 Other Outcomes:** During the course of this project the State Warehouse reinstated operations, enabling nutrition programs to return to making purchases at discounted prices. Due to this change, efforts to seek other purchasing options were terminated. Despite this positive development, *can you think of any other outcomes* (good or bad, intended or unintended), that resulted from this specific Workgroup's Project?

If yes, please describe briefly:

**27 Impacts:** Can you think of any impacts (good or bad, intended or unintended) that resulted from this group's efforts and the outcomes cited above. For example, were county programs able to cut costs and utilize funds for other program improvements, serving more clients, etc.

If yes, please describe briefly:

**28 Replicable Impacts:** Do you feel that the impacts you describe above can be replicated in other states if they are provided with "Best Practice Guidelines" derived from this project?

If yes, please explain briefly:



# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey

### Your Primary Workgroup - Additional Questions

You are almost done with the survey and we appreciate your patience. Now, we have a couple specific questions about the resources available to your Workgroup, and your group activities. A final section will then ask you about any other general comments or observations.

#### 29 In which workgroup did you *primarily* participate?

- Cultural Competency - Serving Diverse Populations
- ADRC Integration
- Program Operations - Cost Model Committee
- Program Operations - Purchasing Committee
- Split work evenly among 2 or more groups (please answer following questions based on group you spent the most time in).
- I did not participate in a workgroup.



# **Mission Nutrition Planning Grant: 2006-2008**

## **Participant Survey**



### **Additional Questions for Cultural Competence Workgroup**

Your additional input on resources and activities necessary to complete your projects will be most helpful in understanding which program elements were most useful for program success. This will help us to make recommendations regarding successful replication of your efforts.



**30 Resources:** Your Workgroup listed and expected the following resources to be available to assist in the implementation of the group's objectives. Please rate each as to its contributions to the overall effort.

1		2		3		4		5		Didn't Use
Very helpful - couldn't have completed the task without this resource				Moderately helpful				Not at all helpful		

Program Planning Grant Funding

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
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Older Americans Act funding

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
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Center for Health Statistics - Dr. Li

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
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Cultural Competency Subcommittee

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
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Blue Ribbon Panel Members

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
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Stockton staff, state staff, key community leaders

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-----------------------

Other resources, written material, space and people

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-----------------------



**31 Activities (Importance):** The Workgroup formulated the following list of planned activities in order to fulfill its mission. Please consider each activity and indicate how *important* you feel each was to the overall success of the project?

1	2	3	4	5
Extremely Important		Moderately Important		Totally Unimportant

Identify resources available to NPEs to identify ethnic/cultural groups in local catchments.

1      2      3      4      5

Develop and pilot test focus group protocol to identify needs/preferences, reasons for non-participation, etc.

1      2      3      4      5

Foster Cultural Competency among NPE participants, staff, and management.

1      2      3      4      5

Foster sites/centers that communicate welcoming atmosphere to diverse seniors.

1      2      3      4      5

Develop NPE strategies for increasing accessibility to diverse foods.

1      2      3      4      5



**32 Activities (Completion):** Now, please rate how well you feel that the Workgroup *completed* each activity.

1	2	3	4	5	N/A
Excellent	Very Good	Good	Fair	Poorly	

Identify resources available to NPEs to identify ethnic/cultural groups in local catchments.

1      2      3      4      5      N/A

Develop and pilot test focus group protocol to identify needs/preferences, reasons for non-participation, etc.

1      2      3      4      5      N/A

Foster Cultural Competency among NPE participants, staff, and management.

1      2      3      4      5      N/A

Foster sites/centers that communicate welcoming atmosphere to diverse seniors.

1      2      3      4      5      N/A

Develop NPE strategies for increasing accessibility to diverse foods.

1      2      3      4      5      N/A



**33 Comments:** If you wish, make additional comments about Resources and/or Activities here. For example, can you think of other resources which were not available, or activities which were not considered which may be useful for more efficient or effective program replication?



# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey

### Additional Questions for ADRC-Integration Workgroup

Your additional input on resources and activities necessary to complete your projects will be most helpful in understanding which program elements were most useful for program success. This will help us to make recommendations regarding successful replication of your efforts.

**34 Resources:** Your Workgroup listed and expected the following resources to be available to assist in the implementation of the group's objectives. Please rate each as to its contributions to the overall effort.

1 Very helpful - couldn't have completed the task without this resource	2	3 Moderately helpful	4	5 Not at all helpful	Didn't Use
--	---	----------------------------	---	----------------------------	---------------

MI Choice assessment tool and 20-question screening form.

1  2  3  4  5

Warren and Atlantic County pilot experience.

1  2  3  4  5

Tools and protocols currently used by NPEs.

1  2  3  4  5

NAPIS requirements.

1  2  3  4  5

**35 Activities (Importance):** The Workgroup formulated the following list of planned activities in order to fulfill its mission. Please consider each activity and indicate how **important** you feel each was to the overall success of the project?

1	2	3	4	5
Extremely Important		Moderately Important		Totally Unimportant

Assess current tools being used by NPEs for intake/assessment.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Review current MI Choice Tool.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Assess whether Nutrition Risk Survey is imbedded in tool.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Review 20-question screening form.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Identify protocol for intake, assessment and referrals in two ADRC pilot counties.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------

Identify any gaps/recommendations for additions to MI Choice and screening form.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------



**36 Activities (Completion):** Now, please rate how well you feel that the Workgroup *completed* each activity.

1	2	3	4	5	N/A
Excellent	Very Good	Good	Fair	Poorly	

Assess current tools being used by NPEs for intake/assessment.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
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Review current MI Choice Tool. Assess whether Nutrition Risk Survey is imbedded in tool.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
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Review 20-question screening form.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-----------------------

Identify protocol for intake, assessment and referrals in two ADRC pilot counties.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
-------------------------	-------------------------	-------------------------	-------------------------	-------------------------	-----------------------

Identify any gaps/recommendations for additions to MI Choice and screening form.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/>
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**37 Comments:** If you wish, make additional comments about Resources and/or Activities here. For example, can you think of other resources which were not available, or activities which were not considered which may be useful for more efficient or effective program replication?



# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey



### Additional Questions for Operations - Cost Model Group

Your additional input on resources and activities necessary to complete your projects will be most helpful in understanding which program elements were most useful for program success. This will help us to make recommendations regarding successful replication of your efforts.



**38 Resources:** Your Workgroup listed and expected the following resources to be available to assist in the implementation of the group's objectives. Please rate each as to its contributions to the overall effort.

1 Very helpful - couldn't have completed the task without this resource	2	3 Moderately helpful	4	5 Not at all helpful	Didn't Use
--	---	----------------------------	---	----------------------------	---------------

DACS fiscal staff.

<input type="radio"/>					
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County/local expertise.

<input type="radio"/>					
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Models from other states.

<input type="radio"/>					
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DACS existing reporting system/forms.

<input type="radio"/>					
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**39 Activities (Importance):** The Workgroup formulated the following list of planned activities in order to fulfill its mission. Please consider each activity and indicate how **important** you feel each was to the overall success of the project?

1	2	3	4	5
Extremely		Moderately		Totally
Important		Important		Unimportant

Contact other states for models and AoA to determine if standard model exists.

1	2	3	4	5
---	---	---	---	---

Review DACS reporting system/forms

1	2	3	4	5
---	---	---	---	---

Review components local programs use to construct budgets.

1	2	3	4	5
---	---	---	---	---

Evaluate unit cost vs. line item budgets.

1	2	3	4	5
---	---	---	---	---

Evaluate need for more than one cost model.

1	2	3	4	5
---	---	---	---	---

Review match/maintenance of effort issues, order in which federal/state/local funds are spent, and close-out implications.

1	2	3	4	5
---	---	---	---	---

Assess in-kind.

1	2	3	4	5
---	---	---	---	---

Consider impact of extraordinary expenses or one-time influx of funds.

1	2	3	4	5
---	---	---	---	---

Construct cost model(s).

1	2	3	4	5
---	---	---	---	---

Identify local training needs.

1	2	3	4	5
---	---	---	---	---

Review DACS fiscal monitoring tool.

1	2	3	4	5
---	---	---	---	---

Present model(s) to DACS, AAA/DACS Finance Committee, and AAA Executive Directors.

1	2	3	4	5
---	---	---	---	---

Develop and implement training program for accountants, planners, Exec. Directors.

1	2	3	4	5
---	---	---	---	---



**40 Activities (Completion):** Now, please rate how well you feel that the Workgroup *completed* each activity.

1	2	3	4	5	N/A
Excellent	Very Good	Good	Fair	Poorly	

Contact other states for models and AoA to determine if standard model exists.

<input type="radio"/>					
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Review DACS reporting system/forms

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Review components local programs use to construct budgets.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Evaluate unit cost vs. line item budgets.

<input type="radio"/>					
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Evaluate need for more than one cost model.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Review match/maintenance of effort issues, order in which federal/state/local funds are spent, and close-out implications.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Assess in-kind.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Consider impact of extraordinary expenses or one-time influx of funds.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Construct cost model(s).

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Identify local training needs.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Review DACS fiscal monitoring tool.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Present model(s) to DACS, AAA/DACS Finance Committee, and AAA Executive Directors.

<input type="radio"/>					
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Develop and implement training program for accountants, planners, Exec. Directors.

<input type="radio"/>					
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**41 Comments:** If you wish, make additional comments about Resources and/or Activities here. For example, can you think of other resources which were not available, or activities which were not considered which may be useful for more efficient or effective program replication?



# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey

### Additional Questions for Operations - Purchasing Group

Your additional input on resources and activities necessary to complete your projects will be most helpful in understanding which program elements were most useful for program success. This will help us to make recommendations regarding successful replication of your efforts.

**42 Resources:** Your Workgroup listed and expected the following resources to be available to assist in the implementation of the group's objectives. Please rate each as to its contributions to the overall effort.

1 Very helpful - couldn't have completed the task without this resource	2	3 Moderately helpful	4	5 Not at all helpful	Didn't Use
--	---	----------------------------	---	----------------------------	---------------

Various options available in market for purchasing.

1  2  3  4  5

DHSS expertise.

1  2  3  4  5

Local NPE expertise.

1  2  3  4  5

Bid law specialist – NJ Dept. of Community Affairs

1  2  3  4  5

**43 Activities (Importance):** The Workgroup formulated the following list of planned activities in order to fulfill its mission. Please consider each activity and indicate how **important** you feel each was to the overall success of the project?

1	2	3	4	5
Extremely		Moderately		Totally
Important		Important		Unimportant

Collect background info from NPEs, such as type of system in use, sample product lists, etc.

1	2	3	4	5
---	---	---	---	---

Identify potential vendors.

1	2	3	4	5
---	---	---	---	---

Develop specifications (content and format) to request from potential vendors.

1	2	3	4	5
---	---	---	---	---

Distribute specifications and request proposals from potential vendors.

1	2	3	4	5
---	---	---	---	---

Research status of State Distrib Center and State Contract.

1	2	3	4	5
---	---	---	---	---

Evaluate vendor proposals.

1	2	3	4	5
---	---	---	---	---

Present findings to DHSS and AAA Executive Directors.

