



Technical Assistance and Training Needs Assessment Evaluation

Gap Analysis and Training Strategy Recommendations Report

Final - September 30, 2020

This project was supported, in part by grant number 90PPNU0001 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, DC 20201.



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Executive Summary

Meals on Wheels America on behalf of the National Resource Center on Nutrition and Aging (NRCNA) – hosted through a cooperative agreement with the Administration for Community Living (ACL) – contracted with Kauffman and Associates, Inc., (KAI) to conduct a technical assistance and training needs assessment evaluation on the business drivers and training and technical assistance needs of senior nutrition programs. As part of the evaluation, KAI conducted an environmental scan to identify business drivers and a gap analysis to identify areas in need of training and technical assistance. Additionally, the gap analysis identified recommendations for training strategies to fill the identified gaps.

The environmental scan analyzed peer-reviewed and gray literature for specific business drivers that impact the sustainability, competitiveness, and business acumen of nutrition programs. These drivers can help programs generate innovative business solutions to meet the nutrition needs of the aging U.S. population, even during times of limited funding. The literature identified the following business drivers:

- Adapting to market changes and develop new business models
- Addressing competition with for-profit food service companies
- Serving an increasingly diverse client population
- Securing and managing multiple funding sources
- Engage in partnerships with health care entities
- Nutrition-focused staff and strong understanding of nutrition basics

The environmental scan identified the following training opportunities:

- Partnerships and integration between community-based organizations and health care entities
- The need for a greater understanding of social determinants of health
- Innovations for sustainability in billing and payments
- Innovations in the delivery of congregate and home-delivered meals

A mixed methods evaluation was conducted, including an environmental scan, as well as virtual focus group conversations, and in-depth phone interviews with subject matter experts. The evaluation identified the following eight areas of need for further training and technical assistance:

- Entrepreneurial skills and business mindset
- Skills to develop inventive partnerships
- Basic nutrition knowledge and availability of nutritionists
- Skills to work with an increasingly diverse client population
- Regional, local, and rural training opportunities
- Needs assessment training
- Preparedness to provide medically tailored meals
- Technology skills and access

Subject matter experts recommended the following strategies to help fill the training and technical assistance gaps:

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- Obtain input from multiple levels of senior nutrition program staff on training
- Provide training based on staff roles and experience levels
- Offer peer-to-peer training opportunities in a virtual format
- Provide more training to address basic nutrition education
- Provide pre-recorded, modular trainings and video formats
- Provide training based on geographic needs
- Provide emergency preparedness training
- Provide training on needs assessments and market analyses

This environmental scan illuminated several opportunities for NCRNA to further develop its excellent training curriculum to meet the evolving needs of senior nutrition programs. Senior nutrition programs are challenged with funding shortfalls and meeting the needs of a culturally and geographically diverse client population. Most of the findings of the study validated previous studies. Major health events, like the COVID-19 pandemic that broke out during the time of this study has critical impact on the programming of senior nutrition services, making these recommendations timely if not urgent. NCRNA has the opportunity to develop innovative trainings such as virtual peer-to-peer learning sessions, in combination with virtual didactic seminars. There are opportunities to address the major business drivers, support business acumen by offering a business learning series or establishing an innovations institute for senior nutrition programs. Trainings will be more effective if roles and geographic diversity are taken into account.

Introduction

Meals on Wheels America on behalf of the National Resource Center on Nutrition and Aging (NRCNA) contracted with Kauffman and Associates, Inc., (KAI) to conduct a technical assistance and training needs assessment evaluation. The evaluation focused on the business drivers and training and technical assistance needs of senior nutrition programs. The evaluation included the following components:

- **An environmental scan** to assess and summarize the training opportunities and key business drivers of the nutrition and aging landscape
- **A virtual focus group** with five subject matter experts (SMEs) and **four in-depth phone interviews** with SMEs
- **A national survey of nutrition and aging program staff**, including support staff, middle management, high-level management, and leadership

This report details the following components of this evaluation:

- Background information on the nutrition and aging landscape
- The evaluation methodology
- The gap analysis
- Training strategy recommendations and
- Evaluation findings from the environmental scan, focus group and interviews, and the survey

Background

The rapidly aging and increasingly diverse U.S. population, evolving impacts of the COVID-19 pandemic, and increasing rates of food insecurity mean that the nutrition and aging services network is more essential than ever. The Population Reference Bureau estimates that the number of adults aged 65 years or older in the United States is projected to nearly double from 52 million in 2018 to 95 million in 2060, increasing from 16% of the population to 23% (Population Reference Bureau, 2020). The Population Reference Bureau also estimates that the older, non-Hispanic white adult population will decrease from 77% to 55% between 2018 and 2060. Due to increases in unemployment and poverty associated with COVID-19, Feeding America estimates that the number of food-insecure individuals could increase from 9.9 million to 17.1 million.

Under the Patient Protection and Affordable Care Act of 2010, health care reform adopted the Triple Aim of Health Care framework: decreased cost, improved quality of care, and improved health outcomes (Institute for Healthcare Improvement, 2020). Since proper nutrition is an essential component of healthy aging, senior nutrition programs are a key component to achieving the Triple Aim for this segment of the population. As a result, new payment models based on the quality of health outcomes provide opportunities for interdisciplinary teams of providers, including senior nutrition program staff, to work together across the continuum of care, and for health systems to work with these community-based services providers in new ways.

Given the complex environment, the business drivers and training needs of senior nutrition programs are also evolving. Senior nutrition programs face increasing demands for greater food variety, menu choice, personalization and quality among a growing and increasingly diverse client population. At the same time there is the reality of decreased funding at the federal, state and local levels in aging services. Senior nutrition programs are experiencing growing competition from for-profit meal delivery and catering companies. As a result, senior nutrition programs need training and technical assistance to successfully meet these challenges through more innovative business models and strategic partnerships while still meeting the nutrition needs of the most vulnerable seniors.

While the challenges are significant, there are opportunities to build on these business drivers and improve training and technical assistance. Opportunities exist for providers to partner to improve and augment the array of services and supports aging Americans need to remain independent and healthy. Changes in the health care landscape and innovations in the delivery of nutrition programs may engender strong partnerships and new business models.

Methodology

To assess the business drivers and training and technical assistance needs of senior nutrition programs, KAI conducted a mixed-method evaluation through qualitative methods of an environmental scan, in-depth interviews, and a focus group. These qualitative methodologies prefaced the quantitative component of a training and technical assistance survey. Below is a brief description of each component of the evaluation methodology. More in-depth information on the methodology and findings for each component is available in the Evaluation Findings section, starting on page 14.

- **Environmental scan:** To assess the key business drivers, training opportunities, and gaps, KAI conducted an environmental scan, which included a literature review and an inventory of available training opportunities. For the literature review, KAI conducted a thorough review of gray and peer-reviewed, published literature. For the inventory of training opportunities, KAI conducted searches of national, state, regional, and local agencies and nonprofit organizations. Findings from the environmental scan informed the development of the focus group and interview questions and the survey sample and questions.
- **Focus group and interviews:** After completing the environmental scan, KAI conducted one focus group with five subject matter experts (SMEs) and four in-depth interviews with SMEs to build on the findings from the environmental scan and further inform the development of the needs assessment survey. The interview and focus group questions focused on the sustainability of senior nutrition programs and their competition, business drivers, gaps in training, and suggestions for training. They also drew on themes identified from the environmental scan as question probes, including the importance of innovative business models, partnerships, and needs assessments. SMEs were also asked to provide suggestions on which groups to distribute the survey to.
- **Training and Technical Assistance Survey:** The findings from the environmental scan, focus group, and interviews informed the survey questions and the survey sample. The survey was distributed to a convenience sample, a broad list of approximately 6,000 aging services professionals at the state, regional and local levels, and national partner aging services agencies

via email. Survey questions were developed based on themes from the environmental scan, focus group, and interviews, and areas of interest identified by NRCNA. The survey consisted of 33 questions.

- **Follow-up conversations with SMEs:** To further assess themes identified in the survey data, KAI conducted short follow-up calls with SMEs who were recommended by NRCNA. Two SMEs provided information via email responses.

KAI analyzed and compared findings from the environmental scan, SME focus group and interviews, and survey to identify themes about the business drivers and training and technical assistance needs of senior nutrition programs. This method of data collection allows for data source triangulation, in which the researchers collected data through multiple methods and sources to validate it and gain multiple perspectives (Carter, et. al., 2014).

Gap Analysis

The gap analysis identified the following eight areas of need for further training and technical assistance, each of which are further described in this section:

- Entrepreneurial skills and business mindset
- Skills to develop inventive partnerships
- Basic nutrition knowledge and availability of nutritionists
- Skills to work with an increasingly diverse client population
- Regional, local, and rural training opportunities
- Needs assessment training
- Preparedness to provide medically tailored meals
- Technology skills and access

Entrepreneurial skills and business mindset

Throughout the evaluation, entrepreneurial skills and a business mindset came up as important areas where senior nutrition program staff need more training. From the environmental scan, the literature stresses the importance of innovative business models and social enterprise for the success of senior nutrition programs (Lloyd, J., 2019 and Netterville, L., 2019). Such strategies would negate the effects of reduced government funding, growing competition and overall sustainability of senior nutrition programs.

SMEs also discussed innovative business models and social enterprise as key components of successful senior nutrition programs and as areas for greater focus and training efforts. A focus group participant explained, “One of the issues with the current network is that people have what I call the charity mindset... They're out there to do good as opposed to having a solid business model.” For the survey, 37% of respondents identified “new business approaches” as an area where staff and individuals need a large amount of training.

Skills to develop inventive partnerships

The Triple Aim of Healthcare framework provides more opportunities for partnership between community-based organizations and health care entities. The environmental scan, focus group, interviews, and survey respondents identified these types of partnerships as an area of focus for available trainings conducted at the national level by the NRCNA.

During the focus group and interviews, the SMEs stressed the importance of strong and effective partnerships for the sustainability of senior nutrition programs. One SME described an observed hesitancy to engage in partnerships with what may be considered “the competition.” They said, “Collaborations that help break down silos where we all have too much on our own plate. People might say, ‘I don’t want to talk to them. They’re the competition.’ Well there’s enough business in the senior nutrition field to go around several times.”

For the survey, 30 to 40% of survey respondents indicated that they and their staff need a moderate to large amount of training on “building partnerships with health care companies and organizations, for-profit companies, nonprofit organizations, etc.” Additionally, roughly the same percentage of respondents noted needing a moderate to large amount of training on “developing inventive partnerships” related to effective COVID-19 support.

Basic nutrition knowledge and availability of nutritionists

The SMEs discussed the agencies’ need to have registered nutritionists or dietitians on staff as being critical to the success of senior nutrition programs. A focus group participant explained, “Even though the Older Americans Act indicates that there needs to be a dietitian or individual [with] comparable expertise at the state and someone at the local level, it’s about 60%, at max, that have people at the state level. They have nutrition administrators, but only about 60% have dietitians or individuals with food service backgrounds. And it’s even less at the local level.” Notably, only 6% of survey respondents identified themselves as dietitians.

The SMEs also discussed the need for staff to have a strong foundation in basic nutrition. However, they identified this area as a gap due to limited training opportunities. A focus group participant stated, “Where can they get the basic ‘back-in-the-house skill’? Because a lot of the training that we do is for the leadership and the strategic planning and the top part to get it done. But if you don’t have that ‘back-of-the-house’ quality programming of foundation in order to provide those services, you don’t have anything going for you.”