1	2	3	4	5
---	---	---	---	---

Train county staff on purchasing options.

1	2	3	4	5
---	---	---	---	---



**44 Activities (Completion):** Now, please rate how well you feel that the Workgroup *completed* each activity.

1	2	3	4	5	N/A
Excellent	Very Good	Good	Fair	Poorly	

Collect background info from NPEs, such as type of system in use, sample product lists, etc.

<input type="radio"/>					
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Identify potential vendors.

<input type="radio"/>					
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Develop specifications (content and format) to request from potential vendors.

<input type="radio"/>					
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Distribute specifications and request proposals from potential vendors.

<input type="radio"/>					
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Research status of State Distrib Center and State Contract.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Evaluate vendor proposals.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Present findings to DHSS and AAA Executive Directors.

<input type="radio"/>					
-----------------------	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

Train county staff on purchasing options.

<input type="radio"/>					
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**45 Comments:** If you wish, make additional comments about Resources and/or Activities here. For example, can you think of other resources which were not available, or activities which were not considered which may be useful for more efficient or effective program replication?



# Mission Nutrition Planning Grant: 2006-2008 Participant Survey

## Additional Workgroup Questions

Please give us a brief recap of your feelings about the work of your group and your ability to have an impact.

**46** How much opportunity did you have to provide input to the workgroup?

Significant		Moderate		Limited
<input type="radio"/>				

**47** To what degree do you feel that your input, commitment, and expertise has contributed to the workgroup's efforts?

Significantly		Moderately		Limited
<input type="radio"/>				

**48 Your Workgroup's Progress:** For each of the steps/components listed below, please evaluate your workgroup's overall progress using the scale provided.

1                      2                      3                      4                      5  
Significant                      Moderate                      Minimal

Developing and refining a basic *mission statement* (including priorities, rationnale, and assumptions).

1                       2                       3                       4                       5

Developing a list of *resources (or inputs)* for planned activities.

1                       2                       3                       4                       5

Developing a reasonable *implementation timeline* for activities.

1                       2                       3                       4                       5

Identifying specific *activities* needed for completion of project.

1                       2                       3                       4                       5

Identifying specific desired tangible *outputs* of project (e.g. documents, procedures, guidelines).

1                       2                       3                       4                       5

Achieving or producing these specific *outputs*.

1                       2                       3                       4                       5

Identifying intended *outcomes* of project (e.g., proposed changes in nutrition program praticies or activities).

1                       2                       3                       4                       5

Achieving these intended *outcomes*.

1                       2                       3                       4                       5

Identifying hoped for long term *impact* of entire project. (e.g. how will your work ultilately lead to improved, more cost-effective, nutrition services).

1                       2                       3                       4                       5

Achieving these *impacts*.

1                       2                       3                       4                       5



**49** What was the most important or notable feature of your group's work?



# Mission Nutrition Planning Grant: 2006-2008

## Participant Survey

### Anything Else?

- 50** Please briefly describe how your involvement in this project was useful or important *to you as an individual*.

- 51** As noted earlier, we want this evaluation report to reflect the scope and richness of your collective activities over the 3-Year course of this grant. If you can think of anything else important to share that wasn't covered above, please enter here. If you would like to discuss any other details of the Mission Nutrition Planning Grant, please call or e-mail Dave Burdick, Evaluation Coordinator, at (609) 652-4311, or [David.Burdick@stockton.edu](mailto:David.Burdick@stockton.edu). Thanks!!



## Mission Nutrition Overall Posttest V3 Results Overview



Date: 12/15/2008 9:31 AM PST

Responses: Completes

Filter: No filter applied

### Your Workgroup Membership and Contribution

- 1.** During the initial year of the Planning Grant (2006), about how often did you attend meetings of your primary workgroup (or its subcommittees) either in person or via telephone conference calls?

All		8	35%
Most		6	26%
About Half		2	9%
Some		7	30%
None		0	0%
Total		23	100%

- 2.** Which of the following best characterizes your level of effort preparing for and providing input to your workgroup outside of, or beyond actual meetings.

Significant time & effort		2	9%
Moderate time & effort		7	30%
Some time & effort		11	48%
No time/effort outside of meetings		0	0%
I neither attended workgroup meetings nor provided input		3	13%
Other, please specify		0	0%
Total		23	100%

- 3.** Did you attend the Mission Nutrition Planning Grant meeting in Somerset County on June 10, 2008 where various workgroup progress reports were given?

Yes		9	39%
No		14	61%
Total		23	100%

Workgroup Priorities: In this section, please consider and rate the Priority Statements, Goals and Objectives of each workgroup.

The ADRC Integration Workgroup's Final Priority Statement was to: Integrate the NPE assessment process into the

4. ADRC and develop correlated referral processes. How important do you believe this priority is for improving the overall effectiveness of NJ's Nutrition Program?

Very Important		11	52%
Moderately Important		8	38%
Minimally Important		2	10%
Not Important		0	0%
Total		21	100%

5. The Cultural Competence Workgroup's Final Priority Statement was: A plan of action is needed to guide NJ's NPE to better meet the needs and preferences of an increasingly ethnically and culturally diverse population. The Project Goals included Enhance cultural diversity at nutrition sites and senior centers. Incorporate ethnic meals that represent target groups in each county. Increase outreach effectiveness resulting in increased participation and satisfaction. How important do you believe these priorities are for improving the overall effectiveness of NJ's Nutrition Program?

Very Important		16	73%
Moderately Important		4	18%
Minimally Important		2	9%
Not Important		0	0%
Total		22	100%

6. The Operations Workgroup - Cost Model Subcommittee's Final Priority Statement was to: Develop a cost model(s) that allows for standardized budgets/reporting. How important do you believe this priority is for improving the overall effectiveness of NJ's Nutrition Program?

Very Important		10	48%
Moderately Important		9	43%
Minimally Important		2	10%
Not Important		0	0%
Total		21	100%

7. The Operations Workgroup - Purchasing Subcommittee's Final Priority Statement was: To evaluate the cost-effectiveness of various cost options including purchasing methods, group buying and volume purchasing. How important do you believe this priority is for improving the overall effectiveness of NJ's Nutrition Program?

Very Important		9	43%
Moderately Important		9	43%
Minimally Important		3	14%
Not Important		0	0%
Total		21	100%

Project Results: The next few questions ask you to consider results from each workgroup or sub-committee. We'll ask you to rate "Outputs" (e.g., reports and recommendations provided to others), "Outcomes" (how were recommendations and reports utilized), and "Impact" (what were or will be the short and long term impacts of each group's efforts). Please note: "We realize that you may be unfamiliar with all of the details of each group but we don't want to miss the opportunity to collect important information. Please don't hesitate to answer "Don't Know" if you are unfamiliar with details.

#### ADRC-Integration Results

**8.** Output: The ADRC Workgroup produced the following outputs. Please rate each in terms of its usefulness in accomplishing the group's overall goals & objectives.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Useful	Very Useful	Useful	Minimally Useful	Not Useful	Don't know
Recommendations for modification to MI Choice for use in NPEs.	6 27%	3 14%	6 27%	0 0%	0 0%	7 32%
Recommendations for use of 20-question screening form in NPEs.	7 33%	5 24%	5 24%	1 5%	0 0%	3 14%
Model for utilizing intake form, assessment tool and making referrals between NPE and aging service network	8 36%	5 23%	5 23%	1 5%	0 0%	3 14%
"The Role of Nutrition in Maintaining/Improving Older Adult Health"	11 50%	6 27%	2 9%	1 5%	0 0%	2 9%

**9.** Outcomes: The questions were presented to and accepted by the ADRC management team, however they have not yet been integrated due to delays in software modification. Despite the delay, can you think of any other outcomes (good or bad, intended or unintended), that resulted from this specific Workgroup's Project?

Yes		2	10%
No		19	90%
Total		21	100%
2 Responses			

**10.**

Impacts: The Workgroup projected the following impacts from their efforts. Please assess how important you feel each impact will be to improving program effectiveness once they are implemented.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Important	Very Important	Important	Minimally Important	Not Important	Don't know
NPE staff trained in use of MI Choice Tool and 20-question intake form,	7 32%	5 23%	4 18%	1 5%	0 0%	5 23%
Established protocol for referrals between NPE and aging services network.	8 36%	5 23%	6 27%	0 0%	0 0%	3 14%
Single assessment process used by both ADRC and NPE.	8 36%	5 23%	6 27%	0 0%	0 0%	3 14%
Seamless referral process that allows for faster, improved assessment and service delivery for consumers.	9 41%	4 18%	6 27%	0 0%	0 0%	3 14%

**11.**

Replicable Impacts: How likely do you feel that the impacts above can be replicated in other counties and other states if they are provided with "Best Practice Guidelines" derived from this project?

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Likely	Very Likely	Likely	Minimally Likely	Not at all Likely	Don't know
NPE staff trained in use of MI Choice Tool and 20-question intake form,	4 18%	7 32%	7 32%	1 5%	0 0%	3 14%
Established protocol for referrals between NPE and aging services network.	4 18%	8 36%	7 32%	1 5%	0 0%	2 9%
Single assessment process used by both ADRC and NPE.	4 18%	8 36%	7 32%	1 5%	0 0%	2 9%
Seamless referral process that allows for faster, improved assessment and service delivery for consumers.	3 14%	7 33%	8 38%	1 5%	0 0%	2 10%

**12.** Other Impacts: Can you think of any other impacts (good or bad, intended or unintended) that resulted or may result from this specific Workgroup's Project?

Yes		0	0%
No		21	100%
Total		21	100%
0 Responses			

**Cultural Competency Workgroup Results**

**13.** Output: The Cultural Competency Workgroup produced the following outputs. Please rate each in terms of its usefulness in helping to accomplish the group's overall goals and objectives.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Useful	Very Useful	Useful	Minimally Useful	Not Useful	Don't know
Best Practice Directory on Innovative Programs Serving Diverse Populations	5 23%	7 32%	7 32%	1 5%	0 0%	2 9%
RFP to involve Two Pilot Counties in Two-Year Demonstration Projects	7 32%	4 18%	6 27%	2 9%	0 0%	3 14%
Cultural Competence Training for NPE and Senior Center Staff in Pilot Counties	10 45%	4 18%	4 18%	1 5%	1 5%	2 9%
Focus Groups to assess needs/wishes of diverse target populations in Pilot Counties	7 32%	7 32%	4 18%	2 9%	0 0%	2 9%

- 14.** Outcomes: The Workgroup's expected outcomes of their efforts included the following. Based on reports provided in June by the Pilot Counties (Somerset and Union), please rate how successful the group has been in obtaining the desired outcomes.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Successful	Very Successful	Successful	Minimally Successful	Not at all Successful	Don't know
Cultural competency of nutrition provider agencies raised	3 14%	4 18%	5 23%	2 9%	0 0%	8 36%
Cultural competency of program managers raised	4 18%	4 18%	5 23%	1 5%	0 0%	8 36%
Sensitivity of clients to cultural diversity raised	3 14%	5 23%	5 23%	1 5%	0 0%	8 36%
Congregate nutrition sites provide a more welcoming environment	3 14%	3 14%	5 24%	1 5%	0 0%	9 43%

- 15.** Other Outcomes: Can you think of any other outcomes (good or bad, intended or unintended), that resulted from this specific Workgroup's Project?