Nutrition also emerged as an area of interest in the survey results. Respondents (over 30%) most frequently listed nutrition training, skill-building, and technical support to help them feel better prepared to administer successful nutrition programs. Over 30% of survey responses also said they need a moderate amount of training on food quality, malnutrition, food service management, and nutrition education.

Skills to work with an increasingly diverse client population

For the environmental scan, the literature and inventory of training programs identified gaps in meeting the nutrition needs of diverse older adults. The literature suggests a need for trainings among health professionals and community-based providers to better serve the increasing racially and ethnically diverse aging population in the United States (McCarron et al., 2020; Lloyd and Curley, 2019). In a 2011 paper summarizing the results from 15 key informant interviews with community-based service providers, providers described concerns about deficient culturally appropriate approaches to working with older adults with dementia (McCarron et al., 2020). Interview participants also expressed a need for training on working with LGBTQ patients¹ and more health professionals who can speak multiple languages and are familiar with diverse cultures.

The inventory of training programs and survey respondents (21%) revealed a large need for traditional foods training for senior nutrition providers. The inventory revealed gaps on meeting the nutrition needs of diverse older adults through traditional foods. While there are resources on traditional foods, including reports and recipes on the NRCNA site and more general resources, such as those from the North American Traditional Indigenous Food Systems (2020), there is a gap in traditional foods training for senior nutrition providers. This gap is specific to Native traditional foods and foods of other ethnic and racial minorities, such as Latinx and Asian. A search of national organizations' websites, including the National Asian Pacific Center on Aging, Hispanic Aging Network, and Diverse Elders Coalition, did not yield training opportunities or materials on nutrition.

A search of national organizations' websites focusing on the needs of diverse older adults, including the National Asian Pacific Center on Aging, Hispanic Aging Network, and Diverse Elders Coalition, National Aging Resource Consortium for Racial and Minority Seniors, National Resource Center on Lesbian, Gay, Bisexual and Transgender (LGBT) Aging, and National Indian Council on Aging (NICOA) or the National Resource Center on Native American Aging, did not yield training opportunities or materials specifically on nutrition.

Regional, local, and rural training opportunities

Inadequate access to training at the regional and local levels emerged throughout the evaluation. The inventory of training opportunities identified only 9 out of 76 trainings that were operated by regional organizations and only 2 that were operated by local organizations. SMEs spoke about the differences in training needs based on areas of operation and location. A focus group participant explained, "I don't think these training programs are one-size-fits-all, because we have to decide what our priorities are. If you're looking at the State Units on Aging and the Area Agencies on Aging, and then the [local] nutrition programs, and even the community programs that support those programs, that training is so different and so diverse. And then you take that, and then you add the role on urban and all those other factors in there. It's not a one-size-fits-all." Geographic location needs to be taken into consideration when designing training programs, as there are significant differences across regions.

¹ SAGECare, a national organization focused on LGBTQ aging issues, provides comprehensive training for service providers on culturally appropriate approaches to working with older, LGBTQ adults.

The survey respondents also noted challenges with access to trainings in rural and local areas. A survey respondent explained, “We live and serve seniors in a very rural area with inadequate internet and opportunities for training.” While another stated, they were “Not aware of any training in our local area.” Of the survey respondents who serve and operate in rural and frontier areas, 25% said they “minimally agree” that training opportunities are not available when needed.

Needs assessment training

The literature review revealed inconsistencies in needs assessments for senior nutrition programs. The 2015 evaluation of the Older Americans Act (OAA) Title III-C Nutrition Services Program found that only 20% of State Units on Aging reported having completed a needs assessment, and while 76% to 86% of Area Agencies on Aging (AAAs) and local service providers conduct needs assessments annually, nearly 20% did not have a policy that defines how frequently they should reassess the program participants’ needs. Survey respondents also expressed interest in needs assessments. Over 20% of respondents indicated a need for a large amount of training on how to conduct community needs assessments. Survey respondents also indicated that they also need training on strategic planning, which community needs assessment can inform.

Preparedness to provide medically tailored meals

Of the survey respondents, 37% indicated that they do not feel prepared to provide medically tailored meals (MTM). Concerns about medically tailored meals are especially high among respondents whose programs serve rural areas. Of these programs, 35% indicated feeling “not prepared” to provide medically tailored meals, compared to 27% among those who serve urban areas.

These results echo the concerns at a 2019 meeting hosted by the National Resource Center on Nutrition & Aging [NRCNRA, 2019) that was focused on the opportunities and challenges for providing MTM. The conference participants recognized that MTM could improve health outcomes, lower the cost of care for the highest need and highest cost patient, in addition to increasing patient satisfaction. In order to achieve those outcomes, the participants needed more research on return on investment, the establishment of learning collaboratives around MTM, have case studies and success stories available to them. In addition, there was the recognized need that programs needed to address sustainability, and be agile enough to pivot in new business directions if needed. Again, recommendations that were supported by this project environmental scan and evaluation outcomes.

Technology skills and access

The SMEs indicated that not all senior nutrition staff have adequate technological skills or feel comfortable with technology, including using social media. Participants especially noted a discomfort with technology among the older generation of staff. An interviewee explained, “Many of us that started in the ‘70s and ‘80s are not keeping up with social media. And I think we need more training in that.” An SME also noted the need to invest in technology to help senior nutrition programs compete with for-profit companies. They explained “that for-profit competition, especially in meals ... they invest heavily in technology and infrastructure.”

For the survey, respondents indicated several areas where they need more training. Over 20% of respondents indicated a need for a large amount of training in data sharing/information technology, information management, and social media. Approximately 19% of the respondents noted inadequate access to the internet, computers, and technology as their explanation for why they minimally agree that training opportunities are available to them. Although this represents less than one-quarter of respondents, the theme of limited knowledge and skill around information technology and how to leverage it was consistent throughout the environmental scan.

Training Strategy Recommendations

SMEs recommended the following strategies to help fill the training and technical assistance gaps, each of which are detailed further within this section:

- Obtain input from multiple levels of senior nutrition program staff on training
- Provide training based on staff roles and experience levels
- Offer peer-to-peer training opportunities in a virtual format
- Provide more training to address basic nutrition education
- Provide pre-recorded, modular trainings and video formats
- Provide training based on geographic needs
- Provide updated emergency preparedness trainings, in light of COVID-19
- Provide training on how to conduct needs assessment and market analyses

Obtain input from multiple levels of senior nutrition program staff on training

Throughout the focus group and interviews, SMEs suggested obtaining input from a broad array of staff on training opportunities and needs. Specifically, SMEs highlighted the importance of including “front of the house” staff (leadership and managers) and the “back of the house” staff (cooks, drivers, etc.). Based on this recommendation, the survey audience was broadened from an original focus on leadership and management, to include direct service staff (meal site coordinator, drivers/volunteers, servers), registered dietitians and nutritionists, and food service staff (cooks and caterers). An interview participant explained, “What I’ve found over the years is we make decision[s] at the executive level, and then it gets down to the nitty gritty of getting it done. And the field staff goes, ‘It’s not going to work. You didn’t ask us that.’ And like, ‘Oh, you’re right.’ It’s because we’re looking at it one way, but the reality is different.”

Despite the attempts to gain input from multiple levels of staff on the survey, 50% of the survey participants described their job title as leadership and 20% described themselves as managers. Only two survey participants identified as food service staff. An online survey may be a challenging way to access food service staff due to limited computer and internet access while on the job.

Provide training based on staff roles and experience levels

Recognizing different roles will have different training and development needs, the SME's stressed the importance of obtaining input from multiple types of senior nutrition staff, including leadership, mid-level management, and food service-related staff (cooks, caterers, etc.) to inform training content and approach. SMEs suggested segmenting training based on a staff member's role and or experience level so they would be more applicable to a particular role and therefore, more effective. One SME suggested identifying and labeling trainings as *beginner*, *intermediate*, and *expert*. Of the survey respondents, 17% to 18% indicated that this type of labeling for trainings would work well for themselves and their staff.

Offer peer-to-peer training opportunities in a virtual format

Focus group and interview participants felt peer-to-peer learning was successful. They felt this was an effective way to share innovations and lessons learned. SMEs highlighted the importance of connecting with peers for successful learning. An SME shared, "Peer-to-peer learning is the best way to go. Now, to replicate that online and to replicate that approach, that everyone can come together and share." Conducting peer-to-peer training in a virtual format was one of the best ways to promote access to these learning opportunities.

Provide more training to address basic nutrition education

As noted in the gap analysis section, SMEs across the board, and survey respondents suggested increasing training opportunities for staff to learn and stay updated on basic nutrition. This training would build an essential foundation for staff to administer quality programming and services. Survey respondents also suggested a moderate amount of training on food quality, malnutrition, food service management, and nutrition education.

Provide pre-recorded, modular trainings and video formats

Limited time was identified as the top training challenge. Given the busy nature of most senior nutrition program staff, one SME suggested that trainings be provided in a flexible, easy format. An SME suggested, "Another alternative would be having things that are already pre-done, like lessons that are pre-taped and in a modular format." Of the survey respondents, 28% preferred video trainings, which would also serve as a natural fit with the recommended pre-recorded, modular trainings.

During the follow-up calls, an SME suggested using an online training delivery platform, such as [Moodle](#). Additionally, the Area Agencies on Aging (AAA) and Insperity² online modules offer affordable, pre-recorded, and on-demand trainings in numerous subject areas. SMEs stressed that the pre-recorded modular trainings need to be short (e.g., 15 minutes) and focused on a particular topic so they are relevant and worthwhile for staff with limited training time. This recommendation aligns with the survey respondents' suggestions to keep front-line staff trainings under 30 minutes and leadership trainings under 60 minutes.

² www.insperity.com/resources

Learning occurs through reflection, and the SMEs emphasized that one of the most important ways to ensure effective training is by offering trainees the opportunity to attend an online forum where they can reflect on the content together. Another suggestion was to facilitate two-way interaction between the trainers and trainees through polls (e.g., [Polleverywhere](#), or [Mentimeter](#)), by asking questions, and by finding other ways to receive feedback. Further, sending any training materials beforehand can be advantageous for the attendees.

Provide training based on geographic needs

As indicated by the environmental scan and the SMEs, training needs and availability varied by location. It was recognized that there is a need for increased training opportunities at the regional and local levels to expand access to trainings. The SME's pointed out that what works in an urban environment may not work in a rural environment. For example, it was explained that partnerships were harder to form in rural locations due to distance and the fact that a potential partners often existed far outside the targeted community. Conversely, the more crowded nature of urban and suburban communities posed unique challenges, such as having to limit services or completely shut down due to COVID-19 and the nature of outbreak "hot spots", as was the case in Manhattan and New Jersey this year. Urban and suburban service providers may benefit more from strictly virtual trainings. Challenges with internet and technology access within remote locations must be taken into consideration for trainings for rural, frontier, and tribal organizations. Limited internet broadband was mentioned as a problem for virtual trainings. A mixture of virtual and in-person trainings may work best for providers in rural areas.

Provide and expand available emergency preparedness training

Survey respondents answered questions about training topics and needs in the context of the COVID-19 pandemic. The top training topics that emerged were how to respond to the social and emotional well-being of clients during an emergency, such as COVID-19; how to best communicate with clients; and how to prepare for emergencies in general. Training on how to create or update an emergency preparedness plan that includes learnings from the COVID-19 pandemic were consistently mentioned. Emergency preparedness training should include elements of such a plan (staffing in an emergency, communication, contingency planning, etc.) and would all help support these programs.