Yes		0	0%
No		21	100%
Total		21	100%
1 Responses			

- 16.** Impacts: The Workgroup's expected impacts included the following. Please assess the degree to which you feel that this impact has already occurred in the Pilot Counties:

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Completely	2	Partially	4	Not at all	Don't know
Nutrition Sites draw new clients and increase participation among target diverse populations	2 9%	6 27%	3 14%	2 9%	0 0%	9 41%
Quality of Life, Improve & Maintain Health; forestall premature institutionalization and increase length of community based living	3 14%	2 9%	4 18%	1 5%	0 0%	12 55%

**17.** Replicable Impacts: How likely do you feel that the impacts above can be replicated in other counties and other states if they are provided with "Best Practice Guidelines" derived from this project?

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Likely	Very Likely	Likely	Minimally Likely	Not at all Likely	Don't know
Nutrition Sites draw new clients and increase participation among target diverse populations	2 10%	4 19%	7 33%	1 5%	0 0%	7 33%
Quality of Life, Improve & Maintain Health; forestall premature institutionalization and increase length of community based living	3 14%	2 10%	6 29%	1 5%	0 0%	9 43%

**18.** Other Impacts: Can you think of any other impacts (good or bad, intended or unintended) that resulted from this specific Workgroup's Project?

Yes		0	0%
No		18	100%
Total		18	100%
2 Responses			

Operations Workgroup, Cost-Model Results

**19.** Output: The Operations/Cost Workgroup Produced the following outputs.. Please rate each in terms of its usefulness in accomplishing the group's overall goals & objectives.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Useful	Very Useful	Useful	Minimally Useful	Not Useful	Don't Know
Standardized cost model(s) for use statewide.	5 23%	1 5%	10 45%	1 5%	1 5%	4 18%
Training curriculum developed.	4 19%	2 10%	9 43%	0 0%	0 0%	6 29%

**20.**

Outcomes: The Workgroup's expected or intended outcomes of their efforts included the following. Please assess the degree to which this outcome has already occurred.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Completely	2	Partially	4	Not at all	Don't know
AAA professional staff are trained and have greater expertise in budgeting.	3 14%	4 18%	5 23%	2 9%	0 0%	8 36%
NPE budgets represent accurate program costs.	3 14%	3 14%	3 14%	4 19%	2 10%	6 29%
Program efficiencies can be assessed uniformly statewide.	3 14%	5 23%	3 14%	3 14%	2 9%	6 27%
State, counties and local programs can demonstrate program efficiencies.	3 14%	6 27%	4 18%	2 9%	1 5%	6 27%

**21.**

Other Outcomes: Can you think of any other outcomes (good or bad, intended or unintended), that resulted from this specific Workgroup's Project?

Yes		1	5%
No		20	95%
Total		21	100%
2 Responses			

**22.**

Impacts: Can you think of any impacts (good or bad, intended or unintended), which resulted from this specific workgroup's project and the outcomes noted above?

Yes		0	0%
No		20	100%
Total		20	100%
2 Responses			

**23.**

Replicable Impacts: Do you feel that the impacts you describe above can be replicated in other states if they are provided with "Best Practice Guidelines" derived from this project?

Yes		2	11%
No		17	89%
Total		19	100%
0 Responses			

Operations Workgroup - Purchasing Committee Results

**24.** Output: The Purchasing Committee produced the following outputs. Please rate each in terms of its usefulness in accomplishing the group's overall goals & objectives.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Useful	Very Useful	Useful	Minimally Useful	Not Useful	Don't know.
Written report on viability of various purchasing options (including potential cost savings).	2 9%	2 9%	8 36%	1 5%	1 5%	8 36%
Trained county/local staff on purchasing options.	2 9%	0 0%	9 41%	2 9%	1 5%	8 36%

**25.** Outcomes: The Workgroup's expected outcomes of their efforts included the following. Please assess the degree to which this outcome has already occurred.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Completely	2	Partially	4	Not at all	Don't know
County staff have greater expertise on purchasing and bid requirements.	2 9%	2 9%	6 27%	1 5%	1 5%	10 45%
Strengthened purchasing power of NPE network.	2 9%	1 5%	5 23%	1 5%	1 5%	12 55%
Cost savings to program based on utilization of new purchasing method(s).	2 10%	3 14%	2 10%	2 10%	1 5%	11 52%

**26.** Other Outcomes: During the course of this project the State Warehouse reinstated operations, enabling nutrition programs to return to making purchases at discounted prices. Due to this change, efforts to seek other purchasing options were terminated. Despite this positive development, can you think of any other outcomes (good or bad, intended or unintended), that resulted from this specific Workgroup's Project?

Yes		0	0%
No		21	100%
Total		21	100%
1 Responses			

**27.** Impacts: Can you think of any impacts (good or bad, intended or unintended) that resulted from this group's efforts and the outcomes cited above. For example, were county programs able to cut costs and utilize funds for other program improvements, serving more clients, etc.

Yes		1	5%
No		19	95%
Total		20	100%
1 Responses			

**28.** Replicable Impacts: Do you feel that the impacts you describe above can be replicated in other states if they are provided with "Best Practice Guidelines" derived from this project?

Yes		2	10%
No		18	90%
Total		20	100%
0 Responses			

Your Primary Workgroup - Additional Questions You are almost done with the survey and we appreciate your patience. Now, we have a couple specific questions about the resources available to your Workgroup, and your group activities. A final section will then ask you about any other general comments or observations.

**29.** In which workgroup did you primarily participate?

Cultural Competency - Serving Diverse Populations		5	22%
ADRC Integration		3	13%
Program Operations - Cost Model Committee		4	17%
Program Operations - Purchasing Committee		0	0%
Split work evenly among 2 or more groups (please answer following questions based on group you spent the most time in).		4	17%
I did not participate in a workgroup.		7	30%
Total		23	100%

Additional Questions for Cultural Competence Workgroup Your additional input on resources and activities necessary to complete your projects will be most helpful in understanding which program elements were most useful for program success. This will help us to make recommendations regarding successful replication of your efforts.

Resources: Your Workgroup listed and expected the following resources to be available to assist in the

**30.** implementation of the group's objectives. Please rate each as to its contributions to the overall effort.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Very helpful - couldn't have completed the task without this resource	2	Moderately helpful	4	Not at all helpful	Didn't Use
Program Planning Grant Funding	2 40%	0 0%	2 40%	1 20%	0 0%	0 0%
Older Americans Act funding	2 40%	0 0%	3 60%	0 0%	0 0%	0 0%
Center for Health Statistics - Dr. Li	0 0%	2 40%	2 40%	0 0%	0 0%	1 20%
Cultural Competency Subcommittee	2 40%	0 0%	2 40%	0 0%	0 0%	1 20%
Blue Ribbon Panel Members	0 0%	2 40%	2 40%	0 0%	0 0%	1 20%
Stockton staff, state staff, key community leaders	1 20%	2 40%	1 20%	0 0%	0 0%	1 20%
Other resources, written material, space and people	1 20%	1 20%	2 40%	0 0%	0 0%	1 20%

**31.**

Activities (Importance): The Workgroup formulated the following list of planned activities in order to fulfill its mission. Please consider each activity and indicate how important you feel each was to the overall success of the project?

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Important	2	Moderately Important	4	Totally Unimportant
Identify resources available to NPEs to identify ethnic/cultural groups in local catchments.	3 60%	0 0%	2 40%	0 0%	0 0%
Develop and pilot test focus group protocol to identify needs/preferences, reasons for non-participation, etc.	3 60%	1 20%	1 20%	0 0%	0 0%
Foster Cultural Competency among NPE participants, staff, and management.	2 40%	2 40%	1 20%	0 0%	0 0%
Foster sites/centers that communicate welcoming atmosphere to diverse seniors.	2 40%	2 40%	1 20%	0 0%	0 0%
Develop NPE strategies for increasing accessibility to diverse foods.	3 60%	1 20%	1 20%	0 0%	0 0%

Activities (Completion): Now, please rate how well you feel that the Workgroup completed each activity.

Activities (Completion): Now, please rate how well you feel that the Workgroup completed each activity.

**32.**

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Excellent	Very Good	Good	Fair	Poorly	N/A
Identify resources available to NPEs to identify ethnic/cultural groups in local catchments.	2 40%	0 0%	3 60%	0 0%	0 0%	0 0%
Develop and pilot test focus group protocol to identify needs/preferences, reasons for non-participation, etc.	2 40%	0 0%	3 60%	0 0%	0 0%	0 0%
Foster Cultural Competency among NPE participants, staff, and management.	1 20%	1 20%	3 60%	0 0%	0 0%	0 0%
Foster sites/centers that communicate welcoming atmosphere to diverse seniors.	1 20%	0 0%	4 80%	0 0%	0 0%	0 0%
Develop NPE strategies for increasing accessibility to diverse foods.	1 20%	1 20%	3 60%	0 0%	0 0%	0 0%

Additional Questions for ADRC-Integration Workgroup Your additional input on resources and activities necessary to complete your projects will be most helpful in understanding which program elements were most useful for program success. This will help us to make recommendations regarding successful replication of your efforts.

**34.**

Resources: Your Workgroup listed and expected the following resources to be available to assist in the implementation of the group's objectives. Please rate each as to its contributions to the overall effort.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Very helpful - couldn't have completed the task without this resource	2	Moderately helpful	4	Not at all helpful	Didn't Use
MI Choice assessment tool and 20-question screening form.	3 100%	0 0%	0 0%	0 0%	0 0%	0 0%
Warren and Atlantic County pilot experience.	2 67%	1 33%	0 0%	0 0%	0 0%	0 0%
Tools and protocols currently used by NPEs.	3 100%	0 0%	0 0%	0 0%	0 0%	0 0%
NAPIS requirements.	2 67%	1 33%	0 0%	0 0%	0 0%	0 0%

**35.**

Activities (Importance): The Workgroup formulated the following list of planned activities in order to fulfill its mission. Please consider each activity and indicate how important you feel each was to the overall success of the project?

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Important	2	Moderately Important	4	Totally Unimportant
Assess current tools being used by NPEs for intake/assessment.	2 67%	1 33%	0 0%	0 0%	0 0%
Review current MI Choice Tool.	1 33%	2 67%	0 0%	0 0%	0 0%
Assess whether Nutrition Risk Survey is imbedded in tool.	3 100%	0 0%	0 0%	0 0%	0 0%
Review 20-question screening form.	1 33%	2 67%	0 0%	0 0%	0 0%
Identify protocol for intake, assessment and referrals in two ADRC pilot counties.	2 67%	1 33%	0 0%	0 0%	0 0%
Identify any gaps/recommendations for additions to MI Choice and screening form.	3 100%	0 0%	0 0%	0 0%	0 0%

**36.**

Activities (Completion): Now, please rate how well you feel that the Workgroup completed each activity.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Excellent	Very Good	Good	Fair	Poorly	N/A
Assess current tools being used by NPEs for intake/assessment.	2 67%	1 33%	0 0%	0 0%	0 0%	0 0%
Review current MI Choice Tool. Assess whether Nutrition Risk Survey is imbedded in tool.	2 67%	1 33%	0 0%	0 0%	0 0%	0 0%
Review 20-question screening form.	2 67%	1 33%	0 0%	0 0%	0 0%	0 0%
Identify protocol for intake, assessment and referrals in two ADRC pilot counties.	2 100%	0 0%	0 0%	0 0%	0 0%	0 0%
Identify any gaps/recommendations for additions to MI Choice and screening form.	3 100%	0 0%	0 0%	0 0%	0 0%	0 0%

Additional Questions for Operations - Cost Model Group Your additional input on resources and activities necessary to complete your projects will be most helpful in understanding which program elements were most useful for program success. This will help us to make recommendations regarding successful replication of your efforts.