Provide training on needs assessments and market analyses

The SMEs repeatedly stressed the importance of gaining a strong understanding of the senior nutrition market to accurately assess its needs and competition. Given the rapid changes in the current market due to COVID-19, SMEs suggested conducting a comprehensive market analysis post pandemic. An SME stated, "When we're doing all of this post COVID-19, it's going to be a different world. And I agree, it's going to take a market analysis and individuals looking within their community to find out what those opportunities, partnerships, and competition are."

The literature and the survey results indicate a need for training on needs assessments for senior nutrition programs. The 2015 evaluation of the OAA Title III-C Nutrition Services Program (NSP) suggested that senior nutrition programs are conducting needs assessments, but not consistently (Mabli et al. 2015). Based on the evaluation results, 20% of State Units on Aging reported completion of a statewide community needs assessment in the previous 5 years of the study, while 60% conducted at

least one local community needs assessment during that time. For AAAs and local service providers (LSPs), the study found that approximately 76 to 86% reassess service needs for congregate and home-delivered meal program participants at least once a year. However, nearly 20% did not have a policy that defines how frequently they should reassess the program participants' needs (Mabli et al., 2015).

A search of the term "needs assessment" on NRCNA's website yielded resources including toolkits, webinar slides, and articles from several years ago. A search of other aging and nutrition organizations did not yield information on current trainings and resources. It does not appear that there is current training on this topic specifically for senior nutrition program providers.

Over half of the survey respondents (55%) desired a moderate to large amount of training on how to conduct community needs assessments. Community needs assessments and market analyses are similar in that they assess the strengths, weaknesses, opportunities, and threats for programs serving a particular community or market. Training on the differences and similarities of needs assessment and market analyses, and how to implement each, would build business acumen; help programs with their strategic planning; and help them adjust their services to most effectively meet their client's needs during changing environment, such as with the COVID-19 pandemic, and to prepare for future market shifts.

Evaluation Findings

The evaluation findings in this section review more detailed outcomes of the environmental scan, focus group and interviews, and the survey.

Environmental scan

The environmental scan included (1) an analysis of key business drivers of nutrition and aging services identified in the literature and (2) training opportunity areas and gaps presented in the literature and identified through an inventory of current training opportunities. For the environmental scan, KAI reviewed documents provided by the NRCNA and conducted a thorough review of gray and peer-reviewed, published literature. Peer reviewed, published literature was obtained through the database, EBSCOhost. Gray literature was obtained through targeted Google searches of government agency and nonprofit organizations' websites. NRCNA's repository of articles, white papers, and toolkits also provided a useful source of gray literature. Additionally, to inform the scan and inventory of information on training, KAI reviewed data from evaluation forms from 5 NRCNA events (in-person and virtual), 11 2019 webinars, 9 2020 webinars, and feedback provided by NRCNA's social network (NRCNAengage) members on trainings they attend.

For the inventory of training opportunities, KAI researched the organizations and the trainings they offer, as listed by [NRCNAengage](#) members in the training feedback form. This research led to searches of federal and state agencies, including the U.S. Department of Agriculture and the Administration for Community Living (ACL), and a review of NRCNA's training materials and those offered by other national organizations, such as the National Association of Nutrition and Aging Services Programs. Overall, the inventory includes the following information:

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- 76 training or resource opportunities for senior aging and nutrition providers
- 39 in-person trainings
- 37 online trainings
- 24 opportunities offered by national organizations
- 41 opportunities offered by state organizations
- 9 opportunities offered by regional organizations and
- 2 opportunities offered by local organizations

Business drivers

The review of peer-reviewed and gray literature found specific business drivers that impact the sustainability, competitiveness, and business acumen of senior nutrition programs, requiring them to modernize. Programs are challenged with decreases in federal funding and having to generate innovative business solutions to meet the nutrition needs of the aging U.S. population. Below is an overview of the business drivers gleaned from the literature reviewed for this study (KAI, May 15, 2020).

- Ability to adapt to market changes and develop new business models
- Competition with for-profit food service companies
- Increasingly diverse client population
- Leveraging Multiple funding sources to support sustainability
- Engage in Partnerships
- Nutrition-focused staff and strong understanding of nutrition basics

The following sections offer recommendations to incorporate or increase these business drivers into senior nutrition programs.

Diversify funding and find more cost-effective solutions to sustain programming

The literature suggests that increasing food costs, a growing demand for senior nutrition programs, and decreased federal funding necessitate identifying innovative approaches to secure funding from multiple sources (Colello, 2014; Ziegler, Redel, Rosenberg, and Carlson, 2015). For example, an analysis by the Congressional Research Services on OAA Nutrition Program data found total funding decreased over a 23-year period when adjusted for inflation, from \$25 per consumer to \$12 (Colello, 2014). Lloyd and Wellman (2015) described how OAA Nutrition Programs are funded only partially by federal expenditures. In 2014, 56% of congregate and 70% of home-delivered meal expenditures were funded from other public (state, city, and county) and private sources (participant contributions, fundraising, and grants) (Lloyd and Wellman, 2015).

Address competition from for-profit food service companies

Based on the literature, senior nutrition programs are in need of greater visibility, more menu choices, and high-quality food to compete with for-profit vendors who produce meals that meet OAA requirements and compete with their programs on price, personalization and quality (Iowa Dept on Aging, 2018; Lloyd, 2019; Netterville, 2019).

The literature also indicates negative perceptions about senior nutrition programs. For example, focus group participants in a study in Montana identified senior center meals as being for the old and poor

(Shanks, Haack, Tarabochia, Bates, and Chistenson, 2017). Such negative perceptions may in part contribute to that fact that congregate meal programs have experienced declining participation despite an increase in the aging population. Consumers want more menu choices, a congregate meal experience that is similar to a restaurant, and more flexibility in their eating schedules.

Engage in partnerships with health care entities

Under the Patient Protection and Affordable Care Act of 2010, health care reform adopted the Triple Aim of Health Care framework: decreased cost, improved quality of care, and improved health outcomes (Institute for Healthcare Improvement, 2020). Since proper nutrition is an essential component of healthy aging, senior nutrition programs are key components to achieving the Triple Aim. As a result, new payment models based on the quality of health outcomes provide opportunities for interdisciplinary teams of health care providers, including senior nutrition programs, to work together and for health systems to work in new ways.

Develop new business models based on consumer input, community assessments, and strategic business plans.

To remain competitive, the literature calls for nutrition programs to develop more innovative business models (Lloyd, 2019; Netterville, 2019). A social enterprise (or entrepreneurship) is defined as an organization that applies commercial strategies to maximize improvements in its financial, social, and environmental well-being. Local AAAs are engaging in several social entrepreneurship models. These models range from a food truck pilot in Wisconsin, working with a caterer to improve food quality in Florida, coffee shops and cafes in Wyoming, and chef-led cooking demonstrations in Iowa (KAI, May 15, 2020)

Training and technical assistance needs

Training opportunities and gaps in training emerged from the literature, program inventory, and an analysis of current training opportunities. These opportunities and gaps are reviewed in the following sections.

Training opportunities

The following sections review training opportunities for senior nutrition programs.

Partnerships and integration between community-based organizations and health care entities

Improving the business acumen of community-based aging and disability organizations through partnerships and integration with health care entities is an opportunity for NCNRA to expand its training offerings in this area. As an example, The ACL launched the Business Acumen Initiative in 2012 to provide grant funding and convene learning collaboratives, host webinars, and provide other resources. In 2016, ACL partnered with the John A. Hartford Foundation, SCAN Foundation, and the National Association of Area Agencies on Aging to establish the Aging and Disability Business Institute (ADBI). The ADBI provides training opportunities and materials focused on partnerships with health care entities, including a readiness assessment tool, webinars, and articles available on their website. NRNCA could develop a similar business institute or training track specifically for senior nutrition programs. NRNCA webinar and event attendees have responded positively to NRNCA trainings that have focused on

partnerships with health care entities in the past and could update and expand these training offerings moving into the future.

Greater understanding of Social Determinants of Health

The literature highlights the importance of social determinants of health (SDOH) and suggests a growing interest in programs and policies that address SDOH for older adults (McCarron et al., 2020; Lloyd and Curley, 2019). SDOH are defined as are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Healthy People, 2020). SDOH have gained momentum in public health and health care for several years, as they illuminate the root causes of disease and disparities. They are emerging as a training focus area for senior nutrition program providers. Additionally, as the impacts of COVID-19 intensify, so will health disparities and the importance of addressing SDOH (Szabo and Recht, 2020).

Inventive billing and payment options

Based on NRCNA webinar attendance, innovations in billing and payment for senior nutrition programs is an area of interest. A 2020 NRCNA webinar on this topic saw high attendance with 521 attendees. The webinar explained how Medicare reimbursement for medical nutrition therapy for older adults is a sustainable funding source for senior nutrition programs with registered dietitians. Webinar attendees indicated that they were interested in learning more about this topic and billing and payment issues. Of the 61 webinar attendees who responded to a question on topics for future webinars, 31 cited medical nutrition therapy, reimbursement, or billing.

Innovations in the delivery of congregate and home-delivered meals

Despite the health benefits for older adult participants (Malbi, et al., 2015), the congregate meals program has seen a decline in enrollment and negative perception by potential participants (Hoerr et al, 2016). As noted previously, focus group participants in a study in Montana identified as congregate meal sites as “sterile” and “a place with bad food and where old people go” (Shanks, et al. 2017). Other studies have had similar experiences with the aging Baby-boomer population. They are savvy about nutrition, have higher expectations for meals and want more choices and not to eat meals in a center (Melnick, et al. March 2020). In 2019, the NRCNA and the National Association of Nutrition and Aging Services Programs (NANASP) have developed robust resources to support the future-readiness of the congregate nutrition programs and innovative models. These include programs that host fun and engaging activities, modernize the meal setting (using silverware, having a café style format, modern decorations, etc.), offer more variety of offerings and even offering food via food trucks. It is an area of continued interest with opportunities for future trainings.

Home-delivered meals is also an area of potential immense growth with opportunities for innovation and training. It has been an area of focus for recent NRCNA webinars and other resource materials, including toolkits. Home-delivered meals is a topic of major focus for Meals on Wheels America, and one that they have presented on at their national and state conferences. With the major impact of COVID-19 on older adults, the need for home-delivered meals has increased greatly (Meals on Wheels, August 12, 2020). It is also an area where programs are already displaying incredible innovation. For example, a Mathematica study highlighted creative avenues being used to deliver meals to older adults in Nevada, like drive-through distribution sites and the use of city buses to deliver meals (Mabli, 2020).

Training gaps

The following sections review training gaps for senior nutrition programs.

Meeting the needs of an increasingly diverse patient population

The literature suggests a need for trainings among health professionals and community-based providers to better serve the increasing racially and ethnically diverse aging population in the United States (McCarron et al., 2020; Lloyd and Curley, 2019). In a 2011 paper summarizing the results from 15 key informant interviews with community-based service providers, providers described concerns about deficient culturally appropriate approaches to working with older adults with dementia (McCarron et al., 2020). Interview participants also expressed a need for training on working with LGBTQ patients and more health professionals who speak multiple languages and are familiar with diverse cultures.

In addition to the literature, the inventory of training materials revealed gaps on meeting the nutrition needs of diverse older adults through traditional foods. These cultural groups include Hispanics, Asian Americans, African Americans, and American Indians/Alaska Natives, to name a few. While there are resources on traditional foods, including reports, recipes on the NRCNA website, and more general resources, such as those from the North American Traditional Indigenous Food Systems, there is a gap in traditional foods training for senior nutrition providers. This gap is specific to Native traditional foods and foods of other ethnic and racial minorities, such as Latino and Asian. A search of national organizations' websites, including the National Asian Pacific Center on Aging, Hispanic Aging Network, and Diverse Elders Coalition, , National Aging Resource Consortium for Racial and Minority Seniors, National Resource Center on Lesbian, Gay, Bisexual and Transgender (LGBT) Aging, and National Indian Council on Aging (NICOA) or the National Resource Center on Native American Aging, did not yield training opportunities or materials on nutrition.

Trainings at the regional and local levels

The scan of available trainings and the training inventory revealed that information on trainings at the regional and local levels is disparate and difficult to find. The websites of regional and local organizations are often not up to date in comparison to larger, national organizations. These issues likely stem from limited funding and staffing. However, because the scan and inventory relied on web searches, information exchanged via word of mouth or through social media was not included. Of the 76 available training opportunities, only 9 were offered by regional organizations and 2 were offered by local organizations. The other 65 were provided by national organizations.

Training on needs assessments

Based on the literature and the program inventory, needs assessments are inconsistent for senior nutrition programs. The 2015 evaluation of the OAA Title III-C Nutrition Services Program suggested that senior nutrition programs are conducting needs assessments, but not consistently (Mabli et al., 2015). Based on the evaluation results, 20% of State Units on Aging reported completion of a statewide community needs assessment in the previous 5 years of the study, while 60% conducted at least one local community needs assessment during that time (Mabli et al., 2015). For AAAs and local service providers, the study found that approximately 76% to 86% reassess service needs for congregate and home-delivered meal program participants at least once a year. However, nearly 20% did not have a policy that defines how frequently they should reassess program participants' needs (Mabli et al., 2015).

Focus group and interview findings

The focus group and interviews with SMEs provided rich information about business drivers and training and technical assistance needs for senior nutrition programs. NRCNA staff provided a list of SMEs to KAI. KAI conducted a virtual focus group with 5 SMEs on May 19, 2020, via Zoom. One SME who could not participate in the focus group completed and submitted an electronic version of the focus group questions.

From May 20 through 22, KAI conducted four in-depth phone interviews with SMEs. Four individuals who were not available for the interviews completed and submitted an electronic version of the interview questions. Table 1 and Table 2 identify the geographic focus areas and topics of expertise for the focus group participants and interview participants, respectively. The names of the participants are not included to maintain privacy.

Table 1. Focus group participants

Participant Number	Geographic Focus Area	Training Topic (s) of Expertise
1	National	Quality nutrition programs
2	National	Quality nutrition programs
3	National	Health care
4	National	Health care
5	New Jersey	Business acumen/thought-leader
6 (paper response)	Maine	Business acumen/thought-leader

Table 2. In-depth interview participants

Participant Number	Geographic Focus Area	Training Topic (s) of Expertise
1	New Jersey	Medically tailored meals
2	Maryland	Malnutrition
3	Wisconsin	Medically tailored meals
4	Iowa	Innovation in nutrition programs
5 (paper response)	Wisconsin	Medically tailored meals
6 (paper response)	Wisconsin	Malnutrition
7 (paper response)	Georgia	Menu planning
8 (paper response)	Maryland	Malnutrition

KAI obtained verbal consent to participate from each focus group participant and interviewee prior to starting the focus group and interviews. The focus group included 10 questions and lasted approximately 1.5 hours. The interviews included seven questions and lasted approximately 30 minutes. The focus group and interviews were recorded and transcribed using Rev.com, an audio and transcription phone application. Recording took place after obtaining consent from each participant.

KAI staff used detailed note taking and analysis of the focus group and interview transcripts to identify recommendations and themes. To identify themes across the focus group and interviews, KAI developed emerging theme frequency tables. For the focus group and each interview, KAI populated a table with

key points and notable quotes from the transcripts and interview notes, by question. Then, a cross comparison of the tables identified recurring themes and stand-out quotes. The following sections discuss the findings on business drivers and training and technical assistance needs from the focus group and interviews.

Business drivers

During the focus group and interviews, SMEs provided in-depth information about business drivers.

Adapt to market changes and secure multiple sources of funding

The ability to adapt to market changes and provide services based on those market changes and needs came up throughout the focus group and interviews with SMEs. The SMEs felt that this aspect is particularly important for successful programs given the challenging pandemic situation. An interview participant explained, “Those [strong] programs are versatile... They have food pantries; they have cafes to help finance them. They're constantly evolving, which is what you have to be, especially in times like this.”

The SMEs emphasized the importance of adaptability and the ability to offer multiple services and have multiple sources of funding. A focus group participant stated, “Having multiple sources of funding, so that programs are not limiting themselves to one single funding source... Those programs that are strong and innovative go beyond just funding for older adults... They may also be running social entrepreneurial programs, such as being a caterer for moms-to-be during the COVID-19 public health emergency. They are sustainable by integrating into their community.” An interview participant explained how multiple funding sources allow for independence. They said, “[A strong program] got funding from a lot of different sources, which meant that they were a little bit more independent and were able to do a lot more with what they had.”

Engage in Partnerships

SMEs stressed the importance of building and engaging in partnerships as a way to drive and maintain business for senior nutrition programs. Successful coalitions can help senior nutrition programs to better serve their communities by reducing the duplication of services offered by different organizations. An interview participant explained, “I feel like one of the most important things to be successful is to build coalitions. Not to repeat things that other organizations are doing, but to enhance each other. If you are building a coalition, then we can really leverage all of the strengths of the different organizations and provide a good product to older adults.”

SMEs discussed how successful programs work with their competition to reduce silos and improve efficiency. An interview participant explained, “Collaborations that help break down silos where we all have too much on our own plate. People might say, ‘Well, I don't want to talk to them. They're the competition.’ Well, there's enough business in the senior nutrition field to go around several times.”

Address competition from for-profit food service companies

While the SMEs discussed the importance of collaborating with the competition, they also discussed the evolving nature of competition for senior nutrition programs. SMEs explained that the capacity of for-profit companies to invest in technology, infrastructure, and business development gives them a competitive edge. A focus group participant stated, “For-profit competition, especially in meals, is

getting, at least within certain marketplaces, I would say is very much reckoned with, because one, they invest heavily in technology and infrastructure. They invest heavily in business development, and they have the ability to do volume-based pricing and pretty rapidly.”

Another focus group participant discussed how a large number of local senior nutrition programs have strengthened the for-profit competition and lost funding sources by outsourcing their meal production. The SME explained, “I think one of the things that this network has given away is quality food service. It’s one of the places where some programs really do compete and have all these sustainable sources of funding, but others give them away to caterers and for-profits to do their meals. If you look at the national data, 50% of the local programs are catered by other entities.”

Importance of market analysis post COVID-19

Building off of the conversations and ideas around collaborating with and understanding the competition, several of the SMEs, particularly during the focus group, discussed the importance of market analysis. A focus group participant stated, “You have to understand the customer's needs and align and understand what their quality demands are and align your services and support with what's important to them.”

SMEs discussed how the market will be considerably different post COVID-19, which will present challenges for senior nutrition programs, and suggested conducting a market analysis after the pandemic. A focus group participant explained, “When we're doing all of this post COVID-19, it’s going to be a different world. And I agree, it's going to take a market analysis and individuals looking within their community to find out what those opportunities, partnerships, and competition are.”

Training for senior nutrition programs can focus on the important of conducting a market analysis or community needs assessment (as mentioned early in the document) to assess the changing environment and demands due to the COVID-19 pandemic.

Training and technical assistance needs

The SMEs recommended areas where senior nutrition providers need more training. They also suggested preferred types of training and training approaches.

Social media and technology

Several interview participants discussed the need for training on social media and technology. An SME explained, “Many of us that started in the '70s and '80s are not keeping up with social media. And I think we need more training on that.”

New trends and learning from restaurants and health care

Similar to the discussion about business drivers, the SMEs stressed the importance of senior nutrition programs remaining relevant and learning from the competition. One interview participant specifically suggested trainings in this area. They stated, “Training on new trends... Training on things such as taking pages from the restaurant side of how to draw people into the doors, but also at the same time, taking it from health care on how to provide healthy meals, prepare healthy meals, palatable, healthy meals, things like that. So, kind of getting it from several different sources.”

Basic food service training

The SMEs mentioned the need for basic food service skills and training throughout the interviews and focus groups. SMEs felt that the bulk of available trainings focus on the needs of leadership. They stressed how basic food service skills are essential for the success of senior nutrition programs and suggested more training in the area. During the focus group, an SME explained, “Where can they get the basic “back-in-the-house” skill, because a lot of the training that we do is for the leadership and the strategic planning and the top part to get it done. But if you don't have that “back-in-the-house” quality programming of foundation in order to provide those services, you don't have anything going for you.”

Need for more nutritionists

The SMEs identified having a registered dietitian or nutritionist on staff as an important component for successful senior nutrition programs. When describing a successful program, an interview participant stated, “You also need, definitely, a dietitian, a registered dietitian or nutritionist that has a good knowledge of the importance of nutrition in health, and the understanding that nutrition works as an interdisciplinary field.” Having a such credential professionals on staff also helps programs access more funding opportunities through billable visits and grant funding.

However, focus group participants explained that not all programs have a registered dietitian or nutritionist on staff. A focus group participant stated, “Even though the Older Americans Act indicates that there needs to be a dietitian or individual [with] comparable expertise at the state and someone at the local level, it's about 60%, at max, that have people at the state level. They have nutrition administrators, but only about 60% have dietitians or individuals with food service backgrounds. And it's even less at the local level.”

Emphasis on peer-to-peer learning

In terms of training to acquire the skills that senior nutrition programs need, SMEs emphasized the effectiveness of peer-to-peer learning. A focus group participant explained, “Peer-to-peer learning is the best way to go. Now, to replicate that online and to replicate that approach, that everyone can come together and share.” An interview participant provided similar feedback and suggested that Zoom could be a viable platform for peer-to-peer learning. They stated, “I do think that the peer-to-peer is a great way to go... Even if it was a smaller group where you can Zoom conference each other. It's that connection [that] makes a big difference.”

Tailoring programs for state, regional, and local needs

The SMEs stressed that programs' needs vary based on the communities they serve, and trainings need to be tailored for state, regional, and community needs. A focus group participant stated, “I don't think these training programs are one-size-fits-all, because we have to decide what our priorities are. If you're looking at the State Units on Aging and the Area Agencies on Aging, and then the nutrition programs, and even the community programs that support those programs, that training is so different and so diverse. And then you take that, and then you add the role on urban and all those other factors in there. So it's not a one-size-fits-all.”

Training needs vary by role

The SMEs stressed that training needs and ideas about training needs vary by professional role. They suggested obtaining input from multiple types of senior nutrition staff, including leadership, mid-level

management, and food service-related staff (cooks, caterers, etc.) for an impactful survey. An interviewee explained, “Leadership have their own perspective on what is needed, but I really do think that you need to reach the lower level of people who are working to see how do they feel? What do they think is missing? What would make their work easier? ... The perspective is going to be very different from the two sides.”

Training offered at different levels of experience

Building on this tailored approach, SMEs also suggested tailoring trainings for program staff based on their experience. SMEs mentioned that the bulk of trainings they are aware of focus primarily on leadership and high-level management. An interview participant suggested segmenting or labeling trainings for different levels of experience. They explained, “I would like to see trainings labeled more as *beginner, intermediate, and expert.*”

Provide trainings as pre-recorded modules

Given the busy nature of most senior nutrition program staff, one interview participant suggested considering flexibility and ease of use for trainings. Specifically, programs should consider pre-recorded, modular trainings. They suggested, “Another alternative would be having things that are already pre-done, like lessons that are pre-taped and in a modular format.”

Survey Findings

This section reviews the survey and the methodology used to conduct it. It provides brief information on the background of the participants and then shares results of the survey questions.

Overview and methodology

The findings from the environmental scan, focus group, and interviews informed the survey questions and the survey sample. At the beginning of the contract, NRCNA staff thought the survey would focus on leadership and management. However, the SMEs recommended including leadership and management, as well as nutritionists, and the “back-of-the-house” staff, including cooks and drivers, in the sample. Based on this feedback, the survey was distributed to a convenience sample of a broad list of approximately 6,000 aging services professionals at the state, regional and local levels and national aging services partner agencies via email.

Survey questions were developed based on themes from the environmental scan, focus group, and interviews, as well as areas of interest identified by NRCNA. KAI tested the survey internally for flow, accurate skip patterns, and readability. The survey consisted of 33 questions. (See the Appendix, beginning on page 43, for a copy of the survey.)

KAI provided NRCNA staff with a marketing and communications plan to promote and distribute the survey. The plan included language for approximately 14 eblasts and social media posts for NRCNA’s internal social media platform (NRCNAengage) to promote the survey and encourage participation. The survey was launched on June 23, 2020, and closed on August 4, 2020. The total number of survey responses was 679. Of this total, 539 responses were usable due to the following reasons:

- 1 respondent did not consent

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- 31 respondents did not answer the qualifying question and did not continue the survey
- 16 respondents answered “No” to the qualifying question
- 92 respondents consented and qualified, but did not continue the survey after the qualifying question

Survey participant background information

This section reviews the respondents’ roles, the areas they serve, and whether they receive OAA funding.

Respondent role: Primarily decision makers and leadership

Based on the findings from the SME focus group and interviews, training needs vary by professional role. As described above in the focus group and interview findings, the SMEs stressed the importance of obtaining input from multiple types of senior nutrition staff, including leadership, mid-level management, and food service-related staff (cooks, caterers, etc.). Therefore, two questions on the respondent’s role were included in the survey. To further assess the impact of roles on training needs, KAI stratified the analysis of the survey responses by whether respondents do or do not make training decisions on behalf of staff.

A majority (72%) of the survey respondents answered that they do make training decisions on behalf of staff. Over half of the respondents identified their job title and function as leadership (50%) and managers (20%) (see Table 3). Despite efforts to distribute the survey among a broad array of senior nutrition program staff, only two food service staff participated. The high representation among leadership and decision makers may reflect increased interest in and access to the survey among this group. Other staff, particularly food service staff, spend less time working at a desk and in front of a computer. Future efforts to engage these groups need to be tailored to the schedules and technology access of these groups.

Table 3. Survey respondents’ job titles and functions

Job title and function	Count	Percentage
Leadership (executive director, director, senior center director)	236	50%
Manager (nutrition program manager, meal site manager)	93	20%
Direct service staff (meal site coordinator, drivers/volunteers, servers)	23	5%
Registered dietitian nutritionist	27	6%
Food service staff (cook, caterer)	2	0.4%
Other	86	18.6

Local and rural areas

Over half of the survey respondents (59%) reported that they operate at a local level, and 43% said they operate in rural areas (see Table 4).

Table 4. Level and area of operation

Level	Percentage	Area	Percentage
Local	59%	Urban	24%
Regional	24%	Suburban	27%
State	14%	Rural and frontier	45%

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Level	Percentage	Area	Percentage
National	3%	Tribal community (reservation)	4%

Funding

The majority of survey respondents (84%) receive OAA funding, 9% did not receive OAA funding, and 7% were unsure whether their programs received it or not.

Training and technical assistance needs

The survey focused on the training and technical assistance that senior nutrition program staff need to be effective and efficient in their particular job role. SMEs interviewed emphasized that now is the most opportune time to engage staff in training. “I know people are stressed, but now is a great time to encourage people to do training since many of the programs are only doing deliveries as opposed to doing [in-person] meal services,” shared an interviewee. SMEs advised that effective staff training begins with the communicated expectation that all staff participate in ongoing training. For example, some directors build training into the budget each year as subscription fees to training providers’ modules while others use their network to obtain pro-bono training. “Training should be fun, accessible and engaging,” shared an interviewee who also uses short modules as “session zero,” or a precursor to longer, more comprehensive webinars.

Given the current pandemic and immediate focus on COVID-19, the selected survey items for this category focus on training needs in emergency preparedness and nutrition within six areas: organizational change management, food service adaptations, developing inventive partnership, managing new program flexibilities, emergency preparedness, and meeting client’s nutritional needs during emergencies.

The following sections break out training and technical assistance needs by the geographic areas of the providers, needs for decision makers, needs for staff and individuals, and other areas where large amount of training is needed.

Training needs by geographic type

For select survey items, the responses were disaggregated by geographic type (urban, suburban, rural/frontier, tribal) to gain a deeper understanding of the unique training needs for each type. A profile is offered for each geographic type. Acknowledging that place and community shape the needs of staff and clients, the purpose of the profile is to assist in tailoring training content to the varied needs of the people who work in that type of geographic area.

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Urban profile

Senior nutrition programs that serve urban areas feel they are moderately to very-well prepared (55%) to deliver wellness and evidence-based self-management programming. They feel they are also moderately to very-well prepared (67%) to provide socialization services to help clients stay connected and enjoy a higher quality of life (See Table 5). Training opportunities are moderately available when needed (53%) and are offered in formats that are moderately easy to access for different types of learners (49%). However, the majority of respondents minimally agreed that the trainings cover a wide variety of relevant topics (44%) (See Table 6). Senior nutrition programs located in urban centers indicated that they preferred training formats that provided training for different levels of knowledge (19%) and in the form of webinars (19%) (Table 7).

With respect to training needs related to COVID-19, urban programs indicated they need a moderate to large amount of training across all six areas. More need was concentrated in developing inventive partnerships (88%) and managing new programmatic flexibilities (91%) (See Table 8).

Table 5. Urban program responses to the question, “How prepared do you feel to deliver the following services?”

How prepared do you feel to deliver the following services?	Very prepared	Moderately prepared	Somewhat prepared	Slightly prepared	Not prepared
Medically tailored meals	16%	23%	18%	16%	27%
Socialization services	32%	35%	18%	10%	5%
Wellness and evidence-based self-management programming	23%	32%	21%	13%	11%
Culturally and ethnically appropriate meals	14%	22%	24%	22%	18%
Contemporary menu offerings	15%	29%	26%	17%	13%
Health care-related services	8%	26%	15%	22%	28%

Table 6. Urban program responses to the question, “Indicate your level of agreement for each statement”

Indicate your level of agreement for each statement	Strongly Agree	Somewhat Agree	Minimally Agree	Do Not Agree	N/A
The training opportunities are available when needed	14%	53%	25%	6%	2%
The training opportunities are in formats that are easily accessible to the diverse learning needs of staff	23%	49%	20%	5%	3%
The training opportunities are of high quality and relevant to staffs’ roles & responsibilities	19%	48%	24%	5%	4%
The training opportunities cover the most critical and essential topics	16%	54%	21%	4%	5%
The training offers a wide range of topics	16%	25%	44%	10%	5%

Table 7. Urban program responses to training format preferences

Training formats	Percentage
In-person events (once they are safe to resume)	17%

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Training formats	Percentage
Peer-to-peer learning opportunities	12%
Recorded training modules	17%
Training for job-alike professionals (leadership, program, food service)	16%
Trainings for different levels of knowledge (beginner, intermediate, advanced)	19%
Webinars	19%

Table 8. Urban program responses to the question, “How much training do you need related to COVID-19?”

How much training do you need related to COVID-19?	Large	Moderate	Small	None
Organizational change management	28%	32%	26%	14%
Food service adaptations to meet COVID-19 meal service demands	25%	37%	28%	10%
Developing inventive partnerships	32%	44%	12%	12%
Managing new programmatic flexibilities	35%	41%	15%	9%
Emergency preparedness	29%	43%	23%	5%
Meeting clients’ nutritional needs during emergencies	29%	36%	27%	10%

Suburban profile

Senior nutrition programs that serve suburban areas feel they are moderately to well-prepared to deliver wellness and evidence-based self-management programming (55%) and socialization services (70%) to help clients stay connected and enjoy a higher quality of life (See Table 9). However, 29% felt they were not prepared to provide health-related services, and 24% felt only somewhat prepared to deliver culturally and ethnically prepared foods. More suburban survey respondents moderately agreed (51%) that training formats are easily accessible for diverse types of learners (See Table 10). They moderately agreed that trainings are high quality and relevant to staff’s roles and responsibilities (53%). Suburban programs indicated that they preferred trainings in the form of webinars (20%) and trainings that are tailored for different levels of knowledge (17%) and job-alike professionals (17%) (See Table 11).

With respect to training needs related to COVID-19, suburban programs also indicated they need a moderate to large amount of training across all six areas. More need was concentrated in developing inventive partnerships (90%) and managing new programmatic flexibilities (89%) (See Table 12).

Table 9. Suburban program responses to the question, “How prepared do you feel to deliver the following services?”

How prepared do you feel to deliver the following services?	Very prepared	Moderately prepared	Somewhat prepared	Slightly prepared	Not prepared
Medically tailored meals	18%	21%	15%	31%	16%
Socialization services	33%	37%	15%	11%	4%
Wellness and evidence-based self-management programming	27%	28%	18%	14%	13%
Culturally and ethnically appropriate meals	12%	22%	24%	23%	19%
Contemporary menu offerings	17%	27%	27%	17%	12%
Health care-related services	9%	25%	16%	21%	29%

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Table 10. Suburban program responses to the question, “Indicate your level of agreement for each statement”

Indicate your level of agreement for each statement	Strongly Agree	Somewhat Agree	Minimally Agree	Do Not Agree	N/A
The training opportunities are available when needed	12%	57%	25%	4%	2%
The training opportunities are in formats that are easily accessible to the diverse learning needs of staff	31%	51%	12%	2%	4%
The training opportunities are of high quality and relevant to staffs’ roles & responsibilities	19%	53%	20%	4%	4%
The training opportunities cover the most critical and essential topics	17%	55%	22%	3%	3%
The training offers a wide range of topics	18%	50%	24%	5%	3%

Table 11. Suburban program responses to training format preferences

Training formats	Percentage
In-person events (once they are safe to resume)	16%
Peer-to-peer learning opportunities	14%
Recorded training modules	16%
Training for job-alike professionals (leadership, program, food service)	17%
Trainings for different levels of knowledge (beginner, intermediate, advanced)	17%
Webinars	20%

Table 12. Suburban proram responses to the question, “How much training do you need related to COVID-19?”

How much training do you need related to COVID-19?	Large	Moderate	Small	None
Organizational change management	23%	36%	25%	16%
Food service adaption to meet COVID-19 meal service demands	23%	39%	25%	13%
Developing inventive partnerships	35%	38%	17%	10%
Managing new programmatic flexibilities	32%	40%	17%	11%
Emergency preparedness	29%	39%	23%	9%
Meeting clients’ nutritional needs during emergencies	25%	37%	25%	13%

Rural and frontier profile

Senior nutrition programs that serve rural and frontier areas feel they are moderately to very well-prepared to deliver wellness and evidence-based self-management programming (57%) and socialization services (69%) to help clients stay connected and enjoy a higher quality of life (See Table 13). Of the respondents, 36% felt they were not prepared to provide medically tailored meals, and 30% felt they were unprepared to provide health-related services. Staff in rural and frontier areas feel that the training opportunities are not of high quality or relevant to their roles and responsibilities (53%) (See Table 14). They also feel that they do not cover the most critical and essential topics (53%). However,

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respondents somewhat agreed that they can access training when needed (54%), and the training formats are somewhat easy to access and meet the needs of diverse learners (51%). Rural and frontier program staff indicated they preferred training in the form of webinars (20%) and recorded training modules (17%) that are tailored to different levels of knowledge (17%) and job-alike professionals (17%) (See Table 15).

Similar to urban and suburban service providers, rural and frontier providers need a moderate to large amount of training to respond to situations like COVID-19 across all six areas. Again, more need was concentrated in developing inventive partnerships (83%) and managing new programmatic flexibilities (89%) (See Table 16).

Table 13. Rural and frontier program responses to the question, “How prepared do you feel to deliver the following services?”

How prepared do you feel to deliver the following services?	Very prepared	Moderately prepared	Somewhat prepared	Slightly prepared	Not prepared
Medically tailored meals	14%	17%	16%	17%	36%
Socialization services	35%	34%	21%	7%	3%
Wellness and evidence-based self-management programming	26%	31%	21%	11%	11%
Culturally and ethnically appropriate meals	10%	23%	23%	20%	24%
Contemporary menu offerings	14%	29%	29%	13%	15%
Health care-related services	8%	24%	19%	19%	30%

Table 14. Rural and frontier program responses to the question, “Indicate your level of agreement for each statement”

Indicate your level of agreement for each statement	Strongly Agree	Somewhat Agree	Minimally Agree	Do Not Agree	N/A
The training opportunities are available when needed	14%	54%	25%	6%	1%
The training opportunities are in formats that are easily accessible to the diverse learning needs of staff	29%	51%	13%	3%	4%
The training opportunities are of high quality and relevant to staffs’ roles & responsibilities	5%	19%	4%	53%	19%
The training opportunities cover the most critical and essential topics	4%	21%	4%	53%	18%
The training offers a wide range of topics	19%	51%	22%	5%	3%

Table 15. Rural and frontier program responses to training format preferences

Training formats	Percentage
In-person events (once they are safe to resume)	16%
Peer-to-peer learning opportunities	13%
Recorded training modules	17%

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Training formats	Percentage
Training for job-alike professionals (leadership, program, food service)	17%
Trainings for different levels of knowledge (beginner, intermediate, advanced)	17%
Webinars	20%

Table 16. Rural and frontier program responses to the question, “How much training do you need related to COVID-19?”

How much training do you need related to COVID-19?	Large	Moderate	Small	None
Organizational change management	23%	36%	26%	15%
Food service adaptations to meet COVID-19 meal service demands	26%	36%	27%	11%
Developing inventive partnerships	32%	40%	11%	17%
Managing new programmatic flexibilities	31%	41%	17%	11%
Emergency preparedness	27%	39%	25%	9%
Meeting clients’ nutritional needs during emergencies	26%	39%	27%	8%

Tribal profile

Senior nutrition programs serving older adults in Indian Country feel they are moderately to very-well prepared to provide socialization services (62%), are moderately prepared to deliver wellness and evidence-based self-management programming (42%), are moderately prepared to deliver culturally and ethnically appropriate meals (42%), and are somewhat prepared to offer contemporary menus (41%) (See Table 17). A large number of tribal staff felt they were not prepared to provide medically tailored meals (44%) or health-related services (26%). Staff from tribal centers feel that trainings are offered in formats that are somewhat easily accessible for diverse learners (48%) and somewhat high quality (39%) (See Table 18). They also feel that the trainings somewhat cover a wide range of topics (48%). A majority of respondents (48%) somewhat agreed that training was available when needed. Tribal centers preferred training for different levels of knowledge (21%) and job-alike professionals (18%) that are offered in a webinar format (17%) (See Table 19).

Tribal centers also needed a moderate to large amount of training to respond to situations like COVID-19 across all six areas (See Table 20). However, their training needs differ for providers in other geographic areas in that they need more training on how to manage new programmatic flexibilities (75%) and meeting client nutrition needs during an emergency (69%) (See Table 20).

Table 17. Tribal program responses to the question, “How prepared do you feel to deliver the following services?”

How prepared do you feel to deliver the following services?	Very prepared	Moderately prepared	Somewhat prepared	Slightly prepared	Not prepared
Medically tailored meals	13%	18%	9%	16%	44%
Socialization services	31%	31%	31%	4%	3%
Wellness and evidence-based self-management programming	21%	42%	24%	9%	4%
Culturally and ethnically appropriate meals	28%	34%	28%	4%	6%

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How prepared do you feel to deliver the following services?	Very prepared	Moderately prepared	Somewhat prepared	Slightly prepared	Not prepared
Contemporary menu offerings	28%	25%	41%	3%	3%
Health care-related services	13%	23%	23%	15%	26%

Table 18. Tribal program responses to the question, “Indicate your level of agreement for each statement”

Indicate your level of agreement for each statement	Strongly Agree	Somewhat Agree	Minimally Agree	Do Not Agree	N/A
The training opportunities are available when needed	15%	48%	27%	6%	4%
The training opportunities are in formats that are easily accessible to the diverse learning needs of staff	33%	48%	12%	3%	4%
The training opportunities are of high quality and relevant to staffs’ roles & responsibilities	30%	39%	21%	3%	7%
The training opportunities cover the most critical and essential topics	21%	48%	21%	3%	7%
The training offers a wide range of topics	24%	48%	18%	3%	7%

Table 19. Tribal program responses to training format preferences

Training formats	Percentage
In-person events (once they are safe to resume)	16%
Peer-to-peer learning opportunities	14%
Recorded training modules	14%
Training for job-alike professionals (leadership, program, food service)	18%
Trainings for different levels of knowledge (beginner, intermediate, advanced)	21%
Webinars	17%

Table 20. Tribal program responses to the question, “How much training do you need related to COVID-19?”

How much training do you need related to COVID-19?	Large	Moderate	Small	None
Organizational change management	18%	42%	22%	18%
Food service adaptations to meet COVID-19 meal service demands	24%	39%	24%	13%
Developing inventive partnerships	27%	39%	22%	12%
Managing new programmatic flexibilities	25%	50%	16%	9%
Emergency preparedness	33%	33%	21%	13%
Meeting clients’ nutritional needs during emergencies	33%	36%	22%	9%

Training needs for decision makers

After stratifying questions about whether survey respondents do or do not make training decisions for staff, the responses display potential concerns about decision makers’ preparedness to deliver services that require modernization of senior nutrition program networks. For each of the six areas, the majority (approximately 28%) of the decision-making respondents selected they do not feel prepared to deliver the service.

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Table 21. Training needs for decision makers

Services	Not Prepared	Slightly Prepared	Somewhat Prepared	Moderately Prepared	Very Prepared
Medically tailored meals	37%	17%	16%	17%	13%
Socialization services	3%	9%	21%	34%	33%
Wellness and evidence-based self-management programming	12%	13%	21%	30%	24%
Culturally and ethnically appropriate meals	25%	19%	23%	21%	12%
Contemporary menu offerings	14%	15%	28%	28%	15%
Health-related services (e.g., screenings, change of condition tracking, post-discharge meals)	32%	19%	18%	20%	11%

Training needs for staff and individuals

Training needs were broken out by staff (those people who ...) and individuals (those people who ...) Additional findings on trainings needs looked at respondents' most-reported training needs out of the six areas and identified needs for training on nutrition, partnerships, and information technology.

Top three needs for training

Table 22 shows the majority of respondents indicated that they are not prepared to provide:

- Medically tailored meals (37%)
- Culturally and ethnically appropriate meals (25%)
- Health-related services (32%)

Table 22. Training needs for staff and individuals

Services	Not Prepared	Slightly Prepared	Somewhat Prepared	Moderately Prepared	Very Prepared
Medically tailored meals	13%	17%	16%	17%	37%
Socialization services	33%	34%	21%	9%	3%
Wellness and evidence-based self-management programming	24%	30%	21%	13%	12%
Culturally and ethnically appropriate meals	12%	21%	23%	19%	25%
Contemporary menu offerings	15%	28%	28%	15%	14%
Health-related services (e.g., screenings, change of condition tracking, post-discharge meals)	11%	20%	18%	19%	32%

Nutrition

The most frequent response (30%) to a question about what kinds of training, skill-building, and technical support would help survey respondents feel better prepared to administer successful senior nutrition programs was nutrition. Responses also included an array of requests for nutrition-based

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training, such as “learning about nutritional values for elders” and “information to better understand the changing needs of seniors in terms of daily allowances of primary nutritional components (fats, carbs, fiber, proteins, etc.).”

In questions that focused on training needs for staff and individuals, approximately 40% of the responses indicated the need for a moderate amount of training in the following areas:

- Understanding local and national food trends (food trucks, gluten free, etc.) (41%)
- Food quality (42%)
- Malnutrition (41%)

For training needed for individuals, over 30% of the responses indicated the need for a moderate amount of training in the following areas:

- Food service management (34%)
- Understanding local and national food trends (food trucks, gluten free, etc.) (38%)
- Nutrition counseling (33%)
- Nutrition education (38%)

Partnerships

Throughout the survey, 30% of respondents indicated “building partnerships with health care companies and organizations, for-profit companies, nonprofit organizations, etc.” as an area of need for more training. Additionally, 35% of respondents said it is a large area of need for staff, and 32% selected it as a large area of need for individuals. Similarly, over 30% of respondents selected “developing inventive partnerships” as a large area of need for COVID-19 training support.

Information technology

Directors and individuals (29% and 27% respectively) indicated a high need for training in data-sharing and information technology. SMEs offered insight into their observations and how staff could benefit from additional IT knowledge. Staff collect a wide variety of types of data depending on a program’s funding source and type of meal program. Staff also use a wide variety of ways to record data. For example, some staff record information on a sheet of paper (e.g., deliveries), which presents challenges for accurate tabulation. An SME shared, “We were attempting to create data on a nutritional program, but most of the data collected were on paper, limiting our ability to analyze the data and get a full picture of a program.” A standardized method of recording data is ideal and easy-to-use apps (e.g., Serve Tracker) are available for these tasks. The first step to transition staff to electronic formats is to provide training in basic computer skills. Next, create buy-in and interest in staff to transition to electronic formats by providing ample opportunity to practice their basic computer skills. Finally, offer staff training in the data collection platform to standardize the process.

Respondents also shared the following additional information technology needs:

- Information management (23% directors and 23% individuals)
- Social media (23% directors and 20% individuals)

Other areas of needed training

Staff and individuals indicated other areas where they felt they needed a large amount of training compared to a moderate, small or no training. The purpose here is to illuminate the training needs of those who responded the need was large as potential areas for training opportunities. Overall, staff and individuals indicated the need for a large amount of training in the following areas:

- New business approaches (37%)
- Staying up-to-date and relevant (35%)
- Managing new programmatic flexibilities (31%)
- Food service adaptations to meet COVID-19 meal service demands (28%)
- Community needs assessments (25%)
- Working with diverse cultures (23%)

Individual respondents indicated they need a large amount of training in:

- New business approaches (37%)
- Staying up-to-date and relevant (35%)
- Managing new programmatic flexibilities (31%)
- Emergency preparedness (29%)
- Community needs assessments (22%)
- Working with diverse cultures (21%)

The SMEs interviewed interpreted emergencies with a wider scope beyond the current pandemic to include natural disasters, like hurricanes and earthquakes. Emergency preparedness includes streamlining processes, as one interviewee described, “Many of the community advisors are not used to a quick turnaround time; therefore, there needs to be an efficiency process. Meal programs should think about alternative deliveries and streamlining the process.”

Further, they noted that food is not the only item they provide in emergency situations. They also provide social and emotional support. Thus, training in emergency preparedness includes food-related topics (e.g., shelf-stable meals) and established, internal processes to systematically reach out to the most vulnerable people. “Zoom or other virtual platforms are best, but even a phone call is better than nothing,” shared an interviewee. The interviewee described the screening tools they use to gauge social and emotional health to determine the level of on-going support or referrals needed.

Time

Issues around time were a recurring theme in the survey results. Time was identified as the top barrier, by over 40% of the respondents. It was also the focus of several questions about preferred lengths of training for various staff. Respondents preferred shorter amounts of time (15 to 30 minutes) for frontline staff (cooks, drivers, etc.) (37%) and 60 minutes for professional staff (dietitians, executive directors, etc.) (29%). For personal training, respondents preferred 60-minute trainings (31%), which fell in line with the majority of the survey respondents having identified as leadership or management.

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Training availability

Overall, 55% of the respondents somewhat agreed that training opportunities are available for their staff and for themselves (See Table 23). As noted previously, respondents indicated that they did not have enough time for training; they had inadequate access to reliable internet and computers; and they had inadequate technology skills. Issues around time were included in approximately 25% of the written responses. A respondent stated, “We are so bogged down with paperwork that any spare time is used for other things, and training times are usually when we are delivering meals.” Another shared that there is “not enough time during work hours to develop proper training materials.”

Access to internet, computers, and technology were listed in approximately 19% of the answers. A respondent explained, “Numerous staff do not have access to technology where they can access these training format[s].” Another shared, “Most of my staff are not trained to use the computer, so it makes it difficult for online training for the kitchen staff and sometimes the office staff, as well.”

Respondents described access to trainings and technology as particularly challenging in rural areas. One explained, “We live and serve seniors in a very rural area with inadequate internet and opportunities for training.” Another shared, “We are located in a very rural setting and must travel greater distances to obtain most training.”

Several responses conveyed inadequate availability of training at the regional and local levels. A respondent stated that they were “not aware of any training in our local area,” and “Meals on Wheels does a good job of providing trainings, but our local Area Agency on Aging never puts on any regional trainings and neither does the state.”

Table 23. Training availability for staff and individuals

Availability	Strongly agree	Somewhat agree	Minimally agree	Do not agree	N/A
Training is available, when needed, for my staff	13%	55%	21%	10%	1%
The training opportunities are available when I need them	13%	55%	24%	6%	2%

Preferred training formats

Respondents most often selected the need for trainings that are tailored for different levels of knowledge (18% for staff and 17% for individuals) and webinars (18% for staff and 20% for individuals) for trainings that would work well for staff (See Table 24). Videos (28%) and customizable templates (25%) emerged as the most selected training supports for staff and individuals. Additionally, a respondent shared that “recorded Zooms with follow up print outs seems to work best.” Another shared a preference for a “combination of online training modules mixed with web-based discussions with leader(s) and peers.” A third respondent shared, “Videos give you excellent ideas. More like hands-on learning.”

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Table 24. Preferred training formats and supporting materials for staff and individuals

Preferred training formats and supporting materials	Staff	Individuals
Training formats		
Trainings for different levels of knowledge (beginner, intermediate, advanced)	18%	17%
Webinars	18%	20%
In-person events (once they are safe to resume)	18%	16%
Recorded training modules	17%	16%
Training for job-alike professionals (leadership, program, food service)	15%	17%
Peer-to-peer learning opportunities	14%	14%
Supporting materials		
Videos	28%	28%
Templates (customizable materials)	25%	25%
Written materials (white papers, issue briefs, etc.)	24%	25%
Graphics (infographics, etc.)	23%	22%

Conclusion

This Technical Assistance and Training Needs Environmental Scan and Survey illuminated several opportunities for the NCRNA to further develop a training curriculum to meet the evolving needs of senior nutrition programs. Senior nutrition programs are challenged with an evolving and complex business environment, funding shortfalls, and with meeting the needs of a growing, culturally, and geographically diverse client population. Most of the findings of this study validated those reported in previous studies. Major public health events, such as the COVID-19 pandemic that emerged during the time of this evaluation, have had a critical impact on the provision of senior nutrition services, making these recommendations timely if not urgent.

The national nutrition and aging services network is well-positioned to support the needs of the older adult populations they serve across the country. The NCRNA has the opportunity to respond to the identified training and technical assistance needs of the nutrition and aging services network through the delivery of contemporary innovative trainings that leverage available technologies to engage SMEs in the delivery of virtual peer-to-peer learning sessions, and virtual didactic seminars and other practice-informed training strategies. The NRCNA can also leverage these findings to craft training resources that address the identified major business drivers and learning needs to support development of greater business acumen (or a business-minded approach) by senior nutrition program leaders, staff and volunteers. Recommended strategies for the NRCNA to consider going forward include the provision of targeted training that addresses specific learning needs by staff role as well as trainings that respond to programmatic needs as they vary by geographic setting. The NRCNA can also consider the establishment a nutrition programs and services innovations institute for senior nutrition programs going forward.

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Appendix

Focus group moderator guide

Introduction

Good morning/good afternoon and thank you all for agreeing to participate in this focus group. My name is ____ and I am a ____ at Kauffman & Associates, Inc., a Native woman-owned company that is working with the National Resource Center on Nutrition and Aging (NRCNA) to conduct an evaluation of key business drivers and training and technical assistance needs for senior nutrition programs. The purpose of this focus group is to help us learn about the central business aspects and training needs of senior nutrition program providers. Your input will also help us develop a senior nutrition program-focused Technical Assistance and Training Needs Assessment Survey that will be deployed in a few weeks. The findings from the focus group and the survey will inform NRCNA's development of meaningful training and technical assistance efforts. You all were identified as leaders in the field and we're very thankful for your time, particularly during these challenging times.

Your name will not be attached to anything that you say and all of the interview data we collect will be analyzed in the aggregate. If you agree to have this recorded, myself and two team members will be the only people who will have access to the recording which will be destroyed when the project is completed by Sept 2020. Do I have your permission to record the interview for our internal, notetaking purposes?

Now to get started, I'd like everyone to state your name and provide a brief description of your work in aging and nutrition services.

Questions

1. First, I'd like you to reflect on strong senior nutrition programs. What comes to mind? What would you say are the important qualities of strong senior nutrition programs? Next, what is needed to successfully drive/maintain business to aging services providers now and into the future? What factors contribute to the sustainability of senior nutrition programs? What do you consider to be the most significant competition for senior nutrition programs and why? How can senior nutrition programs remain competitive, and meet the needs of seniors today and in the future? Thinking about the staff who work at senior nutrition programs, what knowledge, skills, and abilities are most needed? (probes: needs assessments, business acumen, working with diverse populations)
2. In your opinion, what are the strengths of the current learning and training opportunities available to senior nutrition program professionals? In what ways can currently available training be strengthened? What kinds of training and training settings do you think are most conducive to acquiring the skills that senior nutrition providers need? What advice would you give us to ensure that this study makes a significant contribution to the education of current and next-generation providers of nutrition and aging services?

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3. For the Technical Assistance and Training Needs Assessment survey, we're planning to send it to leadership and high-level program staff of senior nutrition programs. Are there other groups that you suggest we include?

Closing

This is the end of our focus group. I want to be respectful of everyone's time. Do any of you have any additional comments, parting words or questions for us as we end our time together today?

I want to thank everyone for participating in today's focus group. We gained some valuable information on senior nutrition programs. Thank you again and have a great rest of your day.

In-depth interview questions

Introduction

Good morning/good afternoon and thank you for agreeing to participate in this interview. My name is ____ and I am a ____ at Kauffman & Associates, Inc., a Native woman-owned company that is working with the National Resource Center on Nutrition and Aging (NRCNA) to conduct an evaluation of key business drivers and training and technical assistance needs for senior nutrition programs. The purpose of this interview is to help us learn about the central business aspects and training needs of senior nutrition program providers. Your input will also help us develop a senior nutrition program-focused Technical Assistance and Training Needs Assessment Survey that will be deployed in a few weeks. The findings from interviews and the survey will inform NRCNA's development of meaningful training and technical assistance efforts. You were identified as a subject matter expert and we're very thankful for your time, particularly during these challenging times.

Your name will not be attached to anything that you say and all of the interview data we collect will be analyzed in the aggregate. If you agree to have this recorded, myself and two team members will be the only people who will have access to the recording which will be destroyed when the project is completed by Sept 2020. Do I have your permission to record the interview for our internal, notetaking purposes?

Questions

1. First, I'd like you to reflect on strong senior nutrition programs. What comes to mind? What would you say are the important qualities of strong senior nutrition programs?
2. Next, what is needed to successfully drive/maintain business to senior nutrition program providers? (probes: partnerships with healthcare entities, innovative business models, needs assessments, emergency preparedness/COVID-19 support)
3. Now, thinking about the staff who work at senior nutrition programs, what knowledge, skills, and abilities are most needed? (probes: needs assessments, business acumen, working with diverse populations)
 - a. Of these, which knowledge, skills, and abilities can be improved through training?
4. In your opinion, what are the strengths of the current learning and training opportunities available to senior nutrition program professionals?
5. In what areas and topics do you think senior nutrition providers need more training?
6. In what ways can currently available training be strengthened to increase participants' learning and ability to effectively apply what has been learned?
7. For the Technical Assistance and Training Needs Assessment survey we're developing, we're planning to send it to leadership and high-level program staff of senior nutrition programs. Are there other groups that you suggest we include?

Closing

This is the end of our interview. I want to be respectful of your time. Do any of you have any additional comments, parting words or questions for us as we end our time together today?

Thank you for your participation and have a great rest of your day.

Training and technical assistance survey



NRCNA Technical Assistance and Training Needs Assessment Survey

Introduction

Thank you for your interest in the National Resource Center on Nutrition and Aging's (NRCNA) Technical Assistance and Training Needs Assessment survey. NRCNA is working with Kauffman & Associates, Inc., (KAI) to examine the educational needs of senior nutrition program staff across the country. The survey findings will be used to establish recommendations that will inform a strategy for ongoing training development by the NRCNA for the benefit of senior nutrition program professionals in the Aging Network.

The survey will take approximately 10–15 minutes to complete. Your participation is voluntary, and all responses will be anonymous and confidential. All survey data will be exported and recorded into a computer database with limited accessibility by KAI project staff. The survey is designed to allow you to move through it as efficiently as possible. We recommend you try to complete as much of the survey as you can at once.

If you have any questions or concerns regarding this project, please contact Janet Gordon, principal investigator, at janet.gordon@kauffmaninc.com or 509-860-5273 and Uche Akobundu, NRCNA Director, at uche@mealsonwheelsamerica.org.

* 1. I have read and reviewed the above information about this project. I hereby consent and voluntarily agree to participate in an online survey on senior nutrition programming conducted by KAI, on behalf of NRCNA.
(Select one)

- Yes, I consent to the above statement.
- No, I do not consent to the above statement.

* 2. Do **any** of the following statements apply to you?

You work for an organization that provides nutrition services to older adults (e.g., State Unit on Aging, Meals on Wheels, a senior center, congregate nutrition site, an Area Agency on Aging, Council of Governments, Tribal/Title VI Organization, etc.).

You use materials, resources, or training materials provided by NRCNA to support your work.

Attending to the nutrition needs of older adults plays an important role in your job.

Yes

No



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Services and Funding

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* 3. Traditionally, what types of non-COVID-19 services does your program offer or administer? Select all that apply.

- Home-delivered meals
- Congregate meals
- Medically tailored meals
- Nutrition education
- Food assistance
- Nutrition assessment
- Post-hospital discharge meals
- Socialization (i.e., senior companionship services, telephone reassurance)
- Catering services
- Transition care services (i.e., post hospital discharge meal packages)
- Evidence-based self-management classes
- Medical nutrition therapy
- Food-related services to populations beyond older adults
- Nutrition counseling
- Grocery shopping/delivery
- Other (please specify)

* 4. New generations of seniors bring shifting nutrition service needs that require modernization of the senior nutrition program network. How prepared do you feel to deliver such services? Select one for each item below.

	Very Prepared	Moderately Prepared	Somewhat Prepared	Slightly Prepared	Not Prepared
Medically tailored meals	<input type="radio"/>				
Socialization services	<input type="radio"/>				
Wellness and evidence-based self-management programming	<input type="radio"/>				
Culturally and ethnically appropriate meals	<input type="radio"/>				
Contemporary menu offerings	<input type="radio"/>				
Healthcare related services (i.e., screenings, change of condition tracking, post-discharge meals)	<input type="radio"/>				

3

* 5. Senior nutrition programs play a vital role in the health of seniors. What kinds of training, skill-building, and technical support would help you feel better prepared to administer a successful senior nutrition program?



NRCNA Technical Assistance and Training Needs Assessment Survey

Training

* 6. Do you make training decisions for the staff in your organization? Select one.

Yes

No



NRCNA Technical Assistance and Training Needs Assessment Survey

Page A

Technical Assistance and Training Needs Assessment Evaluation

* 7. When answering this question, please think about the training opportunities that exist in your region, online through websites, etc. Indicate your level of agreement for each aspect of training opportunities for your staff below.

	Strongly Agree	Somewhat Agree	Minimally Agree	Do Not Agree	N/A
The training opportunities are available when needed for my staff.	<input type="radio"/>				
The training opportunities are in training formats (online, audio recording, webinar, written resources, etc.) that are easily accessible to the diverse learning needs of staff.	<input type="radio"/>				
The training opportunities are of high quality and relevant to staffs' roles and responsibilities.	<input type="radio"/>				
The training opportunities cover the most critical and essential topics.	<input type="radio"/>				
The training opportunities offer a wide range of topics that meet my staff's needs.	<input type="radio"/>				

If you selected "minimally agree" or "do not agree", for any question, please explain.

Technical Assistance and Training Needs Assessment Evaluation

* 8. Select the amount of training that your staff need in each area below.

Food/Nutrition

	Large Amount	Moderate Amount	Small Amount	No Training Needed
Food safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food service management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic food service skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to work with food suppliers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding local and national food trends (food trucks, gluten free, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Malnutrition (deficits, excesses, or imbalances in a person's intake of energy and/or nutrients) and food insecurity (a lack of consistent access to enough food for an active, healthy life)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Technical Assistance and Training Needs Assessment Evaluation

* 9. Select the amount of training that your staff need in each area below.

Organizational Development

	Large Amount	Moderate Amount	Small Amount	No Training Needed
Building partnerships with health care companies and organizations, for-profit companies, nonprofit organizations, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New business approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Budgeting and fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic planning (understanding the business environment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contract management/negotiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competitive analysis (understanding/anticipating competition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data-sharing/Information technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting funder requirements and accountability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications and marketing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying up-to-date and relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

Technical Assistance and Training Needs Assessment Evaluation

* 10. Select the amount of training that your staff need in each area below.

COVID-19

	Large Amount	Moderate Amount	Small Amount	No Training Needed
Organizational change management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food service adaptations to meet COVID-19 meal service demands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing inventive partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing new programmatic flexibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting the client nutritional needs during emergencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

* 11. Select the amount of training that your staff need in each area below.

Client Focused Training

	Large Amount	Moderate Amount	Small Amount	No Training Needed
Working with diverse cultures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer service basics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community needs assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting the person to person socialization needs of older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence-based self-management classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-hospital discharge care transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

Technical Assistance and Training Needs Assessment Evaluation

* 12. What are the greatest barriers for your staff to get the training they need for their jobs?

* 13. Which training formats would work well for your staff? Select all that apply.

- Peer-to-peer learning opportunities
- Webinars
- Recorded training modules
- In-person events (once they are safe to resume)
- Trainings for different levels of knowledge (beginner, intermediate, advanced)
- Training for job-alike professionals (leadership, program, food service)
- Other (please specify)

* 14. What training supports (or supplemental resources) would work well for your staff? Select all that apply.

- Templates (customizable materials)
- Videos
- Written materials (white papers, issue briefs, etc.)
- Graphics (infographics, etc.)
- Other (please specify)

* 15. Consider training for your frontline staff (cooks, drivers, etc.). What length of time for each session would be appropriate? Select all that apply.

- 15 minutes or less
- 15–30 minutes
- 60 minutes
- 1–2 hours
- 1/2 day in person (once they are safe to resume)
- Full day in person (once they are safe to resume)

Technical Assistance and Training Needs Assessment Evaluation

* 16. Consider training for your professional staff (dietitians, executive directors, etc.), what length of time for each session would be appropriate? Select all that apply.

- 15 minutes or less
- 15–30 minutes
- 60 minutes
- 1–2 hours
- 1/2 day in person (once they are safe to resume)
- Full day in person (once they are safe to resume)

* 17. Given the impact of COVID-19, what training topics do you think are most relevant for your staff? Select all that apply.

- Emergency preparedness/planning
- Supply chain management
- Sanitation concerns
- Addressing client social/emotional health (warning signs, etc.)
- Client communication (non-anxiety producing, positive communication strategies during a pandemic)
- Adapting to the changing business environment
- Funding concerns
- Other (please specify)

The next set of questions ask about **your** professional training needs. They are similar to the previous questions focused on staff. However, they are an important opportunity to capture your valuable insights as a nutrition professional. Please stick with us!



Technical Assistance and Training Needs Assessment Evaluation

* 19. Select the amount of training that you need in each area below.

Food/Nutrition

	Large Amount	Moderate Amount	Small Amount	No Training Needed
Food safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food service management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic food service skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to work with food suppliers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding local and national food trends (food trucks, gluten free, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Technical Assistance and Training Needs Assessment Evaluation

* 18. When answering this question, please think about the training opportunities that exist in your region, online through websites, etc. Indicate your level of agreement for each aspect of training opportunities below.

	Strongly Agree	Somewhat Agree	Minimally Agree	Do Not Agree	N/A
The training opportunities are available when I need them.	<input type="radio"/>				
The training opportunities are in training formats (online, audio recording, webinar, written resources, etc.) that are clear and easy to understand.	<input type="radio"/>				
The training opportunities are of high quality and relevant to my role and responsibilities.	<input type="radio"/>				
The training opportunities cover the most critical and essential topics.	<input type="radio"/>				
The training opportunities offer a wide range of topics that meet my needs.	<input type="radio"/>				

If you selected "minimally agree" or "do not agree", for any questions, please explain.

Technical Assistance and Training Needs Assessment Evaluation

* 19. Select the amount of training that you need in each area below.

Food/Nutrition

	Large Amount	Moderate Amount	Small Amount	No Training Needed
Food safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food service management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic food service skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to work with food suppliers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding local and national food trends (food trucks, gluten free, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutrition education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Technical Assistance and Training Needs Assessment Evaluation

* 20. Select the amount of training that you need in each area below.

Organizational Development

	Large Amount	Moderate Amount	Small Amount	No Training Needed
Building partnerships with health care companies and organizations, for-profit companies, nonprofit organizations, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New business approaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Budgeting and fundraising	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strategic planning (understanding business environment)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contract management/negotiation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competitive analysis (understanding/anticipating competition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data-sharing/Information technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting funder requirements and accountability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communications and marketing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staying up-to-date and relevant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Technical Assistance and Training Needs Assessment Evaluation

* 21. Select the amount of training that you need in each area below.

COVID-19

	Large Amount	Moderate Amount	Small Amount	No Training Needed
Organizational change management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food service adaptations to meet COVID-19 meal service demands	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing inventive partnerships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing new programmatic flexibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency preparedness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting client nutritional needs during emergencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

* 22. Select the amount of training that you need in each area below.

Client Focused Training

	Large Amount	Moderate Amount	Small Amount	No Training Needed
Working with diverse cultures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customer service basics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community needs assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting the person to person socialization needs of older adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evidence-based self-management classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-hospital discharge care transitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>			

* 23. What are the greatest challenges for you to get the training you need for your job?

* 24. Which formats would you prefer for future training? Select all that apply.

- Peer-to-peer learning opportunities
- Webinars
- Recorded training modules
- In-person events (once they are safe to resume)
- Trainings for different levels of knowledge (beginner, intermediate, advanced)
- Trainings for job-alike professionals (leadership, program, food service)
- Other (please specify)

* 25. What training supports (or supplemental resources) would work well for you? Select all that apply.

- Templates (customizable materials)
- Videos
- Written materials (white papers, issue briefs, etc.)
- Graphics (infographics, etc.)
- Other (please specify)

* 26. Consider training for yourself. What length of time for each session would be appropriate? Select all that apply.

- 15 minutes or less
- 15–30 minutes
- 60 minutes
- 1–2-hours
- 1/2 day in person (once they are safe to resume)
- Full day in person (once they are safe to resume)

Technical Assistance and Training Needs Assessment Evaluation

* 27. Given the impact of COVID-19 on your organization, what training topics are of the greatest interest to you? Select all that apply.

- Emergency preparedness
- Meeting client and/or safety needs
- Sanitation concerns
- Adapting to the changing business environment
- Funding concerns
- Other (please specify)



NRCNA Technical Assistance and Training Needs Assessment Survey

Background

* 28. How would you best describe your job title and function? Select one response.

- Leadership (Executive Director, Director, Senior Center Director)
- Manager (Nutrition Program Manager, Meal Site Manager)
- Direct Service Staff (Meal Site Coordinator, Drivers/Volunteers, Servers)
- Registered dietitian nutritionist
- Food service staff (Cook, Caterer)
- Other (please specify)

* 29. Does your organization receive Older Americans Act funding (Title III, Title VI for Tribal Organizations)? Select one.

- Yes
- No
- I don't know

* 30. What other sources does your organization receive funding from (e.g. donations, state funding, foundations)?

* 31. How would you best describe the organization you represent? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Nonprofit organization | <input type="checkbox"/> City/County Agency |
| <input type="checkbox"/> State Unit on Aging | <input type="checkbox"/> Tribal/Title VI Organization |
| <input type="checkbox"/> State Unit on Aging (Single planning/Direct Service Agency) | <input type="checkbox"/> Home health agency |
| <input type="checkbox"/> Area Agency on Aging - government agency (Direct Service Providers) | <input type="checkbox"/> Faith-Based Organization |
| <input type="checkbox"/> Area Agency on Aging - government agency (Non-Direct Service Providers) | |
| <input type="checkbox"/> Other (please specify) | |

* 32. At what level does your organization operate? Select all that apply.

- National
- State
- Regional
- Local

* 33. In which areas do your program operate and serve? Select all that apply.

- Urban
- Suburban
- Rural
- Frontier
- Tribal community (reservation)