**38.** Resources: Your Workgroup listed and expected the following resources to be available to assist in the implementation of the group's objectives. Please rate each as to its contributions to the overall effort.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Very helpful - couldn't have completed the task without this resource	2	Moderately helpful	4	Not at all helpful	Didn't Use
DACS fiscal staff.	3 75%	0 0%	1 25%	0 0%	0 0%	0 0%
County/local expertise.	3 75%	0 0%	0 0%	1 25%	0 0%	0 0%
Models from other states.	1 25%	0 0%	3 75%	0 0%	0 0%	0 0%
DACS existing reporting system/forms.	1 25%	1 25%	1 25%	1 25%	0 0%	0 0%

**39.**

Activities (Importance): The Workgroup formulated the following list of planned activities in order to fulfill its mission. Please consider each activity and indicate how important you feel each was to the overall success of the project?

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Important	2	Moderately Important	4	Totally Unimportant
Contact other states for models and AoA to determine if standard model exists.	1 25%	2 50%	1 25%	0 0%	0 0%
Review DACS reporting system/forms	1 25%	3 75%	0 0%	0 0%	0 0%
Review components local programs use to construct budgets.	1 25%	3 75%	0 0%	0 0%	0 0%
Evaluate unit cost vs. line item budgets.	1 25%	3 75%	0 0%	0 0%	0 0%
Evaluate need for more than one cost model.	2 50%	2 50%	0 0%	0 0%	0 0%
Review match/maintenance of effort issues, order in which federal/state/local funds are spent, and close-out implications.	1 25%	3 75%	0 0%	0 0%	0 0%
Assess in-kind.	1 25%	3 75%	0 0%	0 0%	0 0%
Consider impact of extraordinary expenses or one-time influx of funds.	1 25%	3 75%	0 0%	0 0%	0 0%
Construct cost model(s).	1 25%	3 75%	0 0%	0 0%	0 0%
Identify local training needs.	2 50%	1 25%	1 25%	0 0%	0 0%
Review DACS fiscal monitoring tool.	1 25%	3 75%	0 0%	0 0%	0 0%
Present model(s) to DACS, AAA/DACS Finance Committee, and AAA Executive Directors.	2 50%	2 50%	0 0%	0 0%	0 0%
Develop and implement training program for accountants, planners, Exec. Directors.	3 75%	1 25%	0 0%	0 0%	0 0%

**40.** Activities (Completion): Now, please rate how well you feel that the Workgroup completed each activity.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Excellent	Very Good	Good	Fair	Poorly	N/A
Contact other states for models and AoA to determine if standard model exists.	1 25%	1 25%	1 25%	0 0%	0 0%	1 25%
Review DACS reporting system/forms	1 25%	2 50%	0 0%	0 0%	0 0%	1 25%
Review components local programs use to construct budgets.	1 25%	2 50%	1 25%	0 0%	0 0%	0 0%
Evaluate unit cost vs. line item budgets.	1 25%	2 50%	1 25%	0 0%	0 0%	0 0%
Evaluate need for more than one cost model.	1 25%	3 75%	0 0%	0 0%	0 0%	0 0%
Review match/maintenance of effort issues, order in which federal/state/local funds are spent, and close-out implications.	1 25%	2 50%	1 25%	0 0%	0 0%	0 0%
Assess in-kind.	1 25%	2 50%	1 25%	0 0%	0 0%	0 0%
Consider impact of extraordinary expenses or one-time influx of funds.	1 25%	2 50%	1 25%	0 0%	0 0%	0 0%
Construct cost model(s).	1 25%	2 50%	1 25%	0 0%	0 0%	0 0%
Identify local training needs.	1 25%	2 50%	1 25%	0 0%	0 0%	0 0%
Review DACS fiscal monitoring tool.	1 25%	2 50%	1 25%	0 0%	0 0%	0 0%
Present model(s) to DACS, AAA/DACS Finance Committee, and AAA Executive Directors.	1 25%	2 50%	0 0%	0 0%	0 0%	1 25%
Develop and implement training program for accountants, planners, Exec. Directors.	1 25%	1 25%	1 25%	0 0%	0 0%	1 25%

Additional Questions for Operations - Purchasing Group Your additional input on resources and activities necessary to complete your projects will be most helpful in understanding which program elements were most useful for program success. This will help us to make recommendations regarding successful replication of your efforts.

**42.** Resources: Your Workgroup listed and expected the following resources to be available to assist in the implementation of the group's objectives. Please rate each as to its contributions to the overall effort.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Very helpful - couldn't have completed the task without this resource	2	Moderately helpful	4	Not at all helpful	Didn't Use
Various options available in market for purchasing.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
DHSS expertise.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Local NPE expertise.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Bid law specialist – NJ Dept. of Community Affairs	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%

**43.** Activities (Importance): The Workgroup formulated the following list of planned activities in order to fulfill its mission. Please consider each activity and indicate how important you feel each was to the overall success of the project?

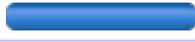
Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Extremely Important	2	Moderately Important	4	Totally Unimportant
Collect background info from NPEs, such as type of system in use, sample product lists, etc.	0 0%	0 0%	0 0%	0 0%	0 0%
Identify potential vendors.	0 0%	0 0%	0 0%	0 0%	0 0%
Develop specifications (content and format) to request from potential vendors.	0 0%	0 0%	0 0%	0 0%	0 0%
Distribute specifications and request proposals from potential vendors.	0 0%	0 0%	0 0%	0 0%	0 0%
Research status of State Distrib Center and State Contract.	0 0%	0 0%	0 0%	0 0%	0 0%
Evaluate vendor proposals.	0 0%	0 0%	0 0%	0 0%	0 0%
Present findings to DHSS and AAA Executive Directors.	0 0%	0 0%	0 0%	0 0%	0 0%
Train county staff on purchasing options.	0 0%	0 0%	0 0%	0 0%	0 0%

**44.** Activities (Completion): Now, please rate how well you feel that the Workgroup completed each activity.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Excellent	Very Good	Good	Fair	Poorly	N/A
Collect background info from NPEs, such as type of system in use, sample product lists, etc.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Identify potential vendors.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Develop specifications (content and format) to request from potential vendors.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Distribute specifications and request proposals from potential vendors.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Research status of State Distrib Center and State Contract.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Evaluate vendor proposals.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Present findings to DHSS and AAA Executive Directors.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
Train county staff on purchasing options.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%

Additional Workgroup Questions Please give us a brief recap of your feelings about the work of your group and your ability to have an impact.

**46.** How much opportunity did you have to provide input to the workgroup?

Significant		7	44%
		4	25%
Moderate		5	31%
		0	0%
Limited		0	0%
<b>Total</b>		<b>16</b>	<b>100%</b>

**47.** To what degree do you feel that your input, commitment, and expertise has contributed to the workgroup's efforts?

Significantly		5	31%
		6	38%
Moderately		4	25%
		0	0%
Limited		1	6%
Total		16	100%

**48.** Your Workgroup's Progress: For each of the steps/components listed below, please evaluate your workgroup's overall progress using the scale provided.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Significant	2	Moderate	4	Minimal
Developing and refining a basic mission statement (including priorities, rationale, and assumptions).	7 44%	6 38%	3 19%	0 0%	0 0%
Developing a list of resources (or inputs) for planned activities.	6 38%	5 31%	5 31%	0 0%	0 0%
Developing a reasonable implementation timeline for activities.	6 38%	8 50%	2 12%	0 0%	0 0%
Identifying specific activities needed for completion of project.	6 38%	6 38%	4 25%	0 0%	0 0%
Identifying specific desired tangible outputs of project (e.g. documents, procedures, guidelines).	7 44%	4 25%	5 31%	0 0%	0 0%
Achieving or producing these specific outputs.	4 25%	5 31%	7 44%	0 0%	0 0%
Identifying intended outcomes of project (e.g., proposed changes in nutrition program practices or activities).	5 31%	6 38%	5 31%	0 0%	0 0%
Achieving these intended outcomes.	4 25%	7 44%	5 31%	0 0%	0 0%
Identifying hoped for long term impact of entire project. (e.g. how will your work ultimately lead to improved, more cost-effective, nutrition services).	5 31%	6 38%	5 31%	0 0%	0 0%
Achieving these impacts.	3 21%	7 50%	4 29%	0 0%	0 0%



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## Senior Nutrition Programs: Promising Practices for Diverse Populations

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1 Please indicate the type(s) of successful project(s) or activities you will describe. (Check all that apply)

- Food/Menu
- Language
- Environment
- Outreach
- Health Promotion
- Staffing/Volunteers
- Nutrition Counseling
- Nutrition Education
- Other, please specify

---

2 Project Title:

---

3 Organization/Agency Name:

---

4 Needs/Problems project is designed to address:

---

5 Goals/Objectives of the project:

- 6 Specific target population(s) (for example, list Korean seniors, rather than Asian seniors, or Cuban Seniors instead of Hispanic seniors):

- 7 Project Description: In 500 words or less, please describe your innovative project.

- 8 Type of facility hosting project. (Check all that apply)

- Senior Center
- Nutrition Site
- Church
- Other, please specify

- 9 Community Setting(s) (Check all that apply)

- Urban
- Suburban
- Rural
- Frontier

- 10 Is the innovative project offered via? (Check all that apply)

- Single Center
- Multiple Sites
- Home Delivered

- 11 For the innovative project component only:

What is the unduplicated monthly client count?

How many meals are served monthly?

---

12 What is/was the intended project duration?

- Ongoing – planned to continue indefinitely.
- Ongoing – but not sustainable.
- Limited duration. Indicate duration (in months)

---

13 If the project was planned as ongoing but not sustainable, please describe reasons.

---

14 Please describe what strategies you used to promote this new project to the target population.

---

15 Please list any partners and their contributions to your successful project.

---

16 What was the overall cost of the project/innovation?

---

17 What was/were the source(s) of funds for the innovative project? Please indicate approximate percentage of total provided by each.

Federal	<input type="text"/>
State	<input type="text"/>
County/Municipal	<input type="text"/>
Private/ Foundation	<input type="text"/>
Donations	<input type="text"/>
Fundraising Events	<input type="text"/>
Other (Please specify)	<input type="text"/>
None	<input type="text"/>

**18** List any barriers or problems encountered and how were they addressed?

**19** Describe your program evaluation and/or outcomes:

**20** Please supply your contact information.

Name:

Position of Contact:

Organization:

Address :

City/Town:

State/Province & Zip:

Phone:

Website:

Email Address:

**21** Additional information/comments:



