Mapping the Senior Center Client Survey and Surveys on Emergency Preparedness for CNPs and AAAs

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Year One Mapping the Senior Center Client Survey and Surveys on Emergency Preparedness for CNPs and AAAs

In 2021, the National Foundation to End Senior Hunger (NFESH) administered surveys to senior center clients being served in Kentucky and Georgia. This survey queried the clients on demographic data, their activity with their local senior center prior to the shutdown, and their life during the pandemic and after their senior center shutdown. NFESH also administered surveys on emergency preparedness to Congregate Nutrition Programs (CNPs) and Area Agencies on Aging (AAAs) staff in Kentucky and Georgia. Previous reports have already presented the results from these surveys in more detail. This report maps responses from the three surveys to provide further insight into spatial patterns.

Senior Client Survey Maps

There were 1,377 respondents from Kentucky and 3,451 respondents from Georgia to the senior client survey. This report maps the total number of responses and responses to questions on food security and SNAP benefits based on the county location of the respondent.

Responses for each state were mapped by county if the respondent answered “yes” to the following questions: (1) Due to the pandemic, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food; (2) In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food; and (3) Do you or any other adults in your household receive SNAP benefits? The percentage of clients who answered “yes” to each question were calculated against the total number of clients who answered that question.

Results from Kentucky can be found in Figure 1a. See Tables 1a through 4a for the breakdown of responses from Kentucky by frequency and percentage. Results from Georgia can be found in Figure 2a. See Tables 5a through 8a for the breakdown of responses from Georgia by frequency and percentage.

Figure 1a: Individual Senior Client Survey Results from Kentucky

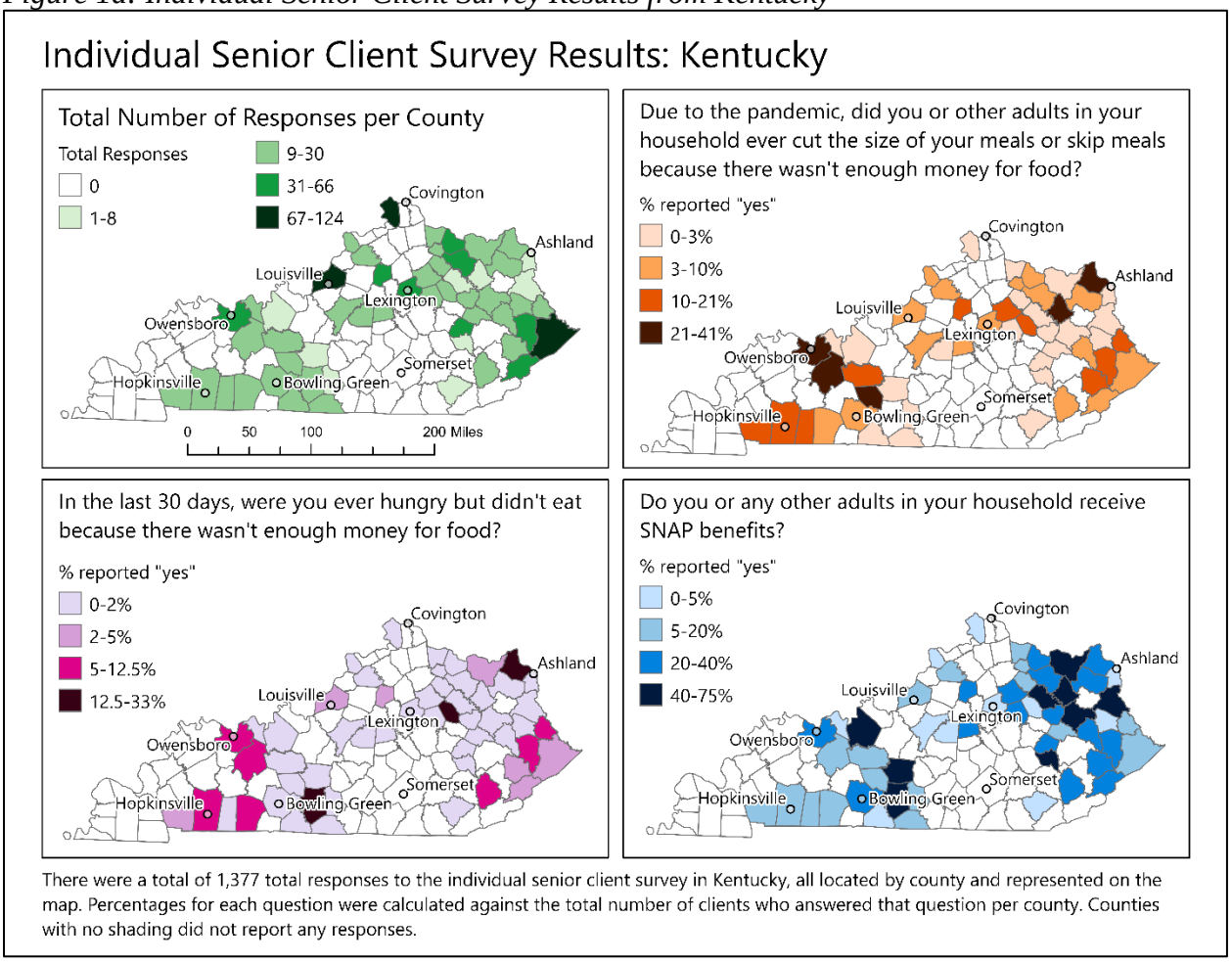


Table 1a: Total Senior Client Survey Responses from Kentucky by County (n=1,377)

Total Survey Responses					
County	**Frequency**	**Percentage (%)**	**County**	**Frequency**	**Percentage (%)**
Jefferson	124	9.01%	**Magoffin**	17	1.23%
Boone	94	6.83%	**Morgan**	17	1.23%
Pike	87	6.32%	**Nicholas**	17	1.23%
Fayette	66	4.79%	**Mercer**	16	1.16%
Fleming	55	3.99%	**Bourbon**	15	1.09%
Franklin	52	3.78%	**Todd**	15	1.09%
Letcher	51	3.70%	**Trimble**	15	1.09%
Daviess	45	3.27%	**Logan**	14	1.02%

Floyd	43	3.12%	**Wolfe**	14	1.02%
Mason	40	2.90%	**Greenup**	13	0.94%
Lee	36	2.61%	**Warren**	13	0.94%
Knott	30	2.18%	**Barren**	12	0.87%
Hancock	27	1.96%	**Grayson**	12	0.87%
Martin	27	1.96%	**Leslie**	12	0.87%
Robertson	27	1.96%	**Allen**	11	0.80%
Menifee	26	1.89%	**Edmonson**	11	0.80%
Bracken	25	1.82%	**Washington**	11	0.80%
Lewis	25	1.82%	**Monroe**	10	0.73%
Henry	24	1.74%	**Boyd**	8	0.58%
Ohio	24	1.74%	**Lawrence**	8	0.58%
Carter	23	1.67%	**Owsley**	8	0.58%
Christian	22	1.60%	**Rowan**	8	0.58%
Nelson	22	1.60%	**Breckinridge**	7	0.51%
Trigg	22	1.60%	**Hart**	6	0.44%
Clark	20	1.45%	**Metcalfe**	6	0.44%
Johnson	20	1.45%	**Knox**	3	0.22%
Montgomery	19	1.38%	**Bath**	2	0.15%

Table 2a: Kentucky, respondent reported "yes", they or other adults in household cut the size of meals or skipped meals because there wasn't enough money for food

Due to the pandemic, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?					
County	**Frequency**	**Percentage (%)**	**County**	**Frequency**	**Percentage (%)**
Jefferson (n=122)	12	9.84%	**Carter (n=20)**	2	10.00%
Daviess (n=44)	11	25.00%	**Letcher (n=51)**	2	3.92%

Franklin (n=52)	9	17.31%	**Mason (n=38)**	2	5.26%
Ohio (n=24)	6	25.00%	**Rowan (n=7)**	2	28.57%
Barren (n=12)	5	41.67%	**Todd (n=13)**	2	15.38%
Floyd (n=41)	5	12.20%	**Grayson (n=9)**	1	11.11%
Knott (n=30)	5	16.67%	**Henry (n=23)**	1	4.35%
Martin (n=24)	5	20.83%	**Lee (n=36)**	1	2.78%
Edmonson (n=11)	4	36.36%	**Leslie (n=12)**	1	8.33%
Christian (n=20)	3	15.00%	**Logan (n=13)**	1	7.69%
Fayette (n=64)	3	4.69%	**Magoffin (n=17)**	1	5.88%
Fleming (n=50)	3	6.00%	**Mercer (n=14)**	1	7.14%
Greenup (n=11)	3	27.27%	**Nelson (n=20)**	1	5.00%
Montgomery (n=19)	3	15.79%	**Robertson (n=26)**	1	3.85%
Pike (n=85)	3	3.53%	**Trimble (n=15)**	1	6.67%
Trigg (n=19)	3	15.79%	**Warren (n=12)**	1	8.33%
Bourbon (n=14)	2	14.29%			

Table 3a: Kentucky, respondent reported "yes", they were hungry but didn't eat because there wasn't enough money for food

In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?					
County	**Frequency**	**Percentage (%)**	**County**	**Frequency**	**Percentage (%)**
Daviess (n=45)	5	11.11%	**Franklin (n=52)**	2	3.85%
Barren (n=12)	4	33.33%	**Letcher (n=51)**	2	3.92%
Jefferson (n=120)	4	3.33%	**Ohio (n=24)**	2	8.33%
Montgomery (n=19)	4	21.05%	**Fleming (n=54)**	1	1.85%
Floyd (n=43)	3	6.98%	**Knott (n=30)**	1	3.33%
Greenup (n=11)	3	27.27%	**Leslie (n=12)**	1	8.33%
Martin (n=24)	3	12.50%	**Lewis (n=21)**	1	4.76%
Pike (n=83)	3	3.61%	**Logan (n=14)**	1	7.14%
Christian (n=20)	2	10.00%	**Trigg (n=21)**	1	4.76%

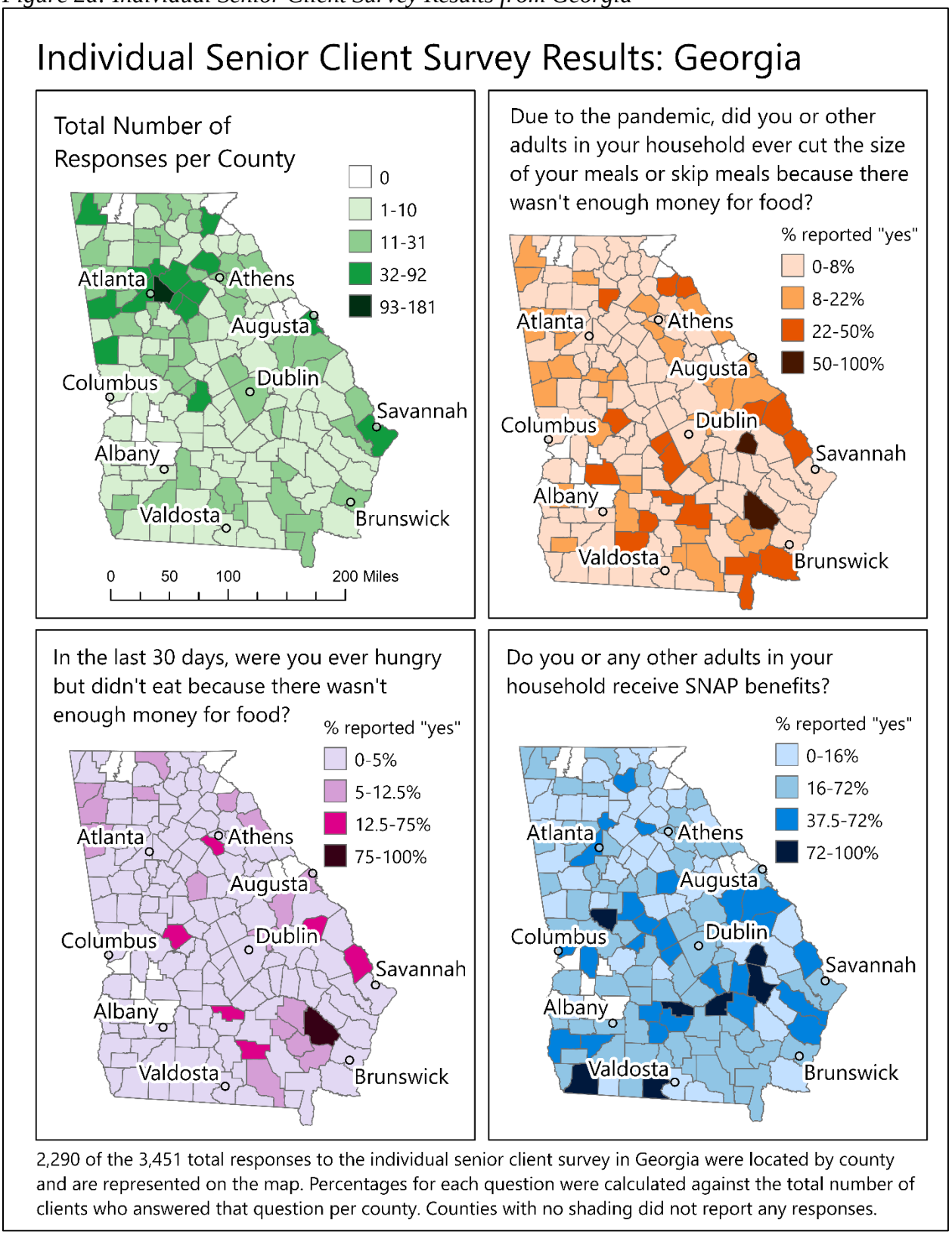
Table 4a: Kentucky, respondent reported "yes", they or other adults in household receive SNAP benefits

Do you or any other adults in your household receive SNAP benefits?					
County	**Frequency**	**Percentage (%)**	**County**	**Frequency**	**Percentage (%)**
Fleming (n=55)	18	32.73%	**Mercer (n=15)**	4	26.67%

Letcher (n=50)	17	34.00%	**Ohio (n=24)**	4	16.67%
Jefferson (n=124)	15	12.10%	**Owsley (n=8)**	4	50.00%
Lee (n=36)	14	38.89%	**Robertson (n=27)**	4	14.81%
Mason (n=40)	14	35.00%	**Breckinridge (n=7)**	3	42.86%
Franklin (n=52)	13	25.00%	**Hart (n=6)**	3	50.00%
Lewis (n=23)	11	47.83%	**Henry (n=24)**	3	12.50%
Daviess (n=43)	10	23.26%	**Leslie (n=12)**	3	25.00%
Morgan (n=17)	10	58.82%	**Trigg (n=21)**	3	14.29%
Floyd (n=43)	9	20.93%	**Warren (n=12)**	3	25.00%
Pike (n=86)	9	10.47%	**Bracken (n=25)**	2	8.00%
Knott (n=29)	8	27.59%	**Nicholas (n=17)**	2	11.76%
Clark (n=20)	7	35.00%	**Wolfe (n=14)**	2	14.29%
Carter (n=23)	6	26.09%	**Bath (n=2)**	1	50.00%
Menifee (n=26)	6	23.08%	**Edmonson (n=11)**	1	9.09%
Rowan (n=8)	6	75.00%	**Fayette (n=65)**	1	1.54%

Barren (n=12)	5	41.67%	**Grayson (n=12)**	1	8.33%
Bourbon (n=15)	5	33.33%	**Logan (n=14)**	1	7.14%
Christian (n=22)	4	18.18%	**Metcalfe (n=6)**	1	16.67%
Greenup (n=12)	4	33.33%	**Monroe (n=10)**	1	10.00%
Lawrence (n=8)	4	50.00%	**Montgomery (n=19)**	1	5.26%
Magoffin (n=15)	4	26.67%	**Todd (n=14)**	1	7.14%
Martin (n=24)	4	16.67%			

Figure 2a: Individual Senior Client Survey Results from Georgia



2,290 of the 3,451 total responses to the individual senior client survey in Georgia were located by county and are represented on the map. Percentages for each question were calculated against the total number of clients who answered that question per county. Counties with no shading did not report any responses.

Table 5a: Total Senior Client Survey Responses from Georgia by County

County	Frequency	Percentage (%)	County	Frequency	Percentage (%)
Unknown	1161	33.64%	**Colquitt**	9	0.26%
DeKalb	181	5.24%	**Emanuel**	9	0.26%
Chatham	92	2.67%	**Franklin**	9	0.26%
Fulton	89	2.58%	**Gilmer**	9	0.26%
Richmond	73	2.12%	**Hall**	9	0.26%
Troup	70	2.03%	**Henry**	9	0.26%
Gwinnett	67	1.94%	**Marion**	9	0.26%
Walker	64	1.85%	**Twiggs**	9	0.26%
Carroll	59	1.71%	**Baldwin**	8	0.23%
Houston	59	1.71%	**Crisp**	8	0.23%
Habersham	58	1.68%	**Forsyth**	8	0.23%
Newton	50	1.45%	**Screven**	8	0.23%
Walton	48	1.39%	**Atkinson**	7	0.20%
Rockdale	44	1.27%	**Ben Hill**	7	0.20%
Jackson	43	1.25%	**Dooly**	7	0.20%
Cobb	41	1.19%	**Early**	7	0.20%
Oglethorpe	31	0.90%	**Gordon**	7	0.20%
Haralson	30	0.87%	**Lamar**	7	0.20%
Catoosa	28	0.81%	**Pike**	7	0.20%
Union	28	0.81%	**Taylor**	7	0.20%
Glynn	26	0.75%	**Thomas**	7	0.20%
Elbert	24	0.70%	**Tift**	7	0.20%
Spalding	24	0.70%	**Washington**	7	0.20%
Greene	22	0.64%	**Bibb**	6	0.17%
Barrow	20	0.58%	**Calhoun**	6	0.17%
Jenkins	20	0.58%	**Camden**	6	0.17%
Floyd	19	0.55%	**Dougherty**	6	0.17%
Madison	19	0.55%	**Echols**	6	0.17%

Seminole	19	0.55%	**Glascock**	6	0.17%
Bryan	18	0.52%	**Heard**	6	0.17%
Butts	18	0.52%	**Morgan**	6	0.17%
Cherokee	18	0.52%	**Pulaski**	6	0.17%
Douglas	17	0.49%	**Randolph**	6	0.17%
Jasper	17	0.49%	**Talbot**	6	0.17%
Jefferson	17	0.49%	**Turner**	6	0.17%
Bacon	16	0.46%	**Harris**	5	0.14%
Lanier	16	0.46%	**Macon**	5	0.14%
Ware	16	0.46%	**Oconee**	5	0.14%
Polk	15	0.43%	**Tattnall**	5	0.14%
Clarke	14	0.41%	**Treutlen**	5	0.14%
Dade	14	0.41%	**Wheeler**	5	0.14%
Fannin	14	0.41%	**Wilcox**	5	0.14%
Worth	14	0.41%	**Bleckley**	4	0.12%
Berrien	13	0.38%	**Coffee**	4	0.12%
Burke	13	0.38%	**Fayette**	4	0.12%
Dawson	13	0.38%	**Grady**	4	0.12%
Monroe	13	0.38%	**Meriwether**	4	0.12%
Upson	13	0.38%	**Muscogee**	4	0.12%
Charlton	12	0.35%	**Sumter**	4	0.12%
Cook	12	0.35%	**Telfair**	4	0.12%
Coweta	12	0.35%	**Toombs**	4	0.12%
Effingham	12	0.35%	**Wilkes**	4	0.12%
Laurens	12	0.35%	**Clay**	3	0.09%
Mitchell	12	0.35%	**Dodge**	3	0.09%
Montgomery	12	0.35%	**Irwin**	3	0.09%
Paulding	12	0.35%	**Long**	3	0.09%
Peach	12	0.35%	**Lumpkin**	3	0.09%
Pickens	12	0.35%	**Stewart**	3	0.09%

Clayton	11	0.32%	**Towns**	3	0.09%
Crawford	11	0.32%	**Bartow**	2	0.06%
Miller	11	0.32%	**Decatur**	2	0.06%
White	11	0.32%	**Evans**	2	0.06%
Wilkinson	11	0.32%	**Liberty**	2	0.06%
Brantley	10	0.29%	**McIntosh**	2	0.06%
Chattooga	10	0.29%	**Putnam**	2	0.06%
Clinch	10	0.29%	**Warren**	2	0.06%
Hart	10	0.29%	**Brooks**	1	0.03%
Johnson	10	0.29%	**Bulloch**	1	0.03%
Jones	10	0.29%	**Candler**	1	0.03%
Lincoln	10	0.29%	**Hancock**	1	0.03%
Pierce	10	0.29%	**Jeff Davis**	1	0.03%
Appling	9	0.26%	**Lowndes**	1	0.03%
Baker	9	0.26%	**Taliaferro**	1	0.03%
Banks	9	0.26%	**Wayne**	1	0.03%

Table 6a: Georgia, respondent reported "yes", they or other adults in household cut the size of meals or skipped meals because there wasn't enough money for food

Due to the pandemic, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?					
County	**Frequency**	**Percentage (%)**	**County**	**Frequency**	**Percentage (%)**
Unknown (n=923)	101	10.94%	**Jefferson (n=16)**	2	12.50%
DeKalb (n=164)	10	6.10%	**Lanier (n=13)**	2	15.38%
Walker (n=57)	8	14.04%	**Lincoln (n=10)**	2	20.00%
Richmond (n=66)	7	10.61%	**Pickens (n=11)**	2	18.18%

Troup (n=63)	6	9.52%	**Polk (n=15)**	2	13.33%
Chatham (n=84)	5	5.95%	**Rockdale (n=40)**	2	5.00%
Fulton (n=85)	5	5.88%	**Screven (n=8)**	2	25.00%
Jenkins (n=20)	5	25.00%	**Union (n=26)**	2	7.69%
Effingham (n=11)	4	36.36%	**Walton (n=46)**	2	4.35%
Elbert (n=24)	4	16.67%	**Worth (n=12)**	2	16.67%
Greene (n=20)	4	20.00%	**Atkinson (n=6)**	1	16.67%
Jackson (n=43)	4	9.30%	**Bleckley (n=4)**	1	25.00%
Camden (n=6)	3	50.00%	**Brantley (n=9)**	1	11.11%
Charlton (n=12)	3	25.00%	**Burke (n=10)**	1	10.00%
Colquitt (n=9)	3	33.33%	**Candler (n=1)**	1	100.00%
Haralson (n=29)	3	10.34%	**Coffee (n=4)**	1	25.00%
Hart (n=9)	3	33.33%	**Crisp (n=8)**	1	12.50%
Newton (n=48)	3	6.25%	**Dodge (n=3)**	1	33.33%
Spalding (n=21)	3	14.29%	**Floyd (n=18)**	1	5.56%
Tift (n=7)	3	42.86%	**Glascock (n=6)**	1	16.67%

Ben Hill (n=7)	2	28.57%	**Heard (n=6)**	1	16.67%
Butts (n=18)	2	11.11%	**Jasper (n=17)**	1	5.88%
Carroll (n=55)	2	3.64%	**Johnson (n=9)**	1	11.11%
Catoosa (n=26)	2	7.69%	**Lamar (n=6)**	1	16.67%
Chattooga (n=10)	2	20.00%	**Madison (n=19)**	1	5.26%
Clinch (n=10)	2	20.00%	**Miller (n=11)**	1	9.09%
Cobb (n=36)	2	5.56%	**Oconee (n=5)**	1	20.00%
Coweta (n=11)	2	18.18%	**Paulding (n=12)**	1	8.33%
Crawford (n=9)	2	22.22%	**Pierce (n=10)**	1	10.00%
Douglas (n=15)	2	13.33%	**Randolph (n=6)**	1	16.67%
Forsyth (n=8)	2	25.00%	**Seminole (n=16)**	1	6.25%
Franklin (n=9)	2	22.22%	**Sumter (n=4)**	1	25.00%
Gwinnett (n=61)	2	3.28%	**Taylor (n=6)**	1	16.67%
Habersham (n=56)	2	3.57%	**Wayne (n=1)**	1	100.00%
Houston (n=55)	2	3.64%	**Wheeler (n=5)**	1	20.00%

Table 7a: Georgia, respondent reported "yes", they were hungry but didn't eat because there wasn't enough money for food

In the last 30 days, were you ever hungry but didn't eat because there wasn't enough money for food?					
County	**Frequency**	**Percentage (%)**	**County**	**Frequency**	**Percentage (%)**
Unknown (n=1083)	39	3.60%	**Cobb (n=40)**	1	2.50%
Jenkins (n=20)	4	20.00%	**Fannin (n=14)**	1	7.14%
Richmond (n=69)	4	5.80%	**Floyd (n=18)**	1	5.56%
DeKalb (n=173)	3	1.73%	**Franklin (n=9)**	1	11.11%
Effingham (n=12)	3	25.00%	**Gwinnett (n=63)**	1	1.59%
Elbert (n=24)	3	12.50%	**Habersham (n=57)**	1	1.75%
Walker (n=61)	3	4.92%	**Jackson (n=42)**	1	2.38%
Crawford (n=11)	2	18.18%	**Jasper (n=16)**	1	6.25%
Haralson (n=29)	2	6.90%	**Jefferson (n=16)**	1	6.25%
Appling (n=8)	1	12.50%	**Johnson (n=10)**	1	10.00%
Atkinson (n=7)	1	14.29%	**Oconee (n=5)**	1	20.00%
Bacon (n=16)	1	6.25%	**Pickens (n=12)**	1	8.33%

Ben Hill (n=7)	1	14.29%	**Pierce (n=9)**	1	11.11%
Brantley (n=10)	1	10.00%	**Polk (n=14)**	1	7.14%
Catoosa (n=28)	1	3.57%	**Spalding (n=24)**	1	4.17%
Chattooga (n=10)	1	10.00%	**Troup (n=64)**	1	1.56%
Clinch (n=10)	1	10.00%	**Wayne (n=1)**	1	100.00%

Table 8a: Georgia, respondent reported "yes", they or other adults in household receive SNAP benefits

Do you or any other adults in your household receive SNAP benefits?					
County	**Frequency**	**Percentage (%)**	**County**	**Frequency**	**Percentage (%)**
Unknown (n=1108)	277	25.00%	**Jasper (n=16)**	3	18.75%
DeKalb (n=174)	46	26.44%	**Lincoln (n=10)**	3	30.00%
Fulton (n=85)	35	41.18%	**Miller (n=11)**	3	27.27%
Chatham (n=89)	16	17.98%	**Mitchell (n=11)**	3	27.27%
Walker (n=62)	14	22.58%	**Turner (n=6)**	3	50.00%
Houston (n=57)	13	22.81%	**Union (n=28)**	3	10.71%
Richmond (n=69)	12	17.39%	**Wheeler (n=5)**	3	60.00%
Barrow (n=20)	11	55.00%	**Atkinson (n=7)**	2	28.57%
Cobb (n=41)	11	26.83%	**Bleckley (n=4)**	2	50.00%
Upson (n=12)	10	83.33%	**Cherokee (n=18)**	2	11.11%
Jefferson (n=16)	9	56.25%	**Crisp (n=8)**	2	25.00%
Jenkins (n=20)	9	45.00%	**Decatur (n=2)**	2	100.00%
Greene (n=22)	8	36.36%	**Dooly (n=7)**	2	28.57%
Gwinnett (n=65)	8	12.31%	**Dougherty (n=6)**	2	33.33%

Haralson (n=29)	8	27.59%	**Hart (n=8)**	2	25.00%
Burke (n=12)	7	58.33%	**Irwin (n=3)**	2	66.67%
Catoosa (n=28)	7	25.00%	**Jackson (n=43)**	2	4.65%
Effingham (n=11)	7	63.64%	**Johnson (n=10)**	2	20.00%
Habersham (n=58)	7	12.07%	**Lamar (n=7)**	2	28.57%
Ben Hill (n=7)	6	85.71%	**Lumpkin (n=3)**	2	66.67%
Bryan (n=18)	6	33.33%	**Muscogee (n=4)**	2	50.00%
Butts (n=18)	6	33.33%	**Newton (n=49)**	2	4.08%
Douglas (n=16)	6	37.50%	**Pierce (n=10)**	2	20.00%
Troup (n=66)	6	9.09%	**Polk (n=14)**	2	14.29%
Ware (n=16)	6	37.50%	**Talbot (n=6)**	2	33.33%
Carroll (n=58)	5	8.62%	**Taylor (n=7)**	2	28.57%
Clarke (n=14)	5	35.71%	**Thomas (n=7)**	2	28.57%
Madison (n=17)	5	29.41%	**Toombs (n=4)**	2	50.00%
Monroe (n=12)	5	41.67%	**Washington (n=7)**	2	28.57%
Oglethorpe (n=31)	5	16.13%	**White (n=10)**	2	20.00%
Peach (n=11)	5	45.45%	**Wilkinson (n=10)**	2	20.00%
Rockdale (n=42)	5	11.90%	**Baldwin (n=7)**	1	14.29%
Tift (n=7)	5	71.43%	**Brooks (n=1)**	1	100.00%
Walton (n=48)	5	10.42%	**Calhoun (n=6)**	1	16.67%
Worth (n=14)	5	35.71%	**Candler (n=1)**	1	100.00%
Appling (n=8)	4	50.00%	**Chattooga (n=10)**	1	10.00%
Bacon (n=16)	4	25.00%	**Clay (n=3)**	1	33.33%
Baker (n=8)	4	50.00%	**Coffee (n=4)**	1	25.00%
Berrien (n=13)	4	30.77%	**Coweta (n=12)**	1	8.33%
Charlton (n=12)	4	33.33%	**Dawson (n=13)**	1	7.69%
Glynn (n=24)	4	16.67%	**Dodge (n=3)**	1	33.33%

Lanier (n=16)	4	25.00%	**Emanuel (n=9)**	1	11.11%
Laurens (n=12)	4	33.33%	**Fayette (n=4)**	1	25.00%
Marion (n=9)	4	44.44%	**Franklin (n=9)**	1	11.11%
Montgomery (n=12)	4	33.33%	**Gordon (n=6)**	1	16.67%
Paulding (n=12)	4	33.33%	**Hall (n=9)**	1	11.11%
Pickens (n=12)	4	33.33%	**Harris (n=5)**	1	20.00%
Seminole (n=19)	4	21.05%	**Heard (n=6)**	1	16.67%
Spalding (n=24)	4	16.67%	**Henry (n=9)**	1	11.11%
Tattnall (n=5)	4	80.00%	**Jeff Davis (n=1)**	1	100.00%
Twiggs (n=9)	4	44.44%	**Jones (n=10)**	1	10.00%
Bibb (n=5)	3	60.00%	**Liberty (n=2)**	1	50.00%
Brantley (n=10)	3	30.00%	**McIntosh (n=2)**	1	50.00%
Clayton (n=11)	3	27.27%	**Meriwether (n=4)**	1	25.00%
Clinch (n=10)	3	30.00%	**Putnam (n=2)**	1	50.00%
Colquitt (n=8)	3	37.50%	**Screven (n=8)**	1	12.50%
Cook (n=12)	3	25.00%	**Stewart (n=3)**	1	33.33%
Crawford (n=11)	3	27.27%	**Sumter (n=4)**	1	25.00%
Dade (n=14)	3	21.43%	**Telfair (n=4)**	1	25.00%
Early (n=7)	3	42.86%	**Treutlen (n=4)**	1	25.00%
Elbert (n=24)	3	12.50%	**Wilcox (n=5)**	1	20.00%
Fannin (n=14)	3	21.43%	**Wilkes (n=3)**	1	33.33%
Floyd (n=19)	3	15.79%			

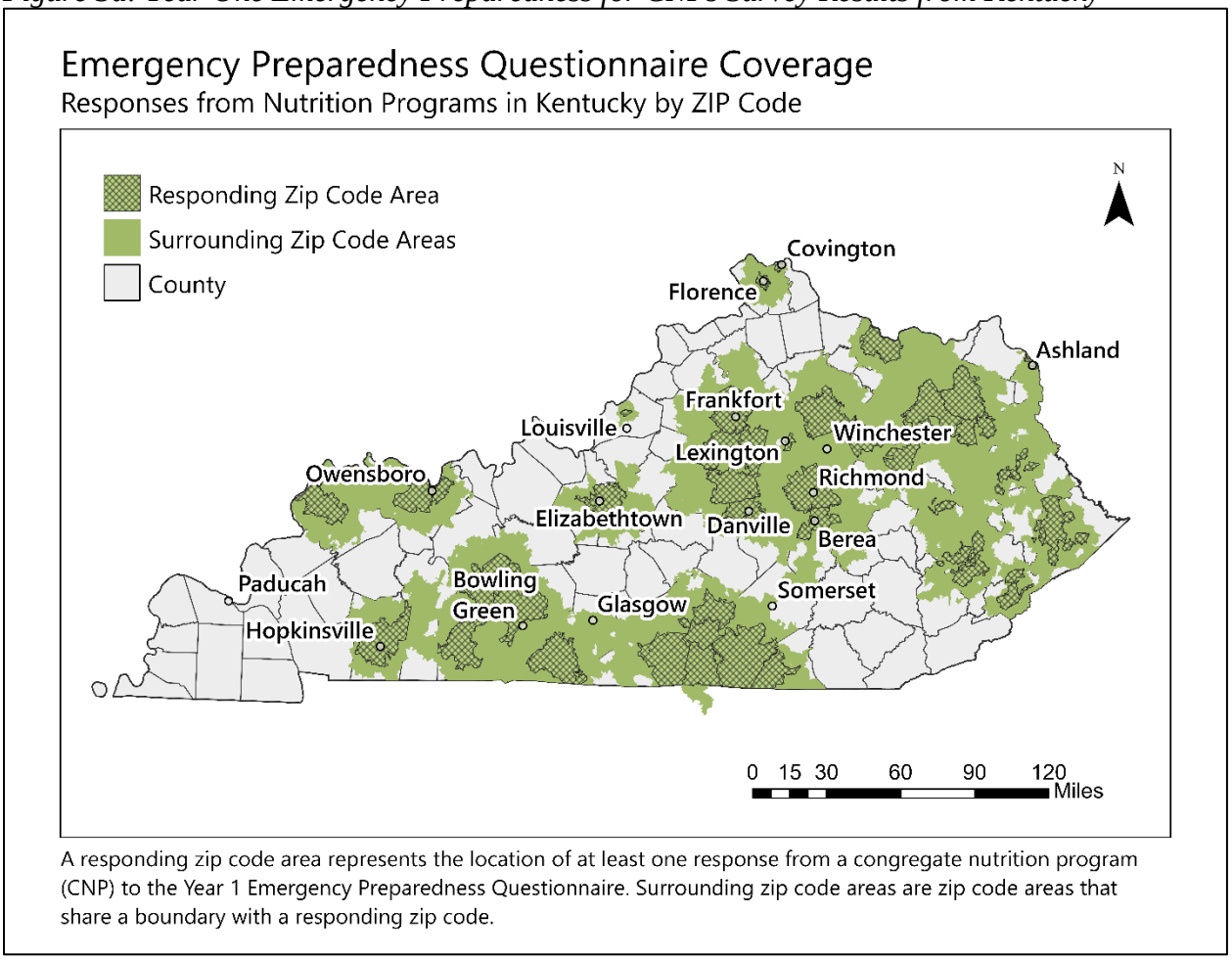
Year One Survey on Emergency Preparedness for CNPs

A total of 227 Congregate Nutrition Programs from Kentucky and Georgia responded to the Year One NFESH Emergency Preparedness Survey for CNPs. Responses from each state were mapped by ZIP code to visualize the estimated coverage of responding CNPs. IP addresses of each response were used to locate state and ZIP code. The state retrieved from the IP address was then checked against the state reported in the survey. The ZIP code obtained from the IP address

was used if a response did not provide a state location. If the reported state did not match the location obtained from the IP address, the ZIP code of the AAA that the nutrition provider belonged to was used. If a ZIP code could not be determined due to insufficient data, the response was not mapped. Some mapped ZIP codes do not match the actual ZIP code obtained from the IP address because ZIP codes represent mail delivery routes rather than a geographic area. The ZIP codes seen on the maps are generalized areal representations of ZIP Code service areas called ZIP Code Tabulation Areas (ZCTAs). If a responding ZIP code could not be matched to a ZCTA, the ZCTA that encompassed the responding ZIP code was used instead. The maps do not reflect the number of respondents from each ZIP code. Each responding ZIP code represents at least one survey respondent, and surrounding ZIP codes were determined based on a shared boundary with a responding ZIP code.

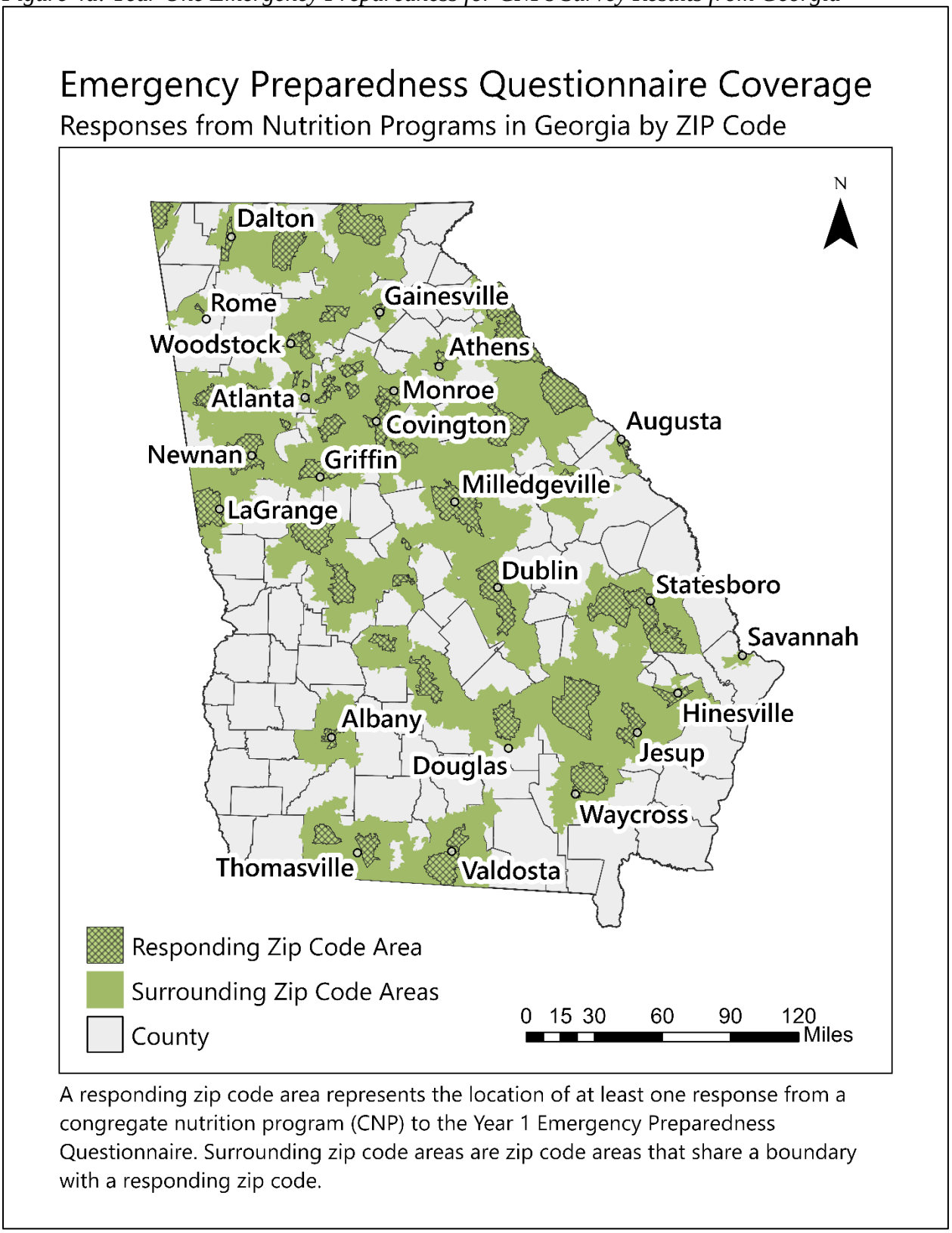
There were 77 responses to the Year One Emergency Preparedness Survey for CNPs from Kentucky able to be located and mapped by ZIP code. The responding zip codes from Kentucky can be seen in Figure 3a. A responding zip code represents the location of at least one response from a CNP.

Figure 3a: Year One Emergency Preparedness for CNPs Survey Results from Kentucky



There were 134 responses to the Year One Emergency Preparedness Survey for CNPs from Georgia able to be located and mapped by ZIP code. The responding zip codes from Georgia can be seen in Figure 4a. A responding zip code represents the location of at least one response from a CNP.

Figure 4a: Year One Emergency Preparedness for CNPs Survey Results from Georgia



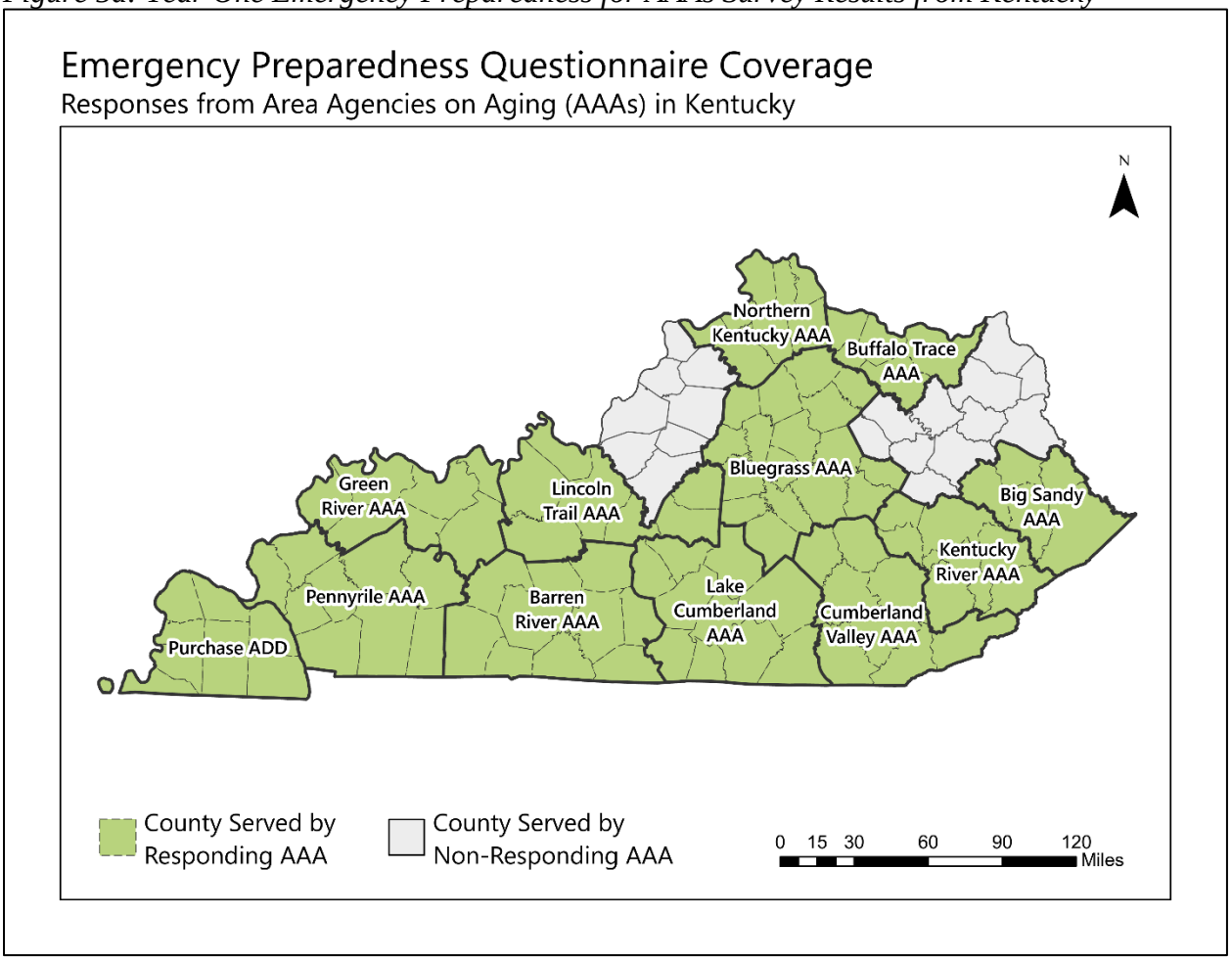
A responding zip code area represents the location of at least one response from a congregate nutrition program (CNP) to the Year 1 Emergency Preparedness Questionnaire. Surrounding zip code areas are zip code areas that share a boundary with a responding zip code.

Year One Survey on Emergency Preparedness for AAAs

A total of 23 Area Agencies on Aging (AAAs) from Kentucky and Georgia responded to the Year One NFESH Emergency Preparedness Survey for AAAs. The counties served by each AAA were identified and mapped to visualize the coverage of responding AAAs.

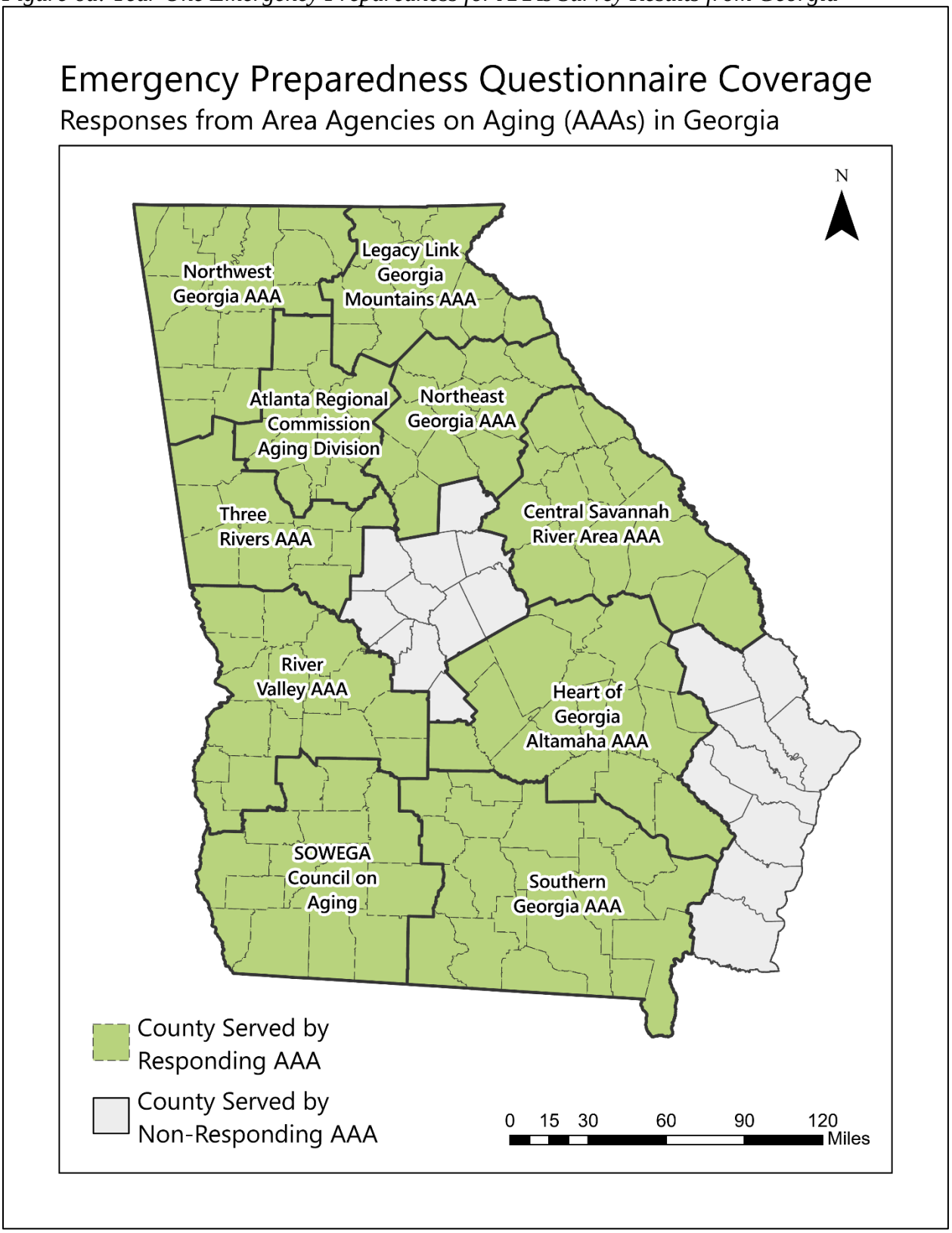
There were 13 responses to the survey from AAAs in Kentucky, covering 103 of Kentucky's 120 counties (85.83%). The counties covered by responding AAAs in Kentucky can be seen in Figure 5a.

Figure 5a: Year One Emergency Preparedness for AAAs Survey Results from Kentucky



There were 13 responses to the survey from AAAs in Georgia, covering 139 of Georgia's 159 counties (87.42%). The counties covered by responding AAAs in Georgia can be seen in Figure 6a.

Figure 6a: Year One Emergency Preparedness for AAAs Survey Results from Georgia



Appendix B- Nutrition Providers (Congregate and/or Home-Delivered) Survey Results

The National Foundation to End Senior Hunger (NFESH) administered the Pandemic Preparedness Survey online with questions for the Nutrition Providers (Congregate and/or Home-Delivered) across the United States. The survey queried nutrition programs on eight different topics; nutrition providers background information, emergency plans, emergency response to the pandemic, how well different aspects of their response to the pandemic went, information on the home-delivered meal programs, information on the congregate nutrition programs, lessons learned, and the planned future of sites and programs. A total of 191 nutrition providers responded to the survey. This report details the responses to the NFESH survey by the nutrition providers.

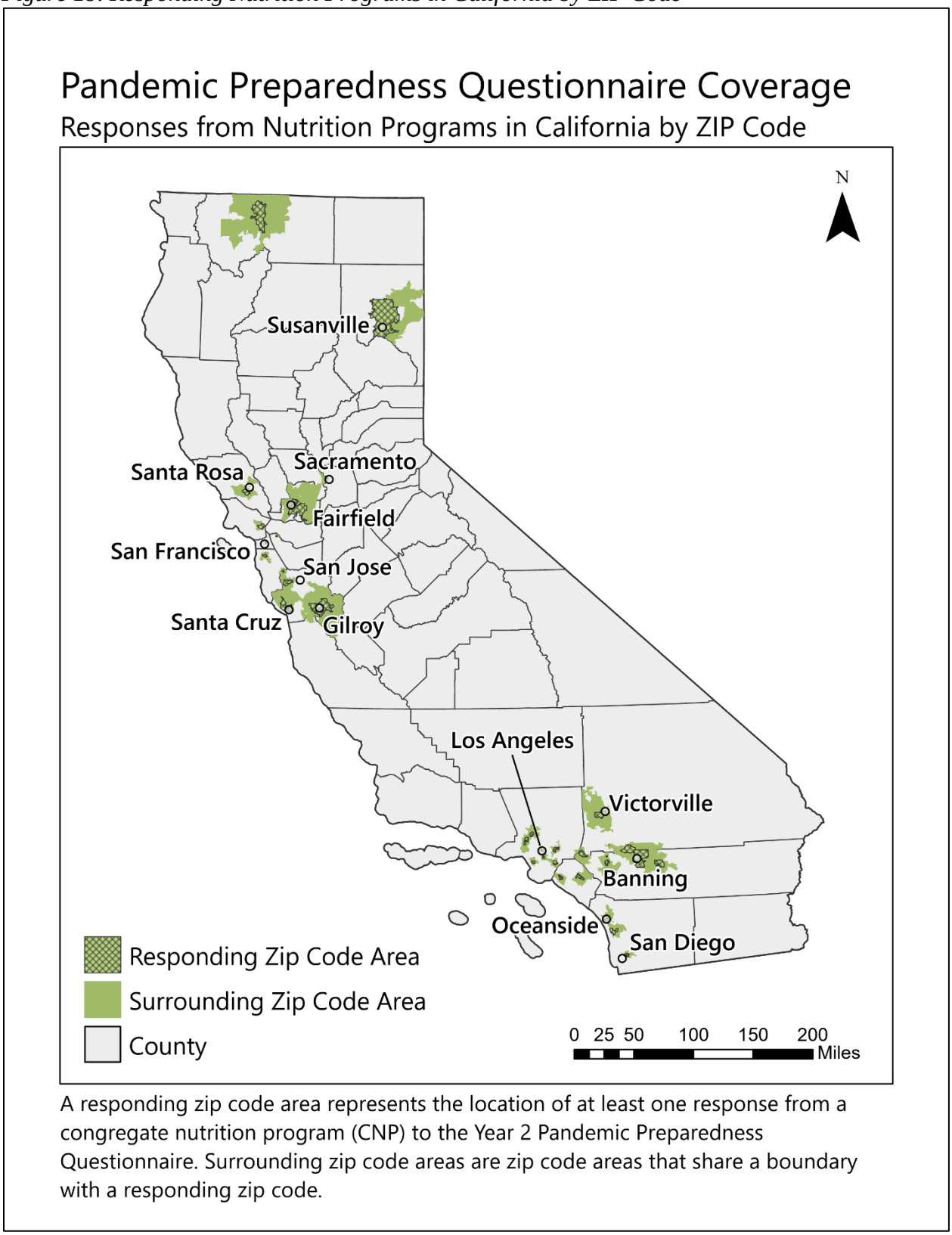
There were 191 Nutrition Providers (Congregate and/or Home-Delivered) that completed the survey. Of those, 59 providers were in California, 55 in Pennsylvania, 21 in Nevada, 20 in North Carolina, 13 in Illinois, 9 in New Hampshire, 5 in Mississippi, 1 in Iowa, 1 in Kansas, 1 in Maine, and 1 in Virginia. There were 5 nutritional providers that did not respond when asked for their state location. Refer to Table 1b for more information.

Table 1b: NP State Location (n=186)

State	Frequency	%
California	59	31.72%
Pennsylvania	55	29.57%
Nevada	21	11.29%
North Carolina	20	10.75%
Illinois	13	6.99%
New Hampshire	9	4.84%
Mississippi	5	2.69%
Iowa	1	0.54%
Kansas	1	0.54%
Maine	1	0.54%
Virginia	1	0.54%

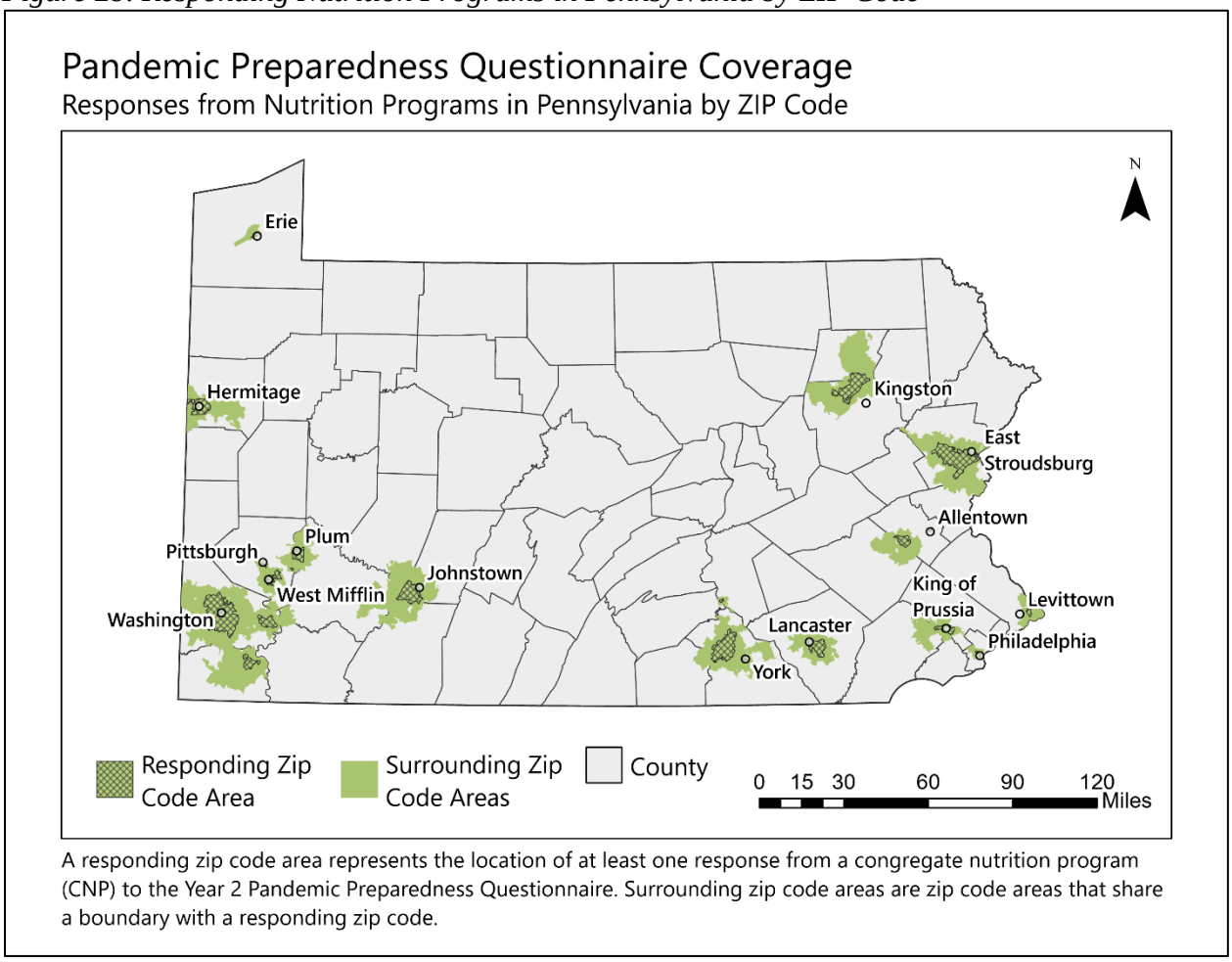
Responses from each state were mapped by ZIP code to visualize the estimated coverage of responding nutrition providers. IP addresses of each response were located by city, state, county, and ZIP code. The state retrieved from the IP address was then checked against the state reported in the survey. The ZIP code obtained from the IP address was used if a response did not provide a state location. If the reported state did not match the location obtained from the IP address, the ZIP code of the AAA that the nutrition provider belonged to was used. If a ZIP code could not be determined due to insufficient data, the response was not mapped. Some mapped ZIP codes do not match the actual ZIP code obtained from the IP address because ZIP codes represent mail delivery routes rather than a geographic area. The ZIP codes seen on the maps are generalized areal representations of ZIP Code service areas called ZIP Code Tabulation Areas (ZCTAs). If a responding ZIP code could not be matched to a ZCTA, the ZCTA that encompassed the responding ZIP code was used instead. The maps do not reflect the number of respondents from each ZIP code. Each responding ZIP code represents at least one survey respondent, and surrounding ZIP codes were determined based on a shared boundary with a responding ZIP code.

Figure 1b. Responding Nutrition Programs in California by ZIP Code



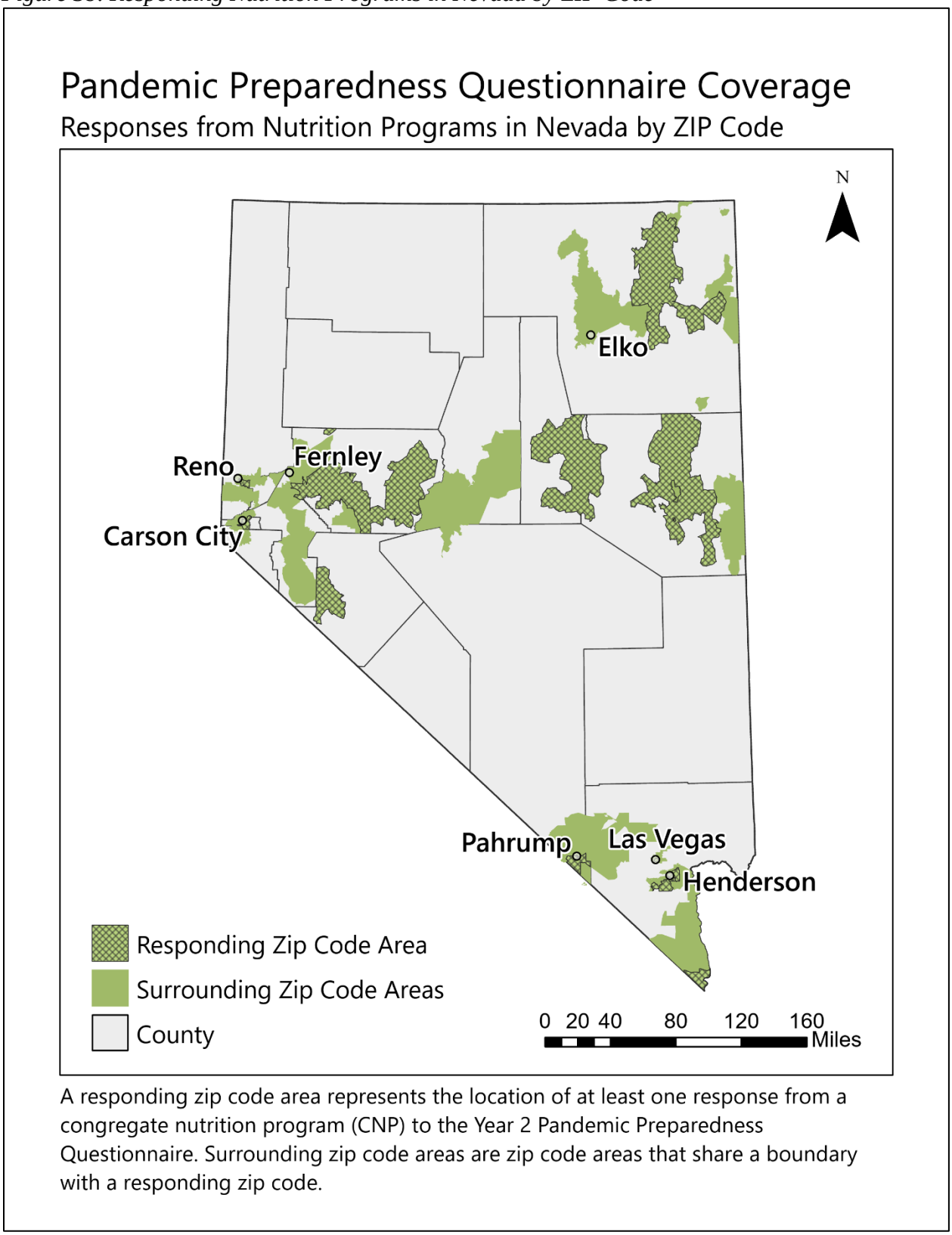
A responding zip code area represents the location of at least one response from a congregate nutrition program (CNP) to the Year 2 Pandemic Preparedness Questionnaire. Surrounding zip code areas are zip code areas that share a boundary with a responding zip code.

Figure 2b. Responding Nutrition Programs in Pennsylvania by ZIP Code



A responding zip code area represents the location of at least one response from a congregate nutrition program (CNP) to the Year 2 Pandemic Preparedness Questionnaire. Surrounding zip code areas are zip code areas that share a boundary with a responding zip code.

Figure 3b. Responding Nutrition Programs in Nevada by ZIP Code



A responding zip code area represents the location of at least one response from a congregate nutrition program (CNP) to the Year 2 Pandemic Preparedness Questionnaire. Surrounding zip code areas are zip code areas that share a boundary with a responding zip code.

Figure 4b. Responding Nutrition Programs in North Carolina by ZIP Code

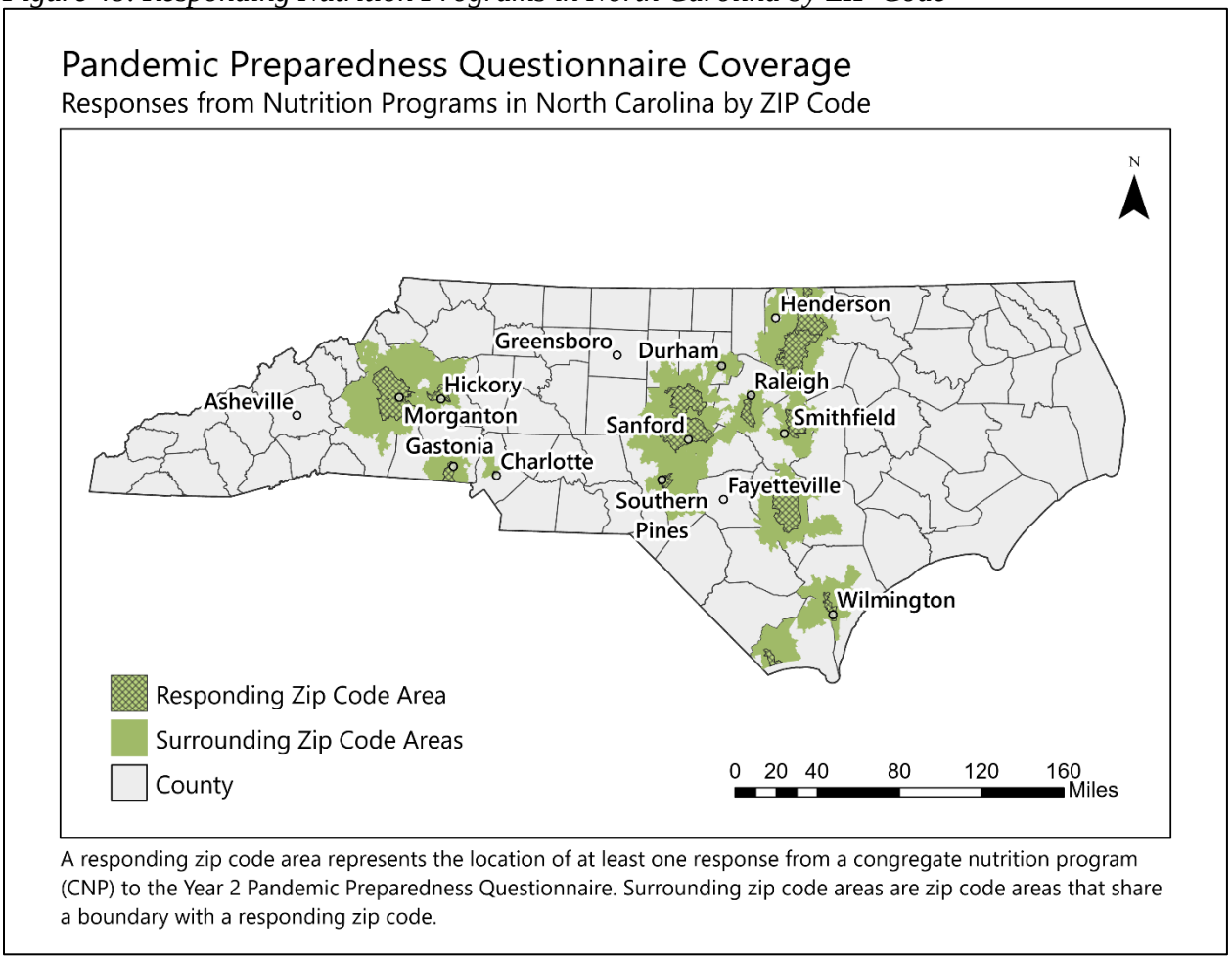
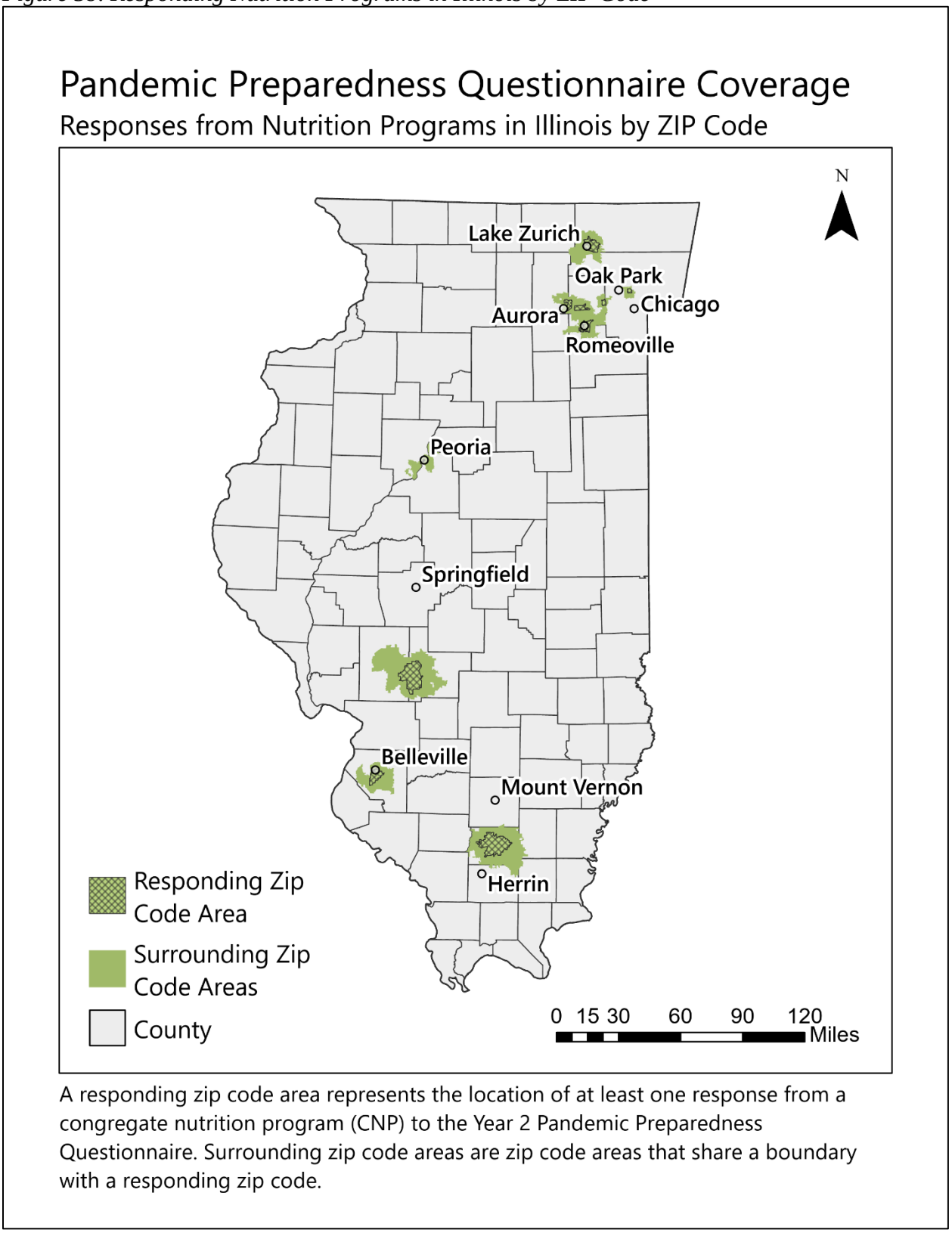
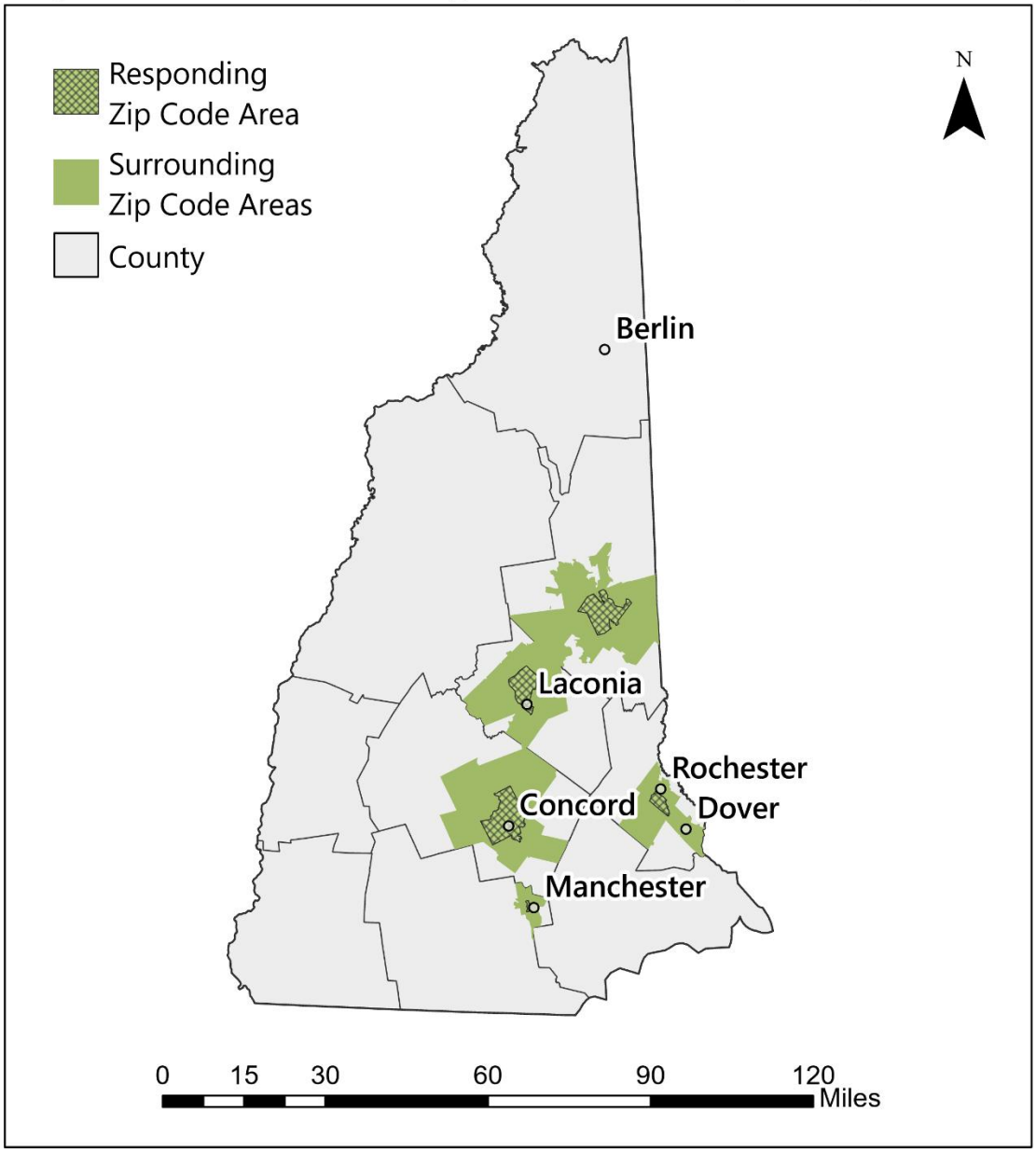


Figure 5b. Responding Nutrition Programs in Illinois by ZIP Code



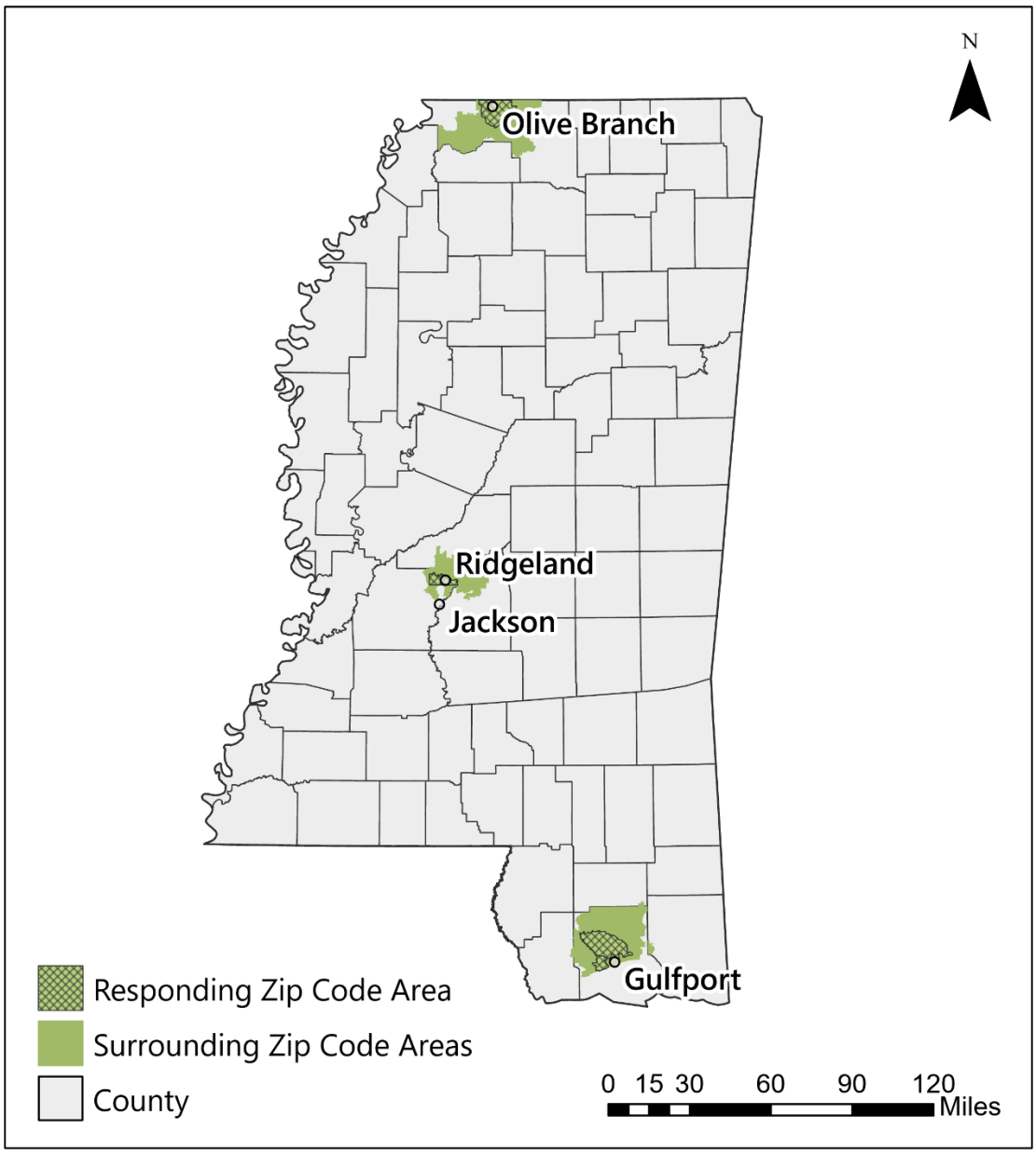
A responding zip code area represents the location of at least one response from a congregate nutrition program (CNP) to the Year 2 Pandemic Preparedness Questionnaire. Surrounding zip code areas are zip code areas that share a boundary with a responding zip code.

Figure 6b. Responding Nutrition Programs in New Hampshire by ZIP Code



A responding zip code area represents the location of at least one response from a congregate nutrition program (CNP) to the Year 2 Pandemic Preparedness Questionnaire. Surrounding zip code areas are zip code areas that share a boundary with a responding zip code.

Figure 7b. Responding Nutrition Programs in Mississippi by ZIP Code



A responding zip code area represents the location of at least one response from a congregate nutrition program (CNP) to the Year 2 Pandemic Preparedness Questionnaire. Surrounding zip code areas are zip code areas that share a boundary with a responding zip code.

Figure 8b. Responding Nutrition Programs in Iowa by ZIP Code

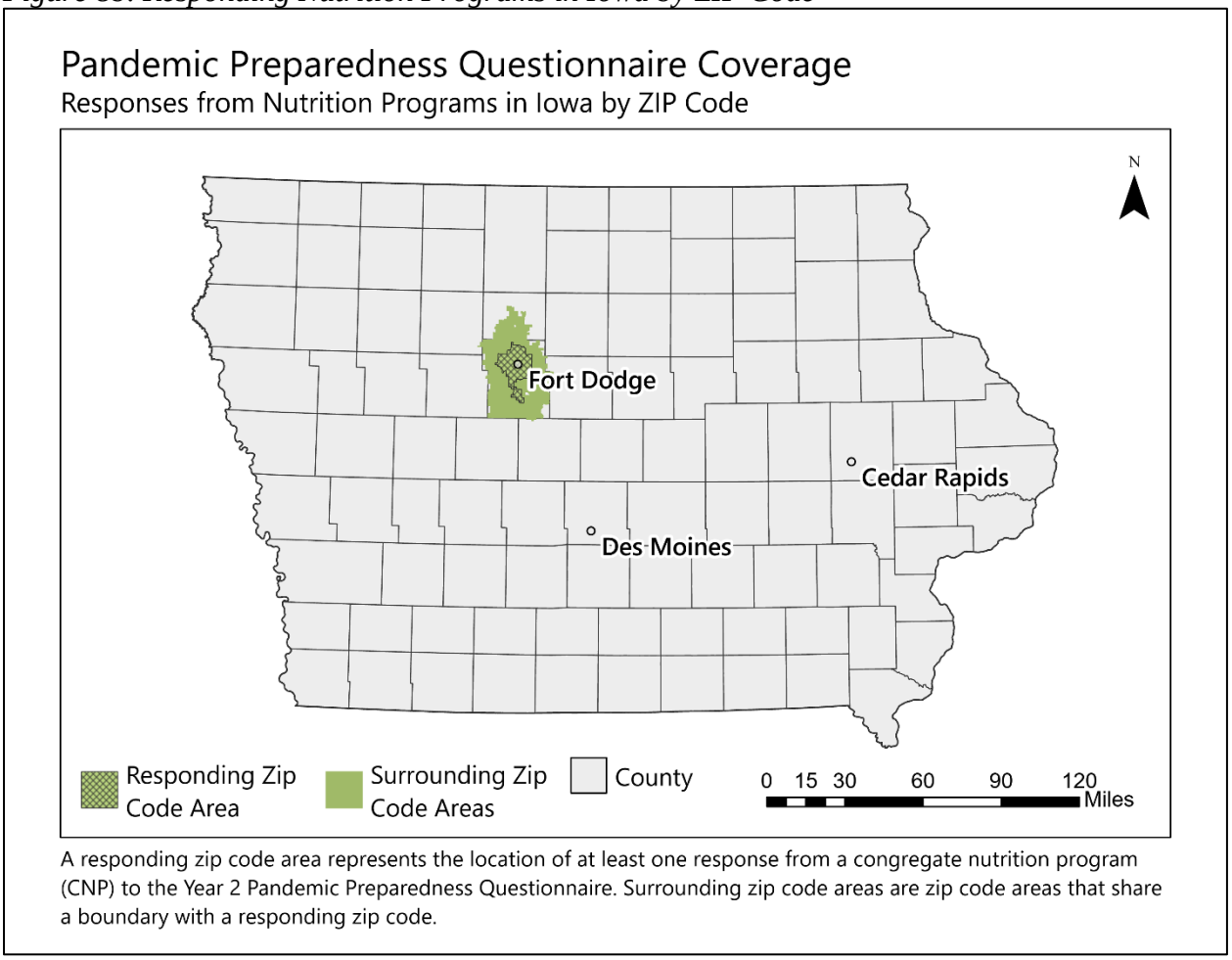
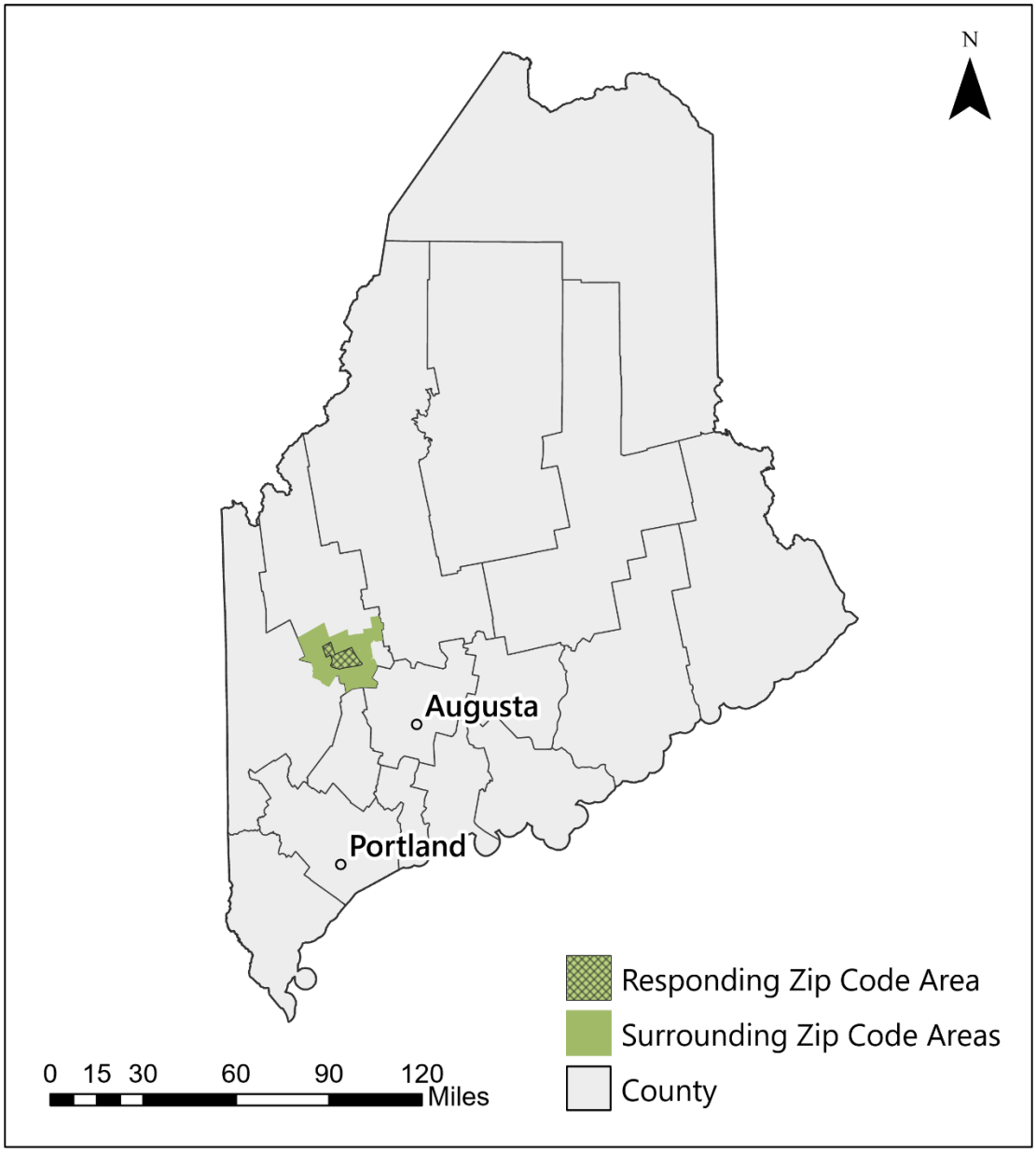
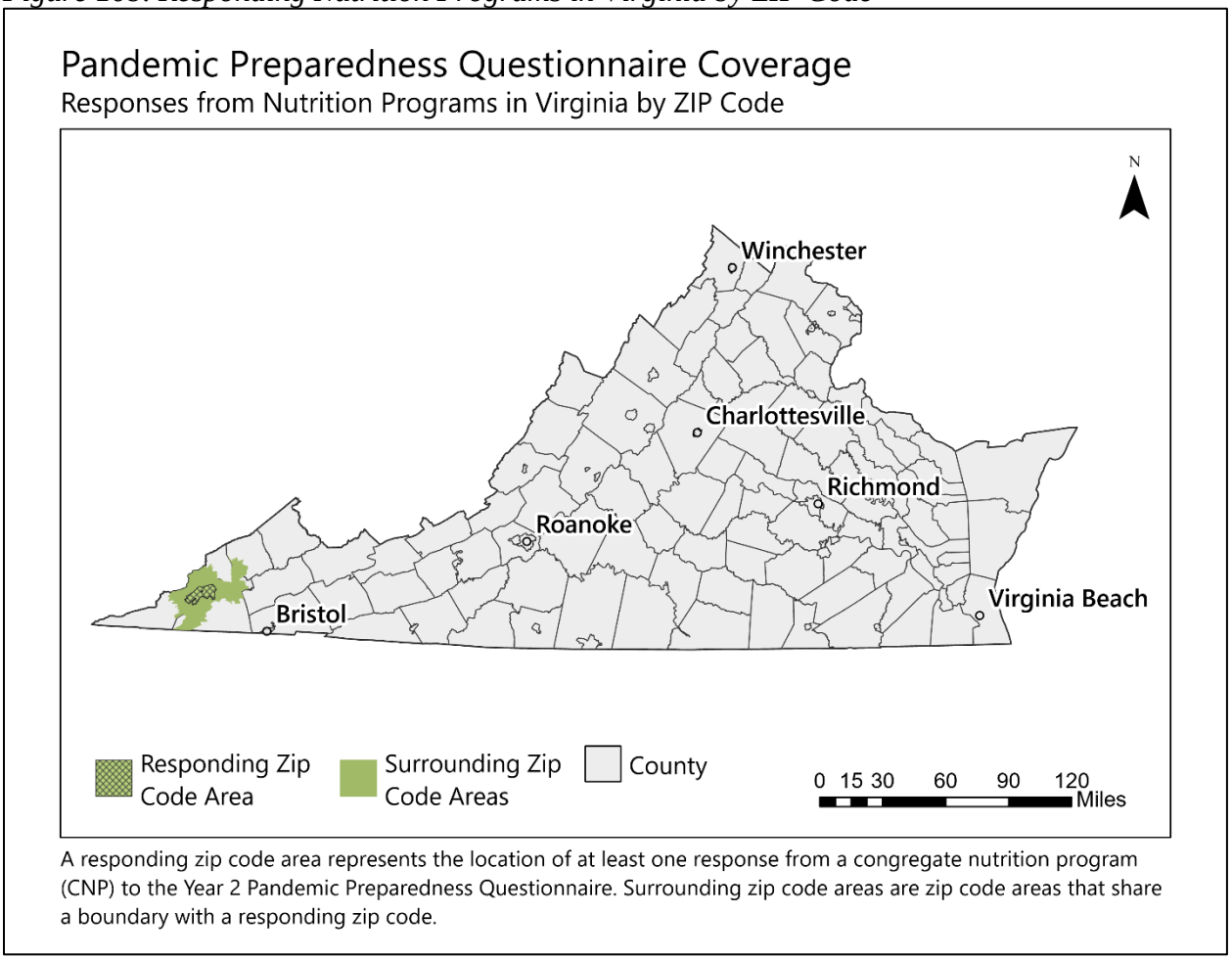


Figure 9b. Responding Nutrition Programs in Maine by ZIP Code



A responding zip code area represents the location of at least one response from a congregate nutrition program (CNP) to the Year 2 Pandemic Preparedness Questionnaire. Surrounding zip code areas are zip code areas that share a boundary with a responding zip code.

Figure 10b. Responding Nutrition Programs in Virginia by ZIP Code



A responding zip code area represents the location of at least one response from a congregate nutrition program (CNP) to the Year 2 Pandemic Preparedness Questionnaire. Surrounding zip code areas are zip code areas that share a boundary with a responding zip code.

Area Agency on Aging (AAA)

For the survey question, "What Area Agency on Aging (AAA) does your nutrition program belong to?", a total of 152 of responses was reported. Of those, 14 nutrition providers belong to Pennsylvania Allegheny County AAA, 11 to California Department of Aging & Adult Services AAA, 8 to Pennsylvania York County AAA, and 6 each to California Area Agency On Aging Psa II, California City of Los Angeles Department of Aging, California County of Los Angeles Workforce Development, Aging and Community Services, Nevada Aging & Disability Services Division, Pennsylvania Philadelphia Corporation for Aging. Refer to Table 2b for a complete breakdown of their responses.

Table 2b: AAAs of Nutrition Programs

AAA	Frequency	AAA	Frequency
Pennsylvania Allegheny County AAA	14	**Illinois Egyptian Area Agency on Aging, Inc.**	2
California Department of Aging & Adult Services Area Agency on Aging	11	**Illinois Midland Area Agency on Aging**	2
Pennsylvania York County AAA	8	**North Carolina Mid-Carolina Council of Governments**	2
California Area Agency On Aging Psa II	6	**North Carolina Western Piedmont Council of Governments Region E**	2
California City of Los Angeles Department of Aging	6	**Pennsylvania Delaware County AAA**	2
California County of Los Angeles Workforce Development, Aging and Community Services	6	**California - California Department Of Aging**	1
Nevada Aging & Disability Services Division	6	**California Merced County Adult and Aging Services**	1

Pennsylvania Philadelphia Corporation for Aging	6	**Iowa Elderbridge Agency on Aging**	1
California San Mateo County Department on Aging	5	**Kansas Wyandotte/Leavenworth Area Agency on Aging**	1
North Carolina Kerr Tar Regional COG Region K	5	**Maine SeniorsPlus**	1
North Carolina Triangle J Council of Governments Region J	5	**Mississippi Golden Triangle Planning & Development District**	1
Pennsylvania Fayette-Greene-Washington County AAA	5	**Mississippi Three Rivers PDD/AAA**	1
Pennsylvania Southwestern Pennsylvania Area Agency on Aging, Inc.	5	**Nevada Eureka Senior Center**	1
California Riverside County Office on Aging	4	**Nevada Fallon Paiute Shoshone Senior Center**	1
California Workforce Development Aging	4	**Nevada Washoe County Human Resources**	1
Illinois AgeLinc	4	**New Hampshire Community Action Partnership of New Hampshire**	1
Pennsylvania Bucks County Area Agency on Aging	4	**North Carolina Region K**	1
California Aging & Independence Services	3	**Pennsylvania Cambria County AAA**	1
Illinois AgeGuide	3	**Pennsylvania Clearfield County AAA**	1

Mississippi Southern Mississippi Planning and Development District	3	**Pennsylvania Mercer County AAA**	1
Nevada Aging and Disability Services Division of Nevada	3	**Pennsylvania Middletown Senior Citizen Center**	1
North Carolina Cape Fear Council of Governments Region O	3	**Pennsylvania Monroe County AAA**	1
California Orange County Area on Aging	2	**Pennsylvania On Lok Senior Service Center**	1
California Seniors Council of Santa Cruz and San Benito Counties	2	**Virginia Mountain Empire Older Citizen's, Inc.**	1

Services Being Provided

CNP centers were asked to report the types of services that they provide. A majority (70.33%) were activities for clients at congregate meal site(s), followed by home-delivered meals from one or more congregate meal sites and congregate meals at more than one location at 59.34%. The lowest (3.85%) reported activity was for meal vouchers for clients. California had the largest response at a total of 59, with the majority (61.02%) services provided being congregate meals at more than one location. See Table 3b for overall services provided and Tables 4b through 14b for individual states.

Table 3b: Nutrition Providers Services Being Provided (n=182)

What types of services does your organization provide? (check all that apply)	Frequency	%
Home-delivered meals that are not part of a congregate meal site	72	39.56%
Home-delivered meals from one or more congregate meal sites	108	59.34%
Congregate meals at one location	59	32.42%
Congregate meals at more than one location	108	59.34%

Meal vouchers for clients	7	3.85%
Activities for clients at congregate meal site(s)	128	70.33%
Services for clients at congregate meal site(s)	105	57.69%
Transportation for clients	84	46.15%
In-home services for clients	52	28.57%
Remote/virtual services for clients	56	30.77%

Table 4b: California Nutrition Providers Services Being Provided (n=59)

What types of services does your organization provide? (check all that apply)	Frequency	%
Home-delivered meals that are not part of a congregate meal site	21	35.59%
Home-delivered meals from one or more congregate meal sites	29	49.15%
Congregate meals at one location	16	27.12%
Congregate meals at more than one location	36	61.02%
Meal vouchers for clients	1	1.69%
Activities for clients at congregate meal site(s)	35	59.32%
Services for clients at congregate meal site(s)	29	49.15%
Transportation for clients	30	50.85%
In-home services for clients	17	28.81%
Remote/virtual services for clients	19	32.20%

Table 5b: Pennsylvania Nutrition Providers Services Being Provided (n=54)

What types of services does your organization provide? (check all that apply)	Frequency	%
Home-delivered meals that are not part of a congregate meal site	16	29.63%
Home-delivered meals from one or more congregate meal sites	28	51.85%
Congregate meals at one location	25	46.30%
Congregate meals at more than one location	27	50.00%
Meal vouchers for clients	2	3.70%
Activities for clients at congregate meal site(s)	43	79.63%
Services for clients at congregate meal site(s)	35	64.81%

Transportation for clients	21	38.89%
In-home services for clients	6	11.11%
Remote/virtual services for clients	20	37.04%

Table 6b: Nevada Nutrition Providers Services Being Provided (n=20)

What types of services does your organization provide? (check all that apply)	Frequency	%
Home-delivered meals that are not part of a congregate meal site	7	35.00%
Home-delivered meals from one or more congregate meal sites	12	60.00%
Congregate meals at one location	8	40.00%
Congregate meals at more than one location	8	40.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	14	70.00%
Services for clients at congregate meal site(s)	16	80.00%
Transportation for clients	7	35.00%
In-home services for clients	5	25.00%
Remote/virtual services for clients	2	10.00%

Table 7b: North Carolina Nutrition Providers Services Being Provided (n=19)

What types of services does your organization provide? (check all that apply)	Frequency	%
Home-delivered meals that are not part of a congregate meal site	9	47.37%
Home-delivered meals from one or more congregate meal sites	16	84.21%
Congregate meals at one location	4	21.05%
Congregate meals at more than one location	14	73.68%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	18	94.74%
Services for clients at congregate meal site(s)	14	73.68%
Transportation for clients	14	73.68%
In-home services for clients	15	78.95%
Remote/virtual services for clients	9	47.37%

Table 8b: Illinois Nutrition Providers Services Being Provided (n=13)

What types of services does your organization provide? (check all that apply)	Frequency	%
Home-delivered meals that are not part of a congregate meal site	8	61.54%
Home-delivered meals from one or more congregate meal sites	12	92.31%
Congregate meals at one location	2	15.38%
Congregate meals at more than one location	10	76.92%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	9	69.23%
Services for clients at congregate meal site(s)	6	46.15%
Transportation for clients	5	38.46%
In-home services for clients	5	38.46%
Remote/virtual services for clients	3	23.08%

Table 9b: New Hampshire Nutrition Providers Services Being Provided (n=8)

What types of services does your organization provide? (check all that apply)	Frequency	%
Home-delivered meals that are not part of a congregate meal site	5	62.50%
Home-delivered meals from one or more congregate meal sites	8	100.00%
Congregate meals at one location	1	12.50%
Congregate meals at more than one location	7	87.50%
Meal vouchers for clients	1	12.50%
Activities for clients at congregate meal site(s)	5	62.50%
Services for clients at congregate meal site(s)	3	37.50%
Transportation for clients	4	50.00%
In-home services for clients	1	12.50%
Remote/virtual services for clients	1	12.50%

Table 10b: Mississippi Nutrition Providers Services Being Provided (n=5)

What types of services does your organization provide? (check all that apply)	Frequency	%
Home-delivered meals that are not part of a congregate meal site	2	40.00%
Home-delivered meals from one or more congregate meal sites	1	20.00%
Congregate meals at one location	3	60.00%
Congregate meals at more than one location	3	60.00%
Meal vouchers for clients	1	20.00%
Activities for clients at congregate meal site(s)	2	40.00%
Services for clients at congregate meal site(s)	0	0.00%
Transportation for clients	1	20.00%
In-home services for clients	1	20.00%
Remote/virtual services for clients	0	0.00%

Table 11b: Iowa Nutrition Providers Services Being Provided (n=1)

What types of services does your organization provide? (check all that apply)	Frequency	%
Home-delivered meals that are not part of a congregate meal site	1	100.00%
Home-delivered meals from one or more congregate meal sites	1	100.00%
Congregate meals at one location	0	0.00%
Congregate meals at more than one location	1	100.00%
Meal vouchers for clients	1	100.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	0	0.00%
Transportation for clients	0	0.00%
In-home services for clients	0	0.00%
Remote/virtual services for clients	0	0.00%

Table 12b: Kansas Nutrition Providers Services Being Provided (n=1)

What types of services does your organization provide? (check all that apply)	Frequency	%

Home-delivered meals that are not part of a congregate meal site	1	100.00%
Home-delivered meals from one or more congregate meal sites	0	0.00%
Congregate meals at one location	0	0.00%
Congregate meals at more than one location	1	100.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	1	100.00%
Services for clients at congregate meal site(s)	1	100.00%
Transportation for clients	1	100.00%
In-home services for clients	1	100.00%
Remote/virtual services for clients	0	0.00%

Table 13b: Maine Nutrition Providers Services Being Provided (n=1)

What types of services does your organization provide? (check all that apply)	**Frequency**	**%**
Home-delivered meals that are not part of a congregate meal site	1	100.00%
Home-delivered meals from one or more congregate meal sites	1	100.00%
Congregate meals at one location	0	0.00%
Congregate meals at more than one location	0	0.00%
Meal vouchers for clients	1	100.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	0	0.00%
Transportation for clients	0	0.00%
In-home services for clients	0	0.00%
Remote/virtual services for clients	1	100.00%

Table 14b: Virginia Nutrition Providers Services Being Provided (n=1)

What types of services does your organization provide? (check all that apply)	**Frequency**	**%**
Home-delivered meals that are not part of a congregate meal site	1	100.00%
Home-delivered meals from one or more congregate meal sites	0	0.00%
Congregate meals at one location	0	0.00%

Congregate meals at more than one location	1	100.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	1	100.00%
Services for clients at congregate meal site(s)	1	100.00%
Transportation for clients	1	100.00%
In-home services for clients	1	100.00%
Remote/virtual services for clients	1	100.00%

Area Type Nutrition Program is Located

CNP centers were asked to provide what type of area their congregate meals sites are located. A total of 168 responses was recorded. Overall, the most sites were in rural areas at 55.36%, followed by urban areas at 48.21%, and 37.50 % in suburban areas. California And Pennsylvania had the largest response, with a total of 52 responses. In both states, majority (61.5%; 55.8%) of congregate sites were in urban areas. Kansas also reported a majority (100%) of congregate sites in urban areas. For the remaining states, most congregate sites were in rural areas. Maine was omitted due to lack of response.

Table 15b: Nutrition Program Location Area Type

What type(s) of area(s) is/are your congregate site(s) located in? (Check all that apply)	**Urban**		**Suburban**		**Rural**	
	n*	%*	n	%	N	%
Overall (n=168)	**81**	**48.21%**	**63**	**37.50**	**9**	**55.36%**
California (n=52)	32	61.54%	20	38.46%	1	32.69%
Pennsylvania (n=52)	29	55.77%	27	51.92%	24	46.15%
Nevada (n=18)	5	27.78%	3	16.67%	14	77.78%
North Carolina (n=19)	5	26.32%	5	26.32%	16	84.21%
Illinois (n=11)	2	18.18%	4	36.26%	9	81.82%
New Hampshire (n=8)	4	50.00%	4	50.00%	8	100.00%
Mississippi (n=5)	3	60.00%	0	0.00%	3	60.00%

Iowa (n=1)	0	0.00%	0	0.00%	1	100.00%
Kansas (n=1)	1	100.00%	0	0.00%	0	0.00%
Virginia (n=1)	0	0.00%	0	0.00%	1	100.00%

Area Type Nutrition Program is Serving

CNP centers were asked to provide what type of area that their CNP serves. Overall, 61.5% of responses were from rural CNP centers, 53.9% from urban centers and 30.8% from suburban centers. When disaggregated by state, more than half of the responses were from CNP centers in California, and a larger proportion of California CNP centers were in urban areas than the remainder of the states. North Carolina, New Hampshire, Mississippi, Iowa, Kansas, and Virginia were omitted due to lack of response.

Table 16b: Nutrition Program Serving Area Type

What type(s) of area(s) does your nutrition program serve? (check all that apply)	**Urban**		**Suburban**		**Rural**	
	Frequency	%	Frequency	%	Frequency	%
Overall (n=13)	**7**	**53.85%**	**4**	**30.77%**	**8**	**61.54%**
California (n=6)	4	66.67%	0	0.00%	2	33.33%
Pennsylvania (n=2)	1	50.00%	1	50.00%	2	100.00%
Nevada (n=2)	1	50.00%	1	50.00%	1	50.00%
Illinois (n=2)	1	50.00%	2	100.00%	2	100.00%
Maine (n=1)	0	0.00%	0	0.00%	1	100.00%

Emergency Plans:

Formal Written Emergency Plans

CNP centers were asked for provide if their organization had a formal (written) emergency plan. A total of 137 responses were reported. The majority of CNP centers (75.18%) indicated that they have a formal written emergency plan, 13.14% reported that did not know if they have a formal written plan and 11.68% reported that they do not have one. Majority of the responses came from California (39) and Pennsylvania (43), while Maine and Virginia had no responses.

Table 17b: Nutrition Providers Formal Written Emergency Plan

Does your organization have a formal (written) emergency plan?	**Yes**		**No**		**I don't know**	
	Frequency	%	Frequency	%	Frequency	%
Overall (n=137)	**103**	**75.18%**	**16**	**11.68%**	**18**	**13.14%**
California (n=39)	33	84.62%	4	10.26%	2	5.13%
Pennsylvania (n=43)	32	74.42%	4	9.30%	7	16.28%
Nevada (n=15)	9	60.00%	4	26.67%	2	13.33%
North Carolina (n=16)	12	75.00%	3	18.75%	1	6.25%
Illinois (n=11)	8	72.73%	0	0.00%	3	27.27%
New Hampshire (n=7)	4	57.14%	1	14.29%	2	28.57%
Mississippi (n=4)	3	75.00%	0	0.00%	1	25.00%
Iowa (n=1)	1	100.00%	0	0.00%	0	0.00%
Kansas (n=1)	1	100.00%	0	0.00%	0	0.00%

Types of Communications Procedures

CNP centers were asked to indicate the types of communications procedures that their organization had with clients, during and after various disasters. A total of 129 responses were reported. The majority of CNP centers (77.52%) indicated they had plans for communicating with clients, during and after various types of disasters. This was closely followed (73.64%) by contact information for emergency response agencies. The lowest (47.29%) response was for contact information for alternative service providers/emergency partners. Table 18b reports on overall results, Tables 19b through 27b report on individual states' results. Maine and Virginia were omitted due to no recorded responses.

Table 18b: Nutrition Providers Communication Procedures Types (n=129)

Indicate the types of communications procedures that your organization has. (check all that apply)	**Frequency**	**%**

Plans for communicating with clients, during and after various types of disasters	100	77.52%
Plans for communicating with the public, during and after various types of disasters	72	55.81%
Plans for communicating with other local and regional organizations, during and after various types of disasters	80	62.02%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	88	68.22%
Contact information for emergency response agencies	95	73.64%
Contact information for alternate service providers/emergency partners	61	47.29%

Table 19b: California Nutrition Providers Communication Procedures Types (n=39)

Indicate the types of communications procedures that your organization has. (check all that apply)	**Frequency**	**%**
Plans for communicating with clients, during and after various types of disasters	32	82.05%
Plans for communicating with the public, during and after various types of disasters	19	48.72%
Plans for communicating with other local and regional organizations, during and after various types of disasters	24	61.54%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	30	76.92%
Contact information for emergency response agencies	28	71.79%
Contact information for alternate service providers/emergency partners	18	46.15%

Table 20b: Pennsylvania Nutrition Providers Communication Procedures Types (n=41)

Indicate the types of communications procedures that your organization has. (check all that apply)	**Frequency**	**%**

Plans for communicating with clients, during and after various types of disasters	26	63.41%
Plans for communicating with the public, during and after various types of disasters	25	60.98%
Plans for communicating with other local and regional organizations, during and after various types of disasters	24	58.54%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	33	80.49%
Contact information for emergency response agencies	31	75.61%
Contact information for alternate service providers/emergency partners	19	46.34%

Table 21b: Nevada Nutrition Providers Communication Procedures Types (n=11)

Indicate the types of communications procedures that your organization has. (check all that apply)	**Frequency**	**%**
Plans for communicating with clients, during and after various types of disasters	9	81.82%
Plans for communicating with the public, during and after various types of disasters	7	63.64%
Plans for communicating with other local and regional organizations, during and after various types of disasters	7	63.64%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	7	63.64%
Contact information for emergency response agencies	11	100.00 %
Contact information for alternate service providers/emergency partners	7	63.64%

Table 22b: North Carolina Nutrition Providers Communication Procedures Types (n=15)

Indicate the types of communications procedures that your organization has. (check all that apply)	**Frequency**	**%**

Plans for communicating with clients, during and after various types of disasters	12	80.00%
Plans for communicating with the public, during and after various types of disasters	10	66.67%
Plans for communicating with other local and regional organizations, during and after various types of disasters	12	80.00%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	9	60.00%
Contact information for emergency response agencies	12	80.00%
Contact information for alternate service providers/emergency partners	9	60.00%

Table 23b: Illinois Nutrition Providers Communication Procedures Types (n=11)

Indicate the types of communications procedures that your organization has. (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	10	90.91%
Plans for communicating with the public, during and after various types of disasters	5	45.45%
Plans for communicating with other local and regional organizations, during and after various types of disasters	7	63.64%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	6	54.55%
Contact information for emergency response agencies	9	81.82%
Contact information for alternate service providers/emergency partners	3	27.27%

Table 24b: New Hampshire Nutrition Providers Communication Procedures Types (n=6)

Indicate the types of communications procedures that your organization has. (check all that apply)	Frequency	%

Plans for communicating with clients, during and after various types of disasters	5	83.33%
Plans for communicating with the public, during and after various types of disasters	4	66.67%
Plans for communicating with other local and regional organizations, during and after various types of disasters	3	50.00%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	0	0.00%
Contact information for emergency response agencies	2	33.33%
Contact information for alternate service providers/emergency partners	3	50.00%

Table 25b: Mississippi Nutrition Providers Communication Procedures Types (n=4)

Indicate the types of communications procedures that your organization has. (check all that apply)	**Frequency**	**%**
Plans for communicating with clients, during and after various types of disasters	4	100.00%
Plans for communicating with the public, during and after various types of disasters	1	25.00%
Plans for communicating with other local and regional organizations, during and after various types of disasters	2	50.00%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	2	50.00%
Contact information for emergency response agencies	1	25.00%
Contact information for alternate service providers/emergency partners	1	25.00%

Table 26b: Iowa Nutrition Providers Communication Procedures Types (n=1)

Indicate the types of communications procedures that your organization has. (check all that apply)	**Frequency**	**%**

Plans for communicating with clients, during and after various types of disasters	1	100.00%
Plans for communicating with the public, during and after various types of disasters	0	0.00%
Plans for communicating with other local and regional organizations, during and after various types of disasters	0	0.00%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	0	0.00%
Contact information for emergency response agencies	1	100.00%
Contact information for alternate service providers/emergency partners	1	100.00%

Table 27b: Kansas Nutrition Providers Communication Procedures Types (n=1)

Indicate the types of communications procedures that your organization has. (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	1	100.00%
Plans for communicating with the public, during and after various types of disasters	1	100.00%
Plans for communicating with other local and regional organizations, during and after various types of disasters	1	100.00%
Plans for communicating with the Area Agency on Aging, during and after various types of disasters	1	100.00%
Contact information for emergency response agencies	0	0.00%
Contact information for alternate service providers/emergency partners	0	0.00%

High-Risk Client List

CNP Centers were asked if their organization had a list of high-risk clients. A total of 133 responses were recorded. Over half of CNP centers (52.63%) reported "Yes, we have a list of high-risk clients and a procedure to contact them during or after an emergency." A quarter

(25.56%) reported “No, we do not have a list of high-risk clients” and 21.80% reported “We have a list of high-risk clients, but not a procedure to contact them during or after an emergency.” See Table 28b for overall results and Tables 29b through 37b for individual states results. Maine and Virginia were omitted due to no recorded responses.

Table 28b: Nutrition Providers High-Risk Client List (n=133)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	Frequency	%
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	70	52.63%
We have a list of high risk clients, but not a procedure to contact them during or after an emergency	29	21.80%
No, we do not have a list of high risk clients	34	25.56%

Table 29b: California Nutrition Providers High-Risk Client List (n=40)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	Frequency	%
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	21	52.50%
We have a list of high risk clients, but not a procedure to contact them during or after an emergency	8	20.00%
No, we do not have a list of high risk clients	11	27.50%

Table 30b: Pennsylvania Nutrition Providers High-Risk Client List (n=42)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	Frequency	%
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	22	52.38%

We have a list of high risk clients, but not a procedure to contact them during or after an emergency	10	23.81%
No, we do not have a list of high risk clients	10	23.81%

Table 31b: Nevada Nutrition Providers High-Risk Client List (n=14)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	**Frequency**	**%**
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	10	71.43%
We have a list of high risk clients, but not a procedure to contact them during or after an emergency	3	21.43%
No, we do not have a list of high risk clients	1	7.14%

Table 32b: North Carolina Nutrition Providers High-Risk Client List (n=16)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	**Frequency**	**%**
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	8	50.00%
We have a list of high risk clients, but not a procedure to contact them during or after an emergency	1	6.25%
No, we do not have a list of high risk clients	7	43.75%

Table 33b: Illinois Nutrition Providers High-Risk Client List (n=9)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	**Frequency**	**%**
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	5	55.56%

We have a list of high risk clients, but not a procedure to contact them during or after an emergency	2	22.22%
No, we do not have a list of high risk clients	2	22.22%

Table 34b: New Hampshire Nutrition Providers High-Risk Client List (n=6)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	**Frequency**	**%**
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	2	33.33%
We have a list of high risk clients, but not a procedure to contact them during or after an emergency	4	66.67%
No, we do not have a list of high risk clients	0	0.00%

Table 35b: Mississippi Nutrition Providers High-Risk Client List (n=4)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	**Frequency**	**%**
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	1	25.00%
We have a list of high risk clients, but not a procedure to contact them during or after an emergency	0	0.00%
No, we do not have a list of high risk clients	3	75.00%

Table 36b: Iowa Nutrition Providers High-Risk Client List (n=1)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	**Frequency**	**%**
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	0	0.00%

We have a list of high risk clients, but not a procedure to contact them during or after an emergency	1	100.00 %
No, we do not have a list of high risk clients	0	0.00%

Table 37b: Kansas Nutrition Providers High-Risk Client List (n=1)

Does the organization maintain a list of clients who are at high risk for food insecurity and a procedure to contact them during or after an emergency?	**Frequency**	**%**
Yes, we have a list of high risk clients and a procedure to contact them during or after an emergency	1	100.00 %
We have a list of high risk clients, but not a procedure to contact them during or after an emergency	0	0.00%
No, we do not have a list of high risk clients	0	0.00%

Nutrition Provider Partnerships

NP Partner Organizations for Emergency Response

CNP centers were asked with which type of organization does the nutrition program have written agreements for emergency response services. A total of 130 responses were reported. The more than half of CNP centers (60%) reported none of the above. A quarter (25.38%) reported emergency management, followed by police at 23.08%. The lowest (0%) was for Citizen Corps. See Table 38b for overall results and Tables 39b through 47b for individual states results. Maine and Virginia were omitted due to no recorded responses.

Table 38b: Nutrition Provider Organizations for Emergency Response (n=130)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	**Frequency**	**%**
Police	30	23.08%
Fire	27	20.77%
Ambulance	14	10.77%
Emergency Management	33	25.38%

Public Health	20	15.38%
Citizen Corps	0	0.00%
None of the above	78	60.00%

Table 39b: California Nutrition Provider Organizations for Emergency Response (n=38)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	**Frequency**	**%**
Police	8	21.05%
Fire	7	18.42%
Ambulance	2	5.26%
Emergency Management	7	18.42%
Public Health	4	10.53%
Citizen Corps	0	0.00%
None of the above	26	68.42%

Table 40b: Pennsylvania Nutrition Provider Organizations for Emergency Response (n=41)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	**Frequency**	**%**
Police	8	19.51%
Fire	6	14.63%
Ambulance	3	7.32%
Emergency Management	6	14.63%
Public Health	5	12.20%
Citizen Corps	0	0.00%
None of the above	28	68.29%

Table 41b: Nevada Nutrition Provider Organizations for Emergency Response (n=14)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	Frequency	%
Police	4	28.57%
Fire	5	35.71%
Ambulance	2	14.29%
Emergency Management	4	28.57%
Public Health	2	14.29%
Citizen Corps	0	0.00%
None of the above	8	57.14%

Table 42b: North Carolina Nutrition Provider Organizations for Emergency Response (n=15)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	Frequency	%
Police	2	13.33%
Fire	2	13.33%
Ambulance	1	6.67%
Emergency Management	5	33.33%
Public Health	3	20.00%
Citizen Corps	0	0.00%
None of the above	8	53.33%

Table 43b: Illinois Nutrition Provider Organizations for Emergency Response (n=10)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	Frequency	%
Police	4	40.00%
Fire	3	30.00%
Ambulance	2	20.00%

Emergency Management	6	60.00%
Public Health	4	40.00%
Citizen Corps	0	0.00%
None of the above	3	30.00%

Table 44b: New Hampshire Nutrition Provider Organizations for Emergency Response (n=6)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	**Frequency**	**%**
Police	1	16.67%
Fire	1	16.67%
Ambulance	2	33.33%
Emergency Management	0	0.00%
Public Health	0	0.00%
Citizen Corps	0	0.00%
None of the above	4	66.67%

Table 45b: Mississippi Nutrition Provider Organizations for Emergency Response (n=4)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	**Frequency**	**%**
Police	2	50.00%
Fire	2	50.00%
Ambulance	2	50.00%
Emergency Management	3	75.00%
Public Health	1	25.00%
Citizen Corps	0	0.00%
None of the above	1	25.00%

Table 46b: Iowa Nutrition Provider Organizations for Emergency Response (n=1)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	Frequency	%
Police	1	100.00%
Fire	1	100.00%
Ambulance	0	0.00%
Emergency Management	1	100.00%
Public Health	1	100.00%
Citizen Corps	0	0.00%
None of the above	0	0.00%

Table 47b: Kansas Nutrition Provider Organizations for Emergency Response (n=1)

With which types of organizations does the nutrition program have written agreements for emergency response services? (check all that apply)	Frequency	%
Police	0	0.00%
Fire	0	0.00%
Ambulance	0	0.00%
Emergency Management	1	100.00%
Public Health	0	0.00%
Citizen Corps	0	0.00%
None of the above	0	0.00%

NP Partner Organizations for Emergency Relief

CNP centers were asked to provide the types of organizations they have written agreements with for emergency relief services. A total of 127 responses were recorded. The more than half of CNP centers (62.2%) reported none of the above. A quarter (25.20%) reported food bank/food pantry. The lowest (3.15%) response was for emergency medical providers. See Table 48b for overall results and Tables 49b through 57b for individual states results. Maine and Virginia were omitted due to no recorded responses.

Table 48b: Nutritional Providers Partner Organizations for Emergency Relief (n=127)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	15	11.81%
Food bank/food pantry	32	25.20%
Food distributors/groceries	11	8.66%
Emergency transportation	10	7.87%
Emergency shelters	15	11.81%
Emergency medical providers	4	3.15%
None of the above	79	62.20%

Table 49b: California Nutritional Providers Partner Organizations for Emergency Relief (n=37)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	4	10.81%
Food bank/food pantry	11	29.73%
Food distributors/groceries	2	5.41%
Emergency transportation	2	5.41%
Emergency shelters	4	10.81%
Emergency medical providers	1	2.70%
None of the above	21	56.76%

Table 50b: Pennsylvania Nutritional Providers Partner Organizations for Emergency Relief (n=41)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	2	4.88%
Food bank/food pantry	10	24.39%
Food distributors/groceries	7	17.07%

Emergency transportation	3	7.32%
Emergency shelters	2	4.88%
Emergency medical providers	0	0.00%
None of the above	29	70.73%

Table 51b: Nevada Nutritional Providers Partner Organizations for Emergency Relief (n=14)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	2	14.29%
Food bank/food pantry	6	42.86%
Food distributors/groceries	1	7.14%
Emergency transportation	0	0.00%
Emergency shelters	3	21.43%
Emergency medical providers	1	7.14%
None of the above	7	50.00%

Table 52b: North Carolina Nutritional Providers Partner Organizations for Emergency Relief (n=15)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	1	6.67%
Food bank/food pantry	2	13.33%
Food distributors/groceries	0	0.00%
Emergency transportation	2	13.33%
Emergency shelters	4	26.67%
Emergency medical providers	1	6.67%
None of the above	10	66.67%

Table 53b: Illinois Nutritional Providers Partner Organizations for Emergency Relief (n=9)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	3	33.33%
Food bank/food pantry	2	22.22%
Food distributors/groceries	1	11.11%
Emergency transportation	0	0.00%
Emergency shelters	1	11.11%
Emergency medical providers	0	0.00%
None of the above	6	66.67%

Table 54b: New Hampshire Nutritional Providers Partner Organizations for Emergency Relief (n=6)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	1	16.67%
Food bank/food pantry	1	16.67%
Food distributors/groceries	0	0.00%
Emergency transportation	1	16.67%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	4	66.67%

Table 55b: Mississippi Nutritional Providers Partner Organizations for Emergency Relief (n=3)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	2	66.67%
Food bank/food pantry	0	0.00%
Food distributors/groceries	0	0.00%

Emergency transportation	1	33.33%
Emergency shelters	1	33.33%
Emergency medical providers	1	33.33%
None of the above	1	33.33%

Table 56b: Iowa Nutritional Providers Partner Organizations for Emergency Relief (n=1)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	0	0.00%
Food bank/food pantry	0	0.00%
Food distributors/groceries	0	0.00%
Emergency transportation	0	0.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	1	100.00%

Table 57b: Kansas Nutritional Providers Partner Organizations for Emergency Relief (n=1)

With which types of organizations does the nutrition program have written agreements for emergency relief services? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	0	0.00%
Food bank/food pantry	0	0.00%
Food distributors/groceries	0	0.00%
Emergency transportation	1	100.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	0	0.00%

Topics

Topics with Written Procedures

CNP centers were asked to provide which topics are in the written procedures, regardless of if the topics are part of the emergency plan. A total of 133 responses were reported. Over half of CNP centers (55.64%) reported procedures to contact all clients, followed closely by plans to provide emergency meals for all clients at 54.14%. The lowest (18.05%) was for none of the above. See Table 58b for overall results and Tables 59b through 67b for individual states results. Maine and Virginia were omitted due to no recorded responses.

Table 58b: Nutrition Providers Topics with Written Procedures (n=133)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	72	54.14%
Plans for service interruptions of more than 3 days	45	33.83%
Procedures to contact all clients	74	55.64%
Plans for emergency communications with the AAA	54	40.60%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	42	31.58%
None of the above	24	18.05%

Table 59b: California Nutrition Providers Topics with Written Procedures (n=40)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	21	52.50%
Plans for service interruptions of more than 3 days	15	37.50%
Procedures to contact all clients	23	57.50%
Plans for emergency communications with the AAA	17	42.50%

Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	12	30.00%
None of the above	5	12.50%

Table 60b: Pennsylvania Nutrition Providers Topics with Written Procedures (n=42)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	**Frequency**	**%**
Plans to provide emergency meals for all clients	29	69.05%
Plans for service interruptions of more than 3 days	11	26.19%
Procedures to contact all clients	22	52.38%
Plans for emergency communications with the AAA	23	54.76%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	12	28.57%
None of the above	7	16.67%

Table 61b: Nevada Nutrition Providers Topics with Written Procedures (n=14)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	**Frequency**	**%**
Plans to provide emergency meals for all clients	6	42.86%
Plans for service interruptions of more than 3 days	5	35.71%
Procedures to contact all clients	6	42.86%
Plans for emergency communications with the AAA	1	7.14%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	5	35.71%
None of the above	5	35.71%

Table 62b: North Carolina Nutrition Providers Topics with Written Procedures (n=16)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	4	25.00%
Plans for service interruptions of more than 3 days	5	31.25%
Procedures to contact all clients	10	62.50%
Plans for emergency communications with the AAA	5	31.25%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	6	37.50%
None of the above	4	25.00%

Table 63b: Illinois Nutrition Providers Topics with Written Procedures (n=10)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	5	50.00%
Plans for service interruptions of more than 3 days	4	40.00%
Procedures to contact all clients	5	50.00%
Plans for emergency communications with the AAA	5	50.00%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	4	40.00%
None of the above	1	10.00%

Table 64b: New Hampshire Nutrition Providers Topics with Written Procedures (n=6)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	5	83.33%

Plans for service interruptions of more than 3 days	4	66.67%
Procedures to contact all clients	4	66.67%
Plans for emergency communications with the AAA	0	0.00%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	1	16.67%
None of the above	1	16.67%

Table 65b: Mississippi Nutrition Providers Topics with Written Procedures (n=3)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	**Frequency**	**%**
Plans to provide emergency meals for all clients	1	33.33%
Plans for service interruptions of more than 3 days	1	33.33%
Procedures to contact all clients	3	100.00 %
Plans for emergency communications with the AAA	2	66.67%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	2	66.67%
None of the above	0	0.00%

Table 66b: Iowa Nutrition Providers Topics with Written Procedures (n=1)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	**Frequency**	**%**
Plans to provide emergency meals for all clients	0	0.00%
Plans for service interruptions of more than 3 days	0	0.00%
Procedures to contact all clients	0	0.00%
Plans for emergency communications with the AAA	0	0.00%

Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	0	0.00%
None of the above	1	100.00%

Table 67b: Kansas Nutrition Providers Topics with Written Procedures (n=1)

Which of these topics do you have written procedures for, whether or not they are part of an emergency plan? (check all that apply)	**Frequency**	**%**
Plans to provide emergency meals for all clients	1	100.00%
Plans for service interruptions of more than 3 days	0	0.00%
Procedures to contact all clients	1	100.00%
Plans for emergency communications with the AAA	1	100.00%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	0	0.00%
None of the above	0	0.00%

Topics Regularly Covered in Emergency Preparedness Training

CNP centers were asked which topics are regularly covered in emergency preparedness training. In total, 129 responses were recorded. About two thirds of CNP centers (67.44%) reported the topic "How the staff should respond to various emergencies", followed by the topic "How the staff should prepare for various emergencies" at 57.36%. The lowest (17.83%) response was for none of the above. See Table 68b for overall results and Tables 69b through 77b for individual states results. Maine and Virginia were omitted due to no recorded responses.

Table 68b: Nutrition Providers Topics Covered in Training (n=129)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	74	57.36%
How the staff should respond to various emergencies	87	67.44%

How the clients should prepare for various emergencies when at the meal site	46	35.66%
How the clients should respond to various emergencies when at the meal site	50	38.76%
How the staff should continue providing priority services after an emergency	62	48.06%
How to contact all clients after an emergency	67	51.94%
How to work with other community organizations after an emergency	49	37.98%
None of the above	23	17.83%

Table 69b: California Nutrition Providers Topics Covered in Training (n=40)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	24	60.00%
How the staff should respond to various emergencies	27	67.50%
How the clients should prepare for various emergencies when at the meal site	12	30.00%
How the clients should respond to various emergencies when at the meal site	15	37.50%
How the staff should continue providing priority services after an emergency	19	47.50%
How to contact all clients after an emergency	21	52.50%
How to work with other community organizations after an emergency	16	40.00%
None of the above	5	12.50%

Table 70b: Pennsylvania Nutrition Providers Topics Covered in Training (n=41)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	20	48.78%

How the staff should respond to various emergencies	25	60.98%
How the clients should prepare for various emergencies when at the meal site	14	34.15%
How the clients should respond to various emergencies when at the meal site	13	31.71%
How the staff should continue providing priority services after an emergency	18	43.90%
How to contact all clients after an emergency	19	46.34%
How to work with other community organizations after an emergency	13	31.71%
None of the above	10	24.39%

Table 71b: Nevada Nutrition Providers Topics Covered in Training (n=12)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	7	58.33%
How the staff should respond to various emergencies	9	75.00%
How the clients should prepare for various emergencies when at the meal site	3	25.00%
How the clients should respond to various emergencies when at the meal site	3	25.00%
How the staff should continue providing priority services after an emergency	6	50.00%
How to contact all clients after an emergency	6	50.00%
How to work with other community organizations after an emergency	6	50.00%
None of the above	3	25.00%

Table 72b: North Carolina Nutrition Providers Topics Covered in Training (n=16)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	**Frequency**	**%**

How the staff should prepare for various emergencies	12	75.00%
How the staff should respond to various emergencies	10	62.50%
How the clients should prepare for various emergencies when at the meal site	11	68.75%
How the clients should respond to various emergencies when at the meal site	11	68.75%
How the staff should continue providing priority services after an emergency	8	50.00%
How to contact all clients after an emergency	11	68.75%
How to work with other community organizations after an emergency	8	50.00%
None of the above	2	12.50%

Table 73b: Illinois Nutrition Providers Topics Covered in Training (n=9)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	4	44.44%
How the staff should respond to various emergencies	6	66.67%
How the clients should prepare for various emergencies when at the meal site	3	33.33%
How the clients should respond to various emergencies when at the meal site	3	33.33%
How the staff should continue providing priority services after an emergency	4	44.44%
How to contact all clients after an emergency	4	44.44%
How to work with other community organizations after an emergency	4	44.44%
None of the above	3	33.33%

Table 74b: New Hampshire Nutrition Providers Topics Covered in Training (n=5)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	2	40.00%
How the staff should respond to various emergencies	5	100.00%
How the clients should prepare for various emergencies when at the meal site	1	20.00%
How the clients should respond to various emergencies when at the meal site	3	60.00%
How the staff should continue providing priority services after an emergency	2	40.00%
How to contact all clients after an emergency	2	40.00%
How to work with other community organizations after an emergency	0	0.00%
None of the above	0	0.00%

Table 75b: Mississippi Nutrition Providers Topics Covered in Training (n=4)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	3	75.00%
How the staff should respond to various emergencies	3	75.00%
How the clients should prepare for various emergencies when at the meal site	2	50.00%
How the clients should respond to various emergencies when at the meal site	2	50.00%
How the staff should continue providing priority services after an emergency	3	75.00%
How to contact all clients after an emergency	3	75.00%
How to work with other community organizations after an emergency	2	50.00%
None of the above	0	0.00%

Table 76b: Iowa Nutrition Providers Topics Covered in Training (n=1)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	1	100.00%
How the staff should respond to various emergencies	1	100.00%
How the clients should prepare for various emergencies when at the meal site	0	0.00%
How the clients should respond to various emergencies when at the meal site	0	0.00%
How the staff should continue providing priority services after an emergency	1	100.00%
How to contact all clients after an emergency	0	0.00%
How to work with other community organizations after an emergency	0	0.00%
None of the above	0	0.00%

Table 77b: Kansas Nutrition Providers Topics Covered in Training (n=1)

Which topics are regularly covered in emergency preparedness training at your organization? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	1	100.00%
How the staff should respond to various emergencies	1	100.00%
How the clients should prepare for various emergencies when at the meal site	0	0.00%
How the clients should respond to various emergencies when at the meal site	0	0.00%
How the staff should continue providing priority services after an emergency	1	100.00%
How to contact all clients after an emergency	1	100.00%
How to work with other community organizations after an emergency	0	0.00%

None of the above	0	0.00%

Lists

Priority Services List

CNP centers were asked if they have a list of priority services that it is expected to continue to provide during and after a disaster. In total, 127 responses were reported. About two thirds (66.1%) of CNP centers reported yes, and 33.9% reported no. Maine and Virginia were omitted due to no recorded responses.

Table 78b: Nutrition Providers Priority Services List

Does the organization have a list of priority services that it is expected to continue to provide during and after a disaster?	**Yes**		**No**	
	Frequency	%	Frequency	%
Overall (n=127)	**84**	**66.14%**	**43**	**33.86%**
California (n=39)	25	64.10%	14	35.90%
Pennsylvania (n=40)	27	67.50%	13	32.50%
Nevada (n=14)	9	64.29%	4	35.71%
North Carolina (n=16)	12	75.00%	4	25.00%
Illinois (n=8)	4	50.00%	4	50.00%
New Hampshire (n=5)	4	80.00%	1	20.00%
Mississippi (n=3)	2	66.67%	1	33.33%
Iowa (n=1)	0	0.00%	1	100.00%
Kansas (n=1)	1	100.00%	0	0.00%

List of High-Priority Services

CNP centers were asked which services were included as a high priority. In total, 91 responses were reported. The majority of CNP centers (82.42%) reported home-delivered meals as a high priority, followed by congregate meals at 71.43%. The lowest response was none of the above at 1.10%. See Table 79b for overall results and Tables 80b through 88b for individual states results. Maine and Virginia were omitted due to no recorded responses.

Table 79b: Nutrition Providers High-Priority Services List (n=91)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	65	71.43%
Home-delivered meals	75	82.42%
Transportation for clients	35	38.46%
Meal vouchers for clients	2	2.20%
Activities for clients at congregate meal site(s)	22	24.18%
Services for clients at congregate meal site(s)	32	35.16%
In-home services for clients	26	28.57%
Remote/virtual services for clients	15	16.48%
None of the above	1	1.10%

Table 80b: California Nutrition Providers High-Priority Services List (n=26)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	20	76.92%
Home-delivered meals	21	80.77%
Transportation for clients	9	34.62%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	4	15.38%
Services for clients at congregate meal site(s)	8	30.77%
In-home services for clients	8	30.77%
Remote/virtual services for clients	7	26.92%
None of the above	0	0.00%

Table 81b: Pennsylvania Nutrition Providers High-Priority Services List (n=29)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	24	82.76%
Home-delivered meals	22	75.86%

Transportation for clients	11	37.93%
Meal vouchers for clients	2	6.90%
Activities for clients at congregate meal site(s)	13	44.83%
Services for clients at congregate meal site(s)	14	48.28%
In-home services for clients	5	17.24%
Remote/virtual services for clients	7	24.14%
None of the above	0	0.00%

Table 82b: Nevada Nutrition Providers High-Priority Services List (n=9)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	4	44.44%
Home-delivered meals	9	100.00%
Transportation for clients	2	22.22%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	1	11.11%
Services for clients at congregate meal site(s)	1	11.11%
In-home services for clients	1	11.11%
Remote/virtual services for clients	1	11.11%
None of the above	0	0.00%

Table 83b: North Carolina Nutrition Providers High-Priority Services List (n=12)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	9	75.00%
Home-delivered meals	12	100.00%
Transportation for clients	7	58.33%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	3	25.00%
Services for clients at congregate meal site(s)	4	33.33%
In-home services for clients	8	66.67%

Remote/virtual services for clients	0	0.00%
None of the above	0	0.00%

Table 84b: Illinois Nutrition Providers High-Priority Services List (n=6)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	3	50.00%
Home-delivered meals	6	100.00%
Transportation for clients	3	50.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	1	16.67%
Services for clients at congregate meal site(s)	3	50.00%
In-home services for clients	3	50.00%
Remote/virtual services for clients	0	0.00%
None of the above	0	0.00%

Table 85b: New Hampshire Nutrition Providers High-Priority Services List (n=5)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	1	20.00%
Home-delivered meals	4	80.00%
Transportation for clients	0	0.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	0	0.00%
In-home services for clients	0	0.00%
Remote/virtual services for clients	0	0.00%
None of the above	1	20.00%

Table 86b: Mississippi Nutrition Providers High-Priority Services List (n=3)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	3	100.00%
Home-delivered meals	0	0.00%
Transportation for clients	2	66.67%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	2	66.67%
In-home services for clients	0	0.00%
Remote/virtual services for clients	0	0.00%
None of the above	0	0.00%

Table 87b: Iowa Nutrition Providers High-Priority Services List (n=0)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	0	0.00%
Home-delivered meals	0	0.00%
Transportation for clients	0	0.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	0	0.00%
In-home services for clients	0	0.00%
Remote/virtual services for clients	0	0.00%
None of the above	0	0.00%

Table 88b: Kansas Nutrition Providers High-Priority Services List (n=1)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	1	100.00%
Home-delivered meals	1	100.00%

Transportation for clients	1	100.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	0	0.00%
In-home services for clients	1	100.00%
Remote/virtual services for clients	0	0.00%
None of the above	0	0.00%

Emergency Response to the Pandemic

Emergency Plan Use to Aid in Pandemic Decisions

CNP centers were asked if they utilized their emergency plan to help decide what to do when the pandemic hit. In total, 122 responses were reported. Nearly half (46.72%) of all centers did not rely on the emergency plan to help with decision making. 27.87% of centers stated that they relied on the plan to help make decisions. 17.21% of centers reported that they did use the plan, but only occasionally and 8.20% tried but did not find the plan helpful. Refer to Table 89b for overall results and Tables 90b through 98b for individual states results. Maine and Virginia were omitted due to no recorded responses.

Table 89b: Nutrition Providers Emergency Plan Use (n=122)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	34	27.87%
Yes, but we only referred to the plan occasionally	21	17.21%
We tried, but the plan was not helpful	10	8.20%
No, we did not use the plan	57	46.72%

Table 90b: California Nutrition Providers Emergency Plan Use (n=38)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	10	26.32%

Yes, but we only referred to the plan occasionally	7	18.42%
We tried, but the plan was not helpful	3	7.89%
No, we did not use the plan	18	47.37%

Table 91b: Pennsylvania Nutrition Providers Emergency Plan Use (n=39)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	11	28.21%
Yes, but we only referred to the plan occasionally	10	25.64%
We tried, but the plan was not helpful	4	10.26%
No, we did not use the plan	14	35.90%

Table 92b: Nevada Nutrition Providers Emergency Plan Use (n=12)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	2	16.67%
Yes, but we only referred to the plan occasionally	0	0.00%
We tried, but the plan was not helpful	1	8.33%
No, we did not use the plan	9	75.00%

Table 93b: North Carolina Nutrition Providers Emergency Plan Use (n=14)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	4	28.57%
Yes, but we only referred to the plan occasionally	1	7.14%
We tried, but the plan was not helpful	0	0.00%
No, we did not use the plan	9	64.29%

Table 94b: Illinois Nutrition Providers Emergency Plan Use (n=8)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	2	25.00%

Yes, but we only referred to the plan occasionally	3	37.50%
We tried, but the plan was not helpful	1	12.50%
No, we did not use the plan	2	25.00%

Table 95b: New Hampshire Nutrition Providers Emergency Plan Use (n=5)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	1	20.00%
Yes, but we only referred to the plan occasionally	0	0.00%
We tried, but the plan was not helpful	1	20.00%
No, we did not use the plan	3	60.00%

Table 96b: Mississippi Nutrition Providers Emergency Plan Use (n=4)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	3	75.00%
Yes, but we only referred to the plan occasionally	0	0.00%
We tried, but the plan was not helpful	0	0.00%
No, we did not use the plan	1	25.00%

Table 97b: Iowa Nutrition Providers Emergency Plan Use (n=1)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	0	0.00%
Yes, but we only referred to the plan occasionally	0	0.00%
We tried, but the plan was not helpful	0	0.00%
No, we did not use the plan	1	100.00%

Table 98b: Kansas Nutrition Providers Emergency Plan Use (n=1)

Did you use the organization's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	1	100.00%

Yes, but we only referred to the plan occasionally	0	0.00%
We tried, but the plan was not helpful	0	0.00%
No, we did not use the plan	0	0.00%

Time Frame of Communication for High-Risk Clients

CNP centers were asked the duration it took to contact all the high-risk clients after the pandemic emergency was declared. In total, 122 responses were recorded. A little under half (46.72%) of centers contacted their clients in less than two days. A quarter (25.41%) of the centers reported it took two to four days. 3.28% reported they did not contact their high-risk clients, and 13.93% of centers reported they do not have a list of high-risk clients. See Table 99b for overall results and Tables 100b through 108b for individual states results. Maine and Virginia were omitted due to no recorded responses.

Table 99b: Nutrition Providers Time to Communicate to High-Risk Clients (n=122)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	57	46.72%
2 to 4 days	31	25.41%
4 days to one week	9	7.38%
More than one week	4	3.28%
We did not contact our high risk clients	4	3.28%
We do not maintain a list of high risk clients	17	13.93%

Table 100b: California Nutrition Providers Time to Communicate to High-Risk Clients (n=40)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	20	50.00%
2 to 4 days	7	17.50%
4 days to one week	4	10.00%
More than one week	1	2.50%
We did not contact our high risk clients	1	2.50%

We do not maintain a list of high risk clients	7	17.50%

Table 101b: Pennsylvania Nutrition Providers Time to Communicate to High-Risk Clients (n=38)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	15	39.47%
2 to 4 days	15	39.47%
4 days to one week	4	10.53%
More than one week	0	0.00%
We did not contact our high risk clients	0	0.00%
We do not maintain a list of high risk clients	4	10.53%

Table 102b: Nevada Nutrition Providers Time to Communicate to High-Risk Clients (n=11)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	7	63.64%
2 to 4 days	1	9.09%
4 days to one week	0	0.00%
More than one week	2	18.18%
We did not contact our high risk clients	1	9.09%
We do not maintain a list of high risk clients	0	0.00%

Table 103b: North Carolina Nutrition Providers Time to Communicate to High-Risk Clients (n=14)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	6	42.86%
2 to 4 days	4	28.57%
4 days to one week	0	0.00%
More than one week	0	0.00%
We did not contact our high risk clients	0	0.00%

We do not maintain a list of high risk clients	4	28.57%

Table 104b: Illinois Nutrition Providers Time to Communicate to High-Risk Clients (n=8)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	5	62.50%
2 to 4 days	0	0.00%
4 days to one week	1	12.50%
More than one week	1	12.50%
We did not contact our high risk clients	0	0.00%
We do not maintain a list of high risk clients	1	12.50%

Table 105b: New Hampshire Nutrition Providers Time to Communicate to High-Risk Clients (n=5)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	2	40.00%
2 to 4 days	2	40.00%
4 days to one week	0	0.00%
More than one week	0	0.00%
We did not contact our high risk clients	1	20.00%
We do not maintain a list of high risk clients	0	0.00%

Table 106b: Mississippi Nutrition Providers Time to Communicate to High-Risk Clients (n=4)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	1	25.00%
2 to 4 days	2	50.00%
4 days to one week	0	0.00%
More than one week	0	0.00%
We did not contact our high risk clients	0	0.00%
We do not maintain a list of high risk clients	1	25.00%

Table 107b: Iowa Nutrition Providers Time to Communicate to High-Risk Clients (n=1)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	0	0.00%
2 to 4 days	0	0.00%
4 days to one week	0	0.00%
More than one week	0	0.00%
We did not contact our high risk clients	1	100.00%
We do not maintain a list of high risk clients	0	0.00%

Table 108b: Kansas Nutrition Providers Time to Communicate to High-Risk Clients (n=1)

How long did it take you to contact all of the clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	1	100.00%
2 to 4 days	0	0.00%
4 days to one week	0	0.00%
More than one week	0	0.00%
We did not contact our high risk clients	0	0.00%
We do not maintain a list of high risk clients	0	0.00%

New Services Provided During Pandemic

CNP centers were asked which services they began to provide during the pandemic that they did not provide prior. In total, 125 responses were recorded. Most (83.2%) centers provided additional food to existing clients, followed by providing home-delivered meals for clients of one or more congregate nutrition programs at 77.6%. 48.8% provided emergency food for non-clients, 44.8% provided new remote/virtual programs, and 36% arranged for delivery of household products to clients. The lowest response was for none of the above at 4.8%. See Table 109b for overall results and Tables 110b through 118b for individual states results. Maine and Virginia were omitted due to no recorded responses.

Table 109b: Nutrition Providers New Services Provided During Pandemic (n=125)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	104	83.20%
Provided home-delivered meals for clients of one or more congregate nutrition programs	97	77.60%
Provided emergency food to non-clients	61	48.80%
Arranged transportation for clients	21	16.80%
Arranged for medicine to be delivered to clients	12	9.60%
Arranged for delivery of household products to clients	45	36.00%
Arranged in-home services for clients	15	12.00%
Provided new remote/virtual programs	56	44.80%
None of the above	6	4.80%

Table 110b: California Nutrition Providers New Services Provided During Pandemic (n=40)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	30	75.00%
Provided home-delivered meals for clients of one or more congregate nutrition programs	30	75.00%
Provided emergency food to non-clients	17	42.50%
Arranged transportation for clients	8	20.00%
Arranged for medicine to be delivered to clients	5	12.50%
Arranged for delivery of household products to clients	15	37.50%
Arranged in-home services for clients	5	12.50%
Provided new remote/virtual programs	18	45.00%
None of the above	3	7.50%

Table 111b: Pennsylvania Nutrition Providers New Services Provided During Pandemic (n=39)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	35	89.74%
Provided home-delivered meals for clients of one or more congregate nutrition programs	28	71.79%
Provided emergency food to non-clients	20	51.28%
Arranged transportation for clients	4	10.26%
Arranged for medicine to be delivered to clients	2	5.13%
Arranged for delivery of household products to clients	13	33.33%
Arranged in-home services for clients	2	5.13%
Provided new remote/virtual programs	19	48.72%
None of the above	2	5.13%

Table 112b: Nevada Nutrition Providers New Services Provided During Pandemic (n=12)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	9	75.00%
Provided home-delivered meals for clients of one or more congregate nutrition programs	10	83.33%
Provided emergency food to non-clients	8	66.67%
Arranged transportation for clients	3	25.00%
Arranged for medicine to be delivered to clients	1	8.33%
Arranged for delivery of household products to clients	5	41.67%
Arranged in-home services for clients	2	16.67%
Provided new remote/virtual programs	5	41.67%
None of the above	1	8.33%

Table 113b: North Carolina Nutrition Providers New Services Provided During Pandemic (n=14)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	14	100.00 %
Provided home-delivered meals for clients of one or more congregate nutrition programs	13	92.86%
Provided emergency food to non-clients	8	57.14%
Arranged transportation for clients	4	28.57%
Arranged for medicine to be delivered to clients	1	7.14%
Arranged for delivery of household products to clients	6	42.86%
Arranged in-home services for clients	3	21.43%
Provided new remote/virtual programs	10	71.43%
None of the above	0	0.00%

Table 114b: Illinois Nutrition Providers New Services Provided During Pandemic (n=9)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	8	88.89%
Provided home-delivered meals for clients of one or more congregate nutrition programs	8	88.89%
Provided emergency food to non-clients	4	44.44%
Arranged transportation for clients	1	11.11%
Arranged for medicine to be delivered to clients	0	0.00%
Arranged for delivery of household products to clients	3	33.33%
Arranged in-home services for clients	3	33.33%
Provided new remote/virtual programs	3	33.33%
None of the above	0	0.00%

Table 115b: New Hampshire Nutrition Providers New Services Provided During Pandemic (n=5)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	4	80.00%
Provided home-delivered meals for clients of one or more congregate nutrition programs	2	40.00%
Provided emergency food to non-clients	2	40.00%
Arranged transportation for clients	0	0.00%
Arranged for medicine to be delivered to clients	2	40.00%
Arranged for delivery of household products to clients	3	60.00%
Arranged in-home services for clients	0	0.00%
Provided new remote/virtual programs	1	20.00%
None of the above	0	0.00%

Table 116b: Mississippi Nutrition Providers New Services Provided During Pandemic (n=4)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	2	50.00%
Provided home-delivered meals for clients of one or more congregate nutrition programs	4	100.00%
Provided emergency food to non-clients	1	25.00%
Arranged transportation for clients	1	25.00%
Arranged for medicine to be delivered to clients	1	25.00%
Arranged for delivery of household products to clients	0	0.00%
Arranged in-home services for clients	0	0.00%
Provided new remote/virtual programs	0	0.00%
None of the above	0	0.00%

Table 117b: Iowa Nutrition Providers New Services Provided During Pandemic (n=1)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	1	100.00%
Provided home-delivered meals for clients of one or more congregate nutrition programs	1	100.00%
Provided emergency food to non-clients	1	100.00%
Arranged transportation for clients	0	0.00%
Arranged for medicine to be delivered to clients	0	0.00%
Arranged for delivery of household products to clients	0	0.00%
Arranged in-home services for clients	0	0.00%
Provided new remote/virtual programs	0	0.00%
None of the above	0	0.00%

Table 118b: Kansas Nutrition Providers New Services Provided During Pandemic (n=1)

Which services did your organization provide during the pandemic that it did not provide before the pandemic? (check all that apply)	Frequency	%
Provided additional food to existing clients	1	100.00%
Provided home-delivered meals for clients of one or more congregate nutrition programs	1	100.00%
Provided emergency food to non-clients	0	0.00%
Arranged transportation for clients	0	0.00%
Arranged for medicine to be delivered to clients	0	0.00%
Arranged for delivery of household products to clients	0	0.00%
Arranged in-home services for clients	0	0.00%
Provided new remote/virtual programs	0	0.00%
None of the above	0	0.00%

Supply Chain Interruption

CNP centers were asked if there an interruption in the supply chain for meals at any point during the pandemic (did the nutrition program have difficulty getting food deliveries). In total, 125 responses were reported. A majority (81.6%) of centers stated that were no interruptions in the supply chain and 18.4% reported that yes, there were interruptions in the supply chain during the pandemic. Maine and Virginia were omitted due to no recorded responses.

Table 119b: Nutrition Providers Supply Chain Interruption

Was there an interruption in the supply chain for meals of your nutrition program at any point during the pandemic (that is, did the nutrition program have difficulty getting food deliveries)?	**Yes**		**No**	
	Frequency	%	Frequency	%
Overall (n=125)	**23**	**18.40%**	**102**	**81.60%**
California (n=40)	9	22.50%	31	77.50%
Pennsylvania (n=39)	4	10.26%	35	89.74%
Nevada (n=12)	3	25.00%	9	75.00%
North Carolina (n=14)	1	7.14%	13	92.86%
Illinois (n=9)	2	22.22%	7	77.78%
New Hampshire (n=5)	2	40.00%	3	60.00%
Mississippi (n=4)	1	25.00%	3	75.00%
Iowa (n=1)	1	100.00%	0	0.00%
Kansas (n=1)	0	0.00%	1	100.00%

Length of Supply Chain Interruption

CNP centers were asked the duration of the supply chain interruption. In total, 23 responses were recorded. 43.48% of centers reported the supply chain interruption lasted two months or more. 30.43% of centers reported less than one week. 21.4% of centers reported one month to less than two months. The lowest response (4.35%) reported that the supply chain interruption lasted one week to less than one month. See Table 120b for overall results and Tables 121b through 128b

for individual states results. Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 120b: Nutrition Providers Length of Supply Chain Interruption (n=23)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	7	30.43%
1 week to less than 1 month	1	4.35%
1 month to less than 2 months	5	21.74%
2 months or more	10	43.48%

Table 121b: California Nutrition Providers Length of Supply Chain Interruption (n=8)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	3	37.50%
1 week to less than 1 month	1	12.50%
1 month to less than 2 months	2	25.00%
2 months or more	2	25.00%

Table 122b: Pennsylvania Nutrition Providers Length of Supply Chain Interruption (n=5)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	3	60.00%
1 week to less than 1 month	0	0.00%
1 month to less than 2 months	0	0.00%
2 months or more	2	40.00%

Table 123b: Nevada Nutrition Providers Length of Supply Chain Interruption (n=3)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	0	0.00%
1 week to less than 1 month	0	0.00%
1 month to less than 2 months	1	33.33%
2 months or more	2	66.67%

Table 124b: North Carolina Nutrition Providers Length of Supply Chain Interruption (n=1)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	0	0.00%
1 week to less than 1 month	0	0.00%
1 month to less than 2 months	0	0.00%
2 months or more	1	100.00%

Table 125b: Illinois Nutrition Providers Length of Supply Chain Interruption (n=2)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	0	0.00%
1 week to less than 1 month	0	0.00%
1 month to less than 2 months	0	0.00%
2 months or more	2	100.00%

Table 126b: New Hampshire Nutrition Providers Length of Supply Chain Interruption (n=2)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	1	50.00%
1 week to less than 1 month	0	0.00%
1 month to less than 2 months	0	0.00%
2 months or more	1	50.00%

Table 127b: Mississippi Nutrition Providers Length of Supply Chain Interruption (n=1)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	0	0.00%
1 week to less than 1 month	0	0.00%
1 month to less than 2 months	1	100.00%
2 months or more	0	0.00%

Table 128b: Iowa Nutrition Providers Length of Supply Chain Interruption (n=1)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	0	0.00%
1 week to less than 1 month	0	0.00%

1 month to less than 2 months	1	100.00%
2 months or more	0	0.00%

Response to Supply Chain Interruption

CNP centers were asked the response they took to solve the supply chain interruption. In total, 23 responses were received. A majority (82.61%) of the centers changed what they had to offer based on what they could get. 43.48% of centers found new sources so they could offer what they wanted. 8.70% of centers stopped serving meals at the congregate sites. No response was reported for cutting back on what was offered, and no centers started offering meal vouchers. Refer to Table 129b for overall results and Tables 130b through 137b for individual states results. Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 129b: Nutrition Providers Response to Supply Chain Interruption (n=23)

How did you respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what we offered based on what we could get	19	82.61%
Cut back on what they offered	0	0.00%
Found new sources so that we could offer what we wanted	10	43.48%
Stopped serving meals at the congregate site	2	8.70%
Started offering meal vouchers	0	0.00%

Table 130b: California Nutrition Providers Response to Supply Chain Interruption (n=9)

How did you respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what we offered based on what we could get	7	77.78%
Cut back on what they offered	0	0.00%
Found new sources so that we could offer what we wanted	3	33.33%
Stopped serving meals at the congregate site	1	11.11%
Started offering meal vouchers	0	0.00%

Table 131b: Pennsylvania Nutrition Providers Response to Supply Chain Interruption (n=4)

How did you respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what we offered based on what we could get	3	75.00%
Cut back on what they offered	0	0.00%
Found new sources so that we could offer what we wanted	2	50.00%
Stopped serving meals at the congregate site	0	0.00%
Started offering meal vouchers	0	0.00%

Table 132b: Nevada Nutrition Providers Response to Supply Chain Interruption (n=3)

How did you respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what we offered based on what we could get	3	100.00%
Cut back on what they offered	0	0.00%
Found new sources so that we could offer what we wanted	1	33.33%
Stopped serving meals at the congregate site	0	0.00%
Started offering meal vouchers	0	0.00%

Table 133b: North Carolina Nutrition Providers Response to Supply Chain Interruption (n=1)

How did you respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what we offered based on what we could get	1	100.00%
Cut back on what they offered	0	0.00%
Found new sources so that we could offer what we wanted	1	100.00%
Stopped serving meals at the congregate site	0	0.00%
Started offering meal vouchers	0	0.00%

Table 134b: Illinois Nutrition Providers Response to Supply Chain Interruption (n=2)

How did you respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what we offered based on what we could get	2	100.00%
Cut back on what they offered	0	0.00%

Found new sources so that we could offer what we wanted	2	100.00%
Stopped serving meals at the congregate site	0	0.00%
Started offering meal vouchers	0	0.00%

Table 135b: New Hampshire Nutrition Providers Response to Supply Chain Interruption (n=2)

How did you respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what we offered based on what we could get	2	100.00%
Cut back on what they offered	0	0.00%
Found new sources so that we could offer what we wanted	1	50.00%
Stopped serving meals at the congregate site	0	0.00%
Started offering meal vouchers	0	0.00%

Table 136b: Mississippi Nutrition Providers Response to Supply Chain Interruption (n=1)

How did you respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what we offered based on what we could get	0	0.00%
Cut back on what they offered	0	0.00%
Found new sources so that we could offer what we wanted	0	0.00%
Stopped serving meals at the congregate site	1	100.00%
Started offering meal vouchers	0	0.00%

Table 137b: Iowa Nutrition Providers Response to Supply Chain Interruption (n=1)

How did you respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what we offered based on what we could get	1	100.00%
Cut back on what they offered	0	0.00%
Found new sources so that we could offer what we wanted	0	0.00%
Stopped serving meals at the congregate site	0	0.00%
Started offering meal vouchers	0	0.00%

What Worked and What Did Not Work

Pandemic Response Aspects that Went Well

CNP centers were asked to rate aspects of their organization's response to the pandemic. Centers used a five-point scale (1=Unacceptable, 2=Poor, 3=Fair, 4=Good, and 5=Excellent). The tables below show the average scores per question. Communications with individual clients had the highest (4.29) average, which falls between excellent (5) and good (4). This was followed by implementing alternative meal options for existing clients at 4.36. The lowest average (3.89), which falls between good (4) and fair (3), was for implementing remote programs to replace in-person programs and implementing new in-home services. Refer to Table 138b for overall results and Tables 139b through 146b for individual results. Iowa, Maine, and Virginia were omitted due to no recorded responses.

Table 138b: Nutrition Providers Pandemic Response Aspects that Went Well

Indicate how well each of these aspects of your organization's response to the pandemic went (check all that apply)	Excellent (5)	Good (4)	Fair (3)	Poor (2)	Unacceptable (1)	Average
Communications with the Area Agency on Aging (n=109)	59	31	10	9	0	**4.28**
Communications with individual clients (n=113)	53	50	10	0	0	**4.38**
Communications with emergency relief organizations (n=84)	19	46	16	3	0	**3.96**
Communications with emergency relief organizations (n=106)	36	59	9	2	0	**4.22**

Implementing alternative meal options for existing clients (n=108)	56	38	12	1	1	**4.36**
Getting food to seniors who were not existing clients (n=103)	47	42	11	3	0	**4.29**
Implementing remote programs to replace in-person programs (n=85)	30	28	20	7	0	**3.95**
Implementing new remote programs (n=76)	25	24	21	6	0	**3.89**
Implementing new procedures for in-home services (n=58)	22	23	10	3	0	**4.10**
Implementing new in-home services (n=44)	15	14	11	3	1	**3.89**

Table 139b: California Nutrition Providers Pandemic Response Aspects that Went Well

Indicate how well each of these aspects of your organization's response to the pandemic went (check all that apply)	**Excellent (5)**	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the Area Agency on Aging (n=34)	19	9	5	1	0	**4.35**
Communications with individual clients (n=37)	15	19	3	0	0	**4.32**
Communications with emergency relief organizations (n=23)	4	12	6	1	0	**3.83**

Communications with emergency relief organizations (n=34)	11	18	4	1	0	**4.15**
Implementing alternative meal options for existing clients (n=35)	18	13	4	0	0	**4.4**
Getting food to seniors who were not existing clients (n=31)	16	12	2	1	0	**4.39**
Implementing remote programs to replace in-person programs (n=28)	11	9	5	3	0	**4.00**
Implementing new remote programs (n=24)	10	6	5	3	0	**3.96**
Implementing new procedures for in-home services (n=16)	7	4	4	1	0	**4.06**
Implementing new in-home services (n=13)	5	3	3	2	0	**3.85**

Table 140b: Pennsylvania Nutrition Providers Pandemic Response Aspects that Went Well

Indicate how well each of these aspects of your organization's response to the pandemic went (check all that apply)	**Excellent (5)**	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the Area Agency on Aging (n=34)	16	8	3	7	0	**3.97**
Communications with individual clients (n=32)	14	14	4	0	0	**4.31**

Communications with emergency relief organizations (n=24)	6	14	3	1	0	**4.04**
Communications with emergency relief organizations (n=31)	12	15	4	0	0	**4.26**
Implementing alternative meal options for existing clients (n=31)	18	9	3	1	0	**4.42**
Getting food to seniors who were not existing clients (n=33)	16	12	3	2	0	**4.27**
Implementing remote programs to replace in-person programs (n=22)	7	7	7	1	0	**3.91**
Implementing new remote programs (n=20)	6	7	7	0	0	**3.95**
Implementing new procedures for in-home services (n=12)	4	6	1	1	0	**4.08**
Implementing new in-home services (n=9)	3	3	2	1	0	**3.89**

Table 141b: Nevada Nutrition Providers Pandemic Response Aspects that Went Well

Indicate how well each of these aspects of your organization's response to the pandemic went (check all that apply)	**Excellent (5)**	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**

Communications with the Area Agency on Aging (n=11)	2	7	1	1	0	**3.91**
Communications with individual clients (n=12)	4	6	2	0	0	**4.17**
Communications with emergency relief organizations (n=11)	3	4	3	1	0	**3.82**
Communications with emergency relief organizations (n=11)	3	7	0	1	0	**4.09**
Implementing alternative meal options for existing clients (n=12)	5	5	1	0	1	**4.08**
Getting food to seniors who were not existing clients (n=11)	6	4	1	0	0	**4.45**
Implementing remote programs to replace in-person programs (n=9)	3	2	3	1	0	**3.78**
Implementing new remote programs (n=8)	2	2	3	1	0	**3.63**
Implementing new procedures for in-home services (n=7)	3	1	2	1	0	**3.86**
Implementing new in-home services (n=5)	2	0	2	0	1	**3.40**

Table 142b: North Carolina Nutrition Providers Pandemic Response Aspects that Went Well

Indicate how well each of these aspects of your organization's response to the pandemic went (check all that apply)	Excellent (5)	Good (4)	Fair (3)	Poor (2)	Unacceptable (1)	Average
Communications with the Area Agency on Aging (n=14)	10	4	0	0	0	**4.71**
Communications with individual clients (n=14)	11	2	1	0	0	**4.71**
Communications with emergency relief organizations (n=11)	3	7	1	0	0	**4.18**
Communications with emergency relief organizations (n=13)	4	8	1	0	0	**4.23**
Implementing alternative meal options for existing clients (n=14)	7	7	0	0	0	**4.50**
Getting food to seniors who were not existing clients (n=11)	4	5	2	0	0	**4.18**
Implementing remote programs to replace in-person programs (n=13)	4	6	2	1	0	**4.00**
Implementing new remote programs (n=12)	2	6	3	1	0	**3.75**
Implementing new procedures for in-home services (n=10)	2	6	2	0	0	**4.00**

Implementing new in-home services (n=6)	2	1	3	0	0	**3.83**

Table 143b: Illinois Nutrition Providers Pandemic Response Aspects that Went Well

Indicate how well each of these aspects of your organization's response to the pandemic went (check all that apply)	**Excellent (5)**	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the Area Agency on Aging (n=9)	7	2	0	0	0	**4.78**
Communications with individual clients (n=9)	7	2	0	0	0	**4.78**
Communications with emergency relief organizations (n=8)	2	4	2	0	0	**4.00**
Communications with emergency relief organizations (n=8)	4	4	0	0	0	**4.50**
Implementing alternative meal options for existing clients (n=7)	5	2	0	0	0	**4.71**
Getting food to seniors who were not existing clients (n=9)	5	4	0	0	0	**4.56**
Implementing remote programs to replace in-person programs (n=8)	5	2	1	0	0	**4.50**
Implementing new remote programs (n=8)	5	2	0	1	0	**4.38**

Implementing new procedures for in-home services (n=7)	5	2	0	0	0	**4.71**
Implementing new in-home services (n=7)	3	4	0	0	0	**4.43**

Table 144b: New Hampshire Nutrition Providers Pandemic Response Aspects that Went Well

Indicate how well each of these aspects of your organization's response to the pandemic went (check all that apply)	**Excellent (5)**	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the Area Agency on Aging (n=2)	0	1	1	0	0	**3.50**
Communications with individual clients (n=4)	0	4	0	0	0	**4.00**
Communications with emergency relief organizations (n=3)	0	2	1	0	0	**3.67**
Communications with emergency relief organizations (n=4)	0	4	0	0	0	**4.00**
Implementing alternative meal options for existing clients (n=4)	1	0	3	0	0	**3.50**
Getting food to seniors who were not existing clients (n=4)	0	3	1	0	0	**3.75**

Implementing remote programs to replace in-person programs (n=2)	0	1	1	0	0	**3.50**
Implementing new remote programs (n=2)	0	0	2	0	0	**3.00**
Implementing new procedures for in-home services (n=3)	0	2	1	0	0	3.67
Implementing new in-home services (n=2)	0	1	1	0	0	3.50

Table 145b: Mississippi Nutrition Providers Pandemic Response Aspects that Went Well

Indicate how well each of these aspects of your organization's response to the pandemic went (check all that apply)	**Excellent (5)**	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the Area Agency on Aging (n=4)	4	0	0	0	0	**5.00**
Communications with individual clients (n=4)	2	2	0	0	0	**4.50**
Communications with emergency relief organizations (n=3)	1	2	0	0	0	**4.33**
Communications with emergency relief organizations (n=4)	2	2	0	0	0	**4.50**
Implementing alternative meal options for existing clients (n=4)	2	1	1	0	0	**4.25**

Getting food to seniors who were not existing clients (n=3)	0	2	1	0	0	**3.67**
Implementing remote programs to replace in-person programs (n=2)	0	1	0	1	0	**3.00**
Implementing new remote programs (n=1)	0	1	0	0	0	**4.00**
Implementing new procedures for in-home services (n=2)	1	1	0	0	0	**4.50**
Implementing new in-home services (n=1)	0	1	0	0	0	**4.00**

Table 146b: Kansas Nutrition Providers Pandemic Response Aspects that Went Well

Indicate how well each of these aspects of your organization's response to the pandemic went (check all that apply)	**Excellent (5)**	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the Area Agency on Aging (n=1)	1	0	0	0	0	**5.00**
Communications with individual clients (n=1)	0	1	0	0	0	**4.00**
Communications with emergency relief organizations (n=1)	0	1	0	0	0	**4.00**
Communications with emergency relief organizations (n=1)	0	1	0	0	0	**4.00**

Implementing alternative meal options for existing clients (n=1)	0	1	0	0	0	**4.00**
Getting food to seniors who were not existing clients (n=1)	0	0	1	0	0	**3.00**
Implementing remote programs to replace in-person programs (n=1)	0	0	1	0	0	**3.00**
Implementing new remote programs (n=1)	0	0	1	0	0	**3.00**
Implementing new procedures for in-home services (n=1)	0	1	0	0	0	**4.00**
Implementing new in-home services (n=1)	0	1	0	0	0	**4.00**

Home-Delivered Meal Program

Present Operations of the Home-Delivered Meal Program

CNP centers were asked which statement best describes the operations of their home-delivered meal program in regard to the pandemic. 43.16% of centers chose the statement, “The home-delivered meal program is operating under State-imposed pandemic-related protocols”, 41.05% of centers chose the statement, “The home-delivered meal program is operating as ‘normal’ (no pandemic-related restrictions)” and 15.79% chose the statement “There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols.” Refer to Table 148b for overall results, Tables 149b through 156b for individual states results. Iowa, Maine, and Virginia were omitted due to no recorded responses.

Table 148b: Overall Nutrition Providers Operations of Home-delivered Meal Program (n=95)

As of today, which statement best describes the operations of the home-delivered meal program in regards to the pandemic?	Frequency	%
The home-delivered meal program is operating as "normal" (no pandemic-related restrictions)	39	41.05%
The home-delivered meal program is operating under State-imposed pandemic-related protocols	41	43.16%
There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols	15	15.79%

Table 149b: California Nutrition Providers Operations of Home-delivered Meal Program (n=29)

As of today, which statement best describes the operations of the home-delivered meal program in regards to the pandemic?	Frequency	%
The home-delivered meal program is operating as "normal" (no pandemic-related restrictions)	10	34.48%
The home-delivered meal program is operating under State-imposed pandemic-related protocols	17	58.62%
There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols	2	6.90%

Table 150b: Pennsylvania Nutrition Providers Operations of Home-delivered Meal Program (n=26)

As of today, which statement best describes the operations of the home-delivered meal program in regards to the pandemic?	Frequency	%
The home-delivered meal program is operating as "normal" (no pandemic-related restrictions)	12	46.15%
The home-delivered meal program is operating under State-imposed pandemic-related protocols	4	15.38%

There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols	10	38.46%

Table 151b: Nevada Nutrition Providers Operations of Home-delivered Meal Program (n=11)

As of today, which statement best describes the operations of the home-delivered meal program in regards to the pandemic?	**Frequency**	**%**
The home-delivered meal program is operating as "normal" (no pandemic-related restrictions)	4	36.36%
The home-delivered meal program is operating under State-imposed pandemic-related protocols	7	63.64%
There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols	0	0.00%

Table 152b:North Carolina Nutrition Providers Operations of Home-delivered Meal Program (n=14)

As of today, which statement best describes the operations of the home-delivered meal program in regards to the pandemic?	**Frequency**	**%**
The home-delivered meal program is operating as "normal" (no pandemic-related restrictions)	6	42.86%
The home-delivered meal program is operating under State-imposed pandemic-related protocols	6	42.86%
There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols	2	14.29%

Table 153b: Illinois Nutrition Providers Operations of Home-delivered Meal Program (n=9)

As of today, which statement best describes the operations of the home-delivered meal program in regards to the pandemic?	Frequency	%
The home-delivered meal program is operating as "normal" (no pandemic-related restrictions)	4	44.44%
The home-delivered meal program is operating under State-imposed pandemic-related protocols	5	55.56%
There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols	0	0.00%

Table 154b: New Hampshire Nutrition Providers Operations of Home-delivered Meal Program (n=4)

As of today, which statement best describes the operations of the home-delivered meal program in regards to the pandemic?	Frequency	%
The home-delivered meal program is operating as "normal" (no pandemic-related restrictions)	2	50.00%
The home-delivered meal program is operating under State-imposed pandemic-related protocols	1	25.00%
There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols	1	25.00%

Table 155b: Mississippi Nutrition Providers Operations of Home-delivered Meal Program (n=1)

As of today, which statement best describes the operations of the home-delivered meal program in regards to the pandemic?	Frequency	%
The home-delivered meal program is operating as "normal" (no pandemic-related restrictions)	0	0.00%
The home-delivered meal program is operating under State-imposed pandemic-related protocols	1	100.00%

There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols	0	0.00%

Table 156b: Kansas Nutrition Providers Operations of Home-delivered Meal Program (n=1)

As of today, which statement best describes the operations of the home-delivered meal program in regards to the pandemic?	Frequency	%
The home-delivered meal program is operating as "normal" (no pandemic-related restrictions)	1	100.00%
The home-delivered meal program is operating under State-imposed pandemic-related protocols	0	0.00%
There are no State-imposed pandemic-related restrictions, but the home-delivered meal program is operating under some other level of government-imposed pandemic-related protocols	0	0.00%

Home-Delivered Meal Program Pandemic-Related Protocols in Place

CNP centers were asked which pandemic-related protocols are in place at the home-delivered meal program. In total, 56 responses were recorded. A vast majority (100%) of centers had masking and social distancing protocols, followed by sanitation protocols at 85.71%. 41.07% of centers had chosen types of meals that are being served. The lowest (14.29%) protocol in place was types of remote services being offered. Refer to Table 157b for overall results, Tables 158b through 156b for individual states results. Iowa, Maine, Kansas, and Virginia were omitted due to no recorded responses.

Table 157b: Overall Home-Delivered Meal Program Pandemic-Related Protocols in Place(n=56)

Which pandemic-related protocols are in place at the home-delivered meal program? (check all that apply)	Frequency	%
Types of meals that are being served	23	41.07%
Masking and social distancing protocols	56	100.00%
Sanitation protocols	48	85.71%
Types of on-site services being offered	20	35.71%

Types of in-home services being offered	11	19.64%
Types of remote services being offered	8	14.29%

Table 158b: California Home-Delivered Meal Program Pandemic-Related Protocols in Place(n=19)

Which pandemic-related protocols are in place at the home-delivered meal program? (check all that apply)	Frequency	%
Types of meals that are being served	8	42.11%
Masking and social distancing protocols	19	100.00%
Sanitation protocols	17	89.47%
Types of on-site services being offered	9	47.37%
Types of in-home services being offered	6	31.58%
Types of remote services being offered	4	21.05%

Table 159b: Pennsylvania Home-Delivered Meal Program Pandemic-Related Protocols in Place(n=14)

Which pandemic-related protocols are in place at the home-delivered meal program? (check all that apply)	Frequency	%
Types of meals that are being served	10	71.43%
Masking and social distancing protocols	14	100.00%
Sanitation protocols	11	78.57%
Types of on-site services being offered	3	21.43%
Types of in-home services being offered	0	0.00%
Types of remote services being offered	1	7.14%

Table 160b: Nevada Home-Delivered Meal Program Pandemic-Related Protocols in Place(n=7)

Which pandemic-related protocols are in place at the home-delivered meal program? (check all that apply)	Frequency	%
Types of meals that are being served	0	0.00%
Masking and social distancing protocols	7	100.00%
Sanitation protocols	6	85.71%

Types of on-site services being offered	3	42.86%
Types of in-home services being offered	1	14.29%
Types of remote services being offered	1	14.29%

Table 161b: North Carolina Home-Delivered Meal Program Pandemic-Related Protocols in Place(n=8)

Which pandemic-related protocols are in place at the home-delivered meal program? (check all that apply)	Frequency	%
Types of meals that are being served	1	12.50%
Masking and social distancing protocols	8	100.00%
Sanitation protocols	6	75.00%
Types of on-site services being offered	1	12.50%
Types of in-home services being offered	3	37.50%
Types of remote services being offered	2	25.00%

Table 162b: Illinois Home-Delivered Meal Program Pandemic-Related Protocols in Place(n=5)

Which pandemic-related protocols are in place at the home-delivered meal program? (check all that apply)	Frequency	%
Types of meals that are being served	2	40.00%
Masking and social distancing protocols	5	100.00%
Sanitation protocols	5	100.00%
Types of on-site services being offered	2	40.00%
Types of in-home services being offered	0	0.00%
Types of remote services being offered	0	0.00%

Table 163b: New Hampshire Home-Delivered Meal Program Pandemic-Related Protocols in Place(n=2)

Which pandemic-related protocols are in place at the home-delivered meal program? (check all that apply)	Frequency	%
Types of meals that are being served	1	50.00%
Masking and social distancing protocols	2	100.00%

Sanitation protocols	2	100.00%
Types of on-site services being offered	1	50.00%
Types of in-home services being offered	0	0.00%
Types of remote services being offered	0	0.00%

Table 164b: Mississippi Home-Delivered Meal Program Pandemic-Related Protocols in Place(n=1)

Which pandemic-related protocols are in place at the home-delivered meal program? (check all that apply)	Frequency	%
Types of meals that are being served	1	100.00%
Masking and social distancing protocols	1	100.00%
Sanitation protocols	1	100.00%
Types of on-site services being offered	1	100.00%
Types of in-home services being offered	1	100.00%
Types of remote services being offered	0	0.00%

Congregate Nutrition Program Operations

Current Operations of the Congregate Nutrition Program

The CNP centers were asked, as of the time the survey was taken, which statement best describes the operations of the congregate nutrition programs in regard to the pandemic. A little under half (46.08%) of centers stated, “All congregate nutrition programs are operating under State-imposed pandemic-related protocols”, followed by “There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols” at 29.41%. 14.71% of centers stated, “All congregate nutrition programs are operating as “normal” (no pandemic-related restrictions)”, and 8.82% of centers chose the statement, “All congregate nutrition programs are closed.” The lowest (0.98%) response was for “We don't have any congregate sites.” Refer to Table 165b for overall results, Tables 166b through 173b for individual states results. Iowa, Maine, and Virginia were omitted due to no recorded responses.

Table 165b: Overall Current Operations of the Congregate Nutrition Program (n=102)

As of today, which statement best describes the operations of the congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	9	8.82%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	15	14.71%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	47	46.08%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	30	29.41%
We don't have any congregate sites	1	0.98%

Table 166b: California Current Operations of the Congregate Nutrition Program (n=32)

As of today, which statement best describes the operations of the congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	6	18.75%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	4	12.50%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	16	50.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	5	15.63%
We don't have any congregate sites	1	3.13%

Table 167b: Pennsylvania Current Operations of the Congregate Nutrition Program (n=32)

As of today, which statement best describes the operations of the congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	1	3.13%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	7	21.88%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	7	21.88%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	17	53.13%
We don't have any congregate sites	0	0.00%

Table 168b: Nevada Current Operations of the Congregate Nutrition Program (n=8)

As of today, which statement best describes the operations of the congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	1	12.50%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	6	75.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	1	12.50%
We don't have any congregate sites	0	0.00%

Table 169b: North Carolina Current Operations of the Congregate Nutrition Program (n=13)

As of today, which statement best describes the operations of the congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	2	15.38%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	8	61.54%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	3	23.08%
We don't have any congregate sites	0	0.00%

Table 170b: Illinois Current Operations of the Congregate Nutrition Program (n=8)

As of today, which statement best describes the operations of the congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	1	12.50%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	6	75.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	1	12.50%
We don't have any congregate sites	0	0.00%

Table 171b: New Hampshire Current Operations of the Congregate Nutrition Program (n=4)

As of today, which statement best describes the operations of the congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	1	25.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	1	25.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	2	50.00%
We don't have any congregate sites	0	0.00%

Table 172b: Mississippi Current Operations of the Congregate Nutrition Program (n=4)

As of today, which statement best describes the operations of the congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	3	75.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	1	25.00%
We don't have any congregate sites	0	0.00%

Table 173b: Kansas Current Operations of the Congregate Nutrition Program (n=1)

As of today, which statement best describes the operations of the congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	1	100.00 %
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	0	0.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	0	0.00%
We don't have any congregate sites	0	0.00%

Pandemic-Related Protocols in Place at Congregate Nutrition Program

The CNP could operate as "normal", but is voluntarily operating under stricter pandemic-related protocols or The CNP program is operating under any level of government-imposed pandemic-related restrictions).

CNP centers were asked which pandemic-related protocols are in place. In total, 76 responses were recorded. A vast majority (90.79%) have masking and social distancing protocols at the congregate site in place. Following closely, 88.16% of centers reported having sanitation protocols in place. The lowest (10.53%) reported protocol in place was types of in-home services being offered. Refer to Table 174b for overall results, Tables 175b through 181b for individual states results. Iowa, Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 174b: Overall Pandemic-Related Protocols in Place at Congregate Nutrition Program (n=76)

Which pandemic-related protocols are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	37	48.68%
Capacity restrictions on congregate sites	36	47.37%
Masking and social distancing protocols at the congregate site	69	90.79%
Sanitation protocols at the congregate site	67	88.16%
Types of on-site services being offered	36	47.37%
Types of in-home services being offered	8	10.53%
Types of remote services being offered	17	22.37%

Table 175b: California Pandemic-Related Protocols in Place at Congregate Nutrition Program (n=20)

Which pandemic-related protocols are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	10	50.00%
Capacity restrictions on congregate sites	10	50.00%
Masking and social distancing protocols at the congregate site	18	90.00%
Sanitation protocols at the congregate site	17	85.00%
Types of on-site services being offered	12	60.00%
Types of in-home services being offered	4	20.00%
Types of remote services being offered	4	20.00%

Table 176b: Pennsylvania Pandemic-Related Protocols in Place at Congregate Nutrition Program (n=25)

Which pandemic-related protocols are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	20	80.00%
Capacity restrictions on congregate sites	12	48.00%
Masking and social distancing protocols at the congregate site	23	92.00%
Sanitation protocols at the congregate site	21	84.00%

Types of on-site services being offered	16	64.00%
Types of in-home services being offered	2	8.00%
Types of remote services being offered	9	36.00%

Table 177b: Nevada Pandemic-Related Protocols in Place at Congregate Nutrition Program (n=7)

Which pandemic-related protocols are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	1	14.29%
Capacity restrictions on congregate sites	2	28.57%
Masking and social distancing protocols at the congregate site	6	85.71%
Sanitation protocols at the congregate site	7	100.00%
Types of on-site services being offered	1	14.29%
Types of in-home services being offered	0	0.00%
Types of remote services being offered	1	14.29%

Table 178b: North Carolina Pandemic-Related Protocols in Place at Congregate Nutrition Program (n=11)

Which pandemic-related protocols are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	2	18.18%
Capacity restrictions on congregate sites	5	45.45%
Masking and social distancing protocols at the congregate site	11	100.00%
Sanitation protocols at the congregate site	10	90.91%
Types of on-site services being offered	3	27.27%
Types of in-home services being offered	1	9.09%
Types of remote services being offered	3	27.27%

Table 179b: Illinois Pandemic-Related Protocols in Place at Congregate Nutrition Program (n=6)

Which pandemic-related protocols are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	1	16.67%
Capacity restrictions on congregate sites	3	50.00%
Masking and social distancing protocols at the congregate site	6	100.00%
Sanitation protocols at the congregate site	6	100.00%
Types of on-site services being offered	1	16.67%
Types of in-home services being offered	0	0.00%
Types of remote services being offered	0	0.00%

Table 180b: New Hampshire Pandemic-Related Protocols in Place at Congregate Nutrition Program (n=3)

Which pandemic-related protocols are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	0	0.00%
Capacity restrictions on congregate sites	2	66.67%
Masking and social distancing protocols at the congregate site	2	66.67%
Sanitation protocols at the congregate site	3	100.00%
Types of on-site services being offered	2	66.67%
Types of in-home services being offered	0	0.00%
Types of remote services being offered	0	0.00%

Table 181b: Mississippi Pandemic-Related Protocols in Place at Congregate Nutrition Program (n=4)

Which pandemic-related protocols are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	3	75.00%
Capacity restrictions on congregate sites	2	50.00%
Masking and social distancing protocols at the congregate site	3	75.00%
Sanitation protocols at the congregate site	3	75.00%

Types of on-site services being offered	1	25.00%
Types of in-home services being offered	1	25.00%
Types of remote services being offered	0	0.00%

Predicted Client Population After Pandemic

CNP Centers were asked if the number of clients after the pandemic is expected to increase, remain the same or decrease. In total, 78 responses were recorded. Over half (57.69) of centers expect the number of clients to increase. 21.27% of centers expect the number of clients to remain about the same and 20.51% of centers expect the number of clients to decrease. Refer to Table 182b for more information. Iowa, Maine, Kansas, and Virginia were omitted due to no recorded responses.

Table 182b: Predicted Client Population After Pandemic

When center-based services return to normal after the pandemic, do you expect the number of clients to. . .	**Increase**		**Remain about the same**		**Decrease**	
	Frequency	%	Frequency	%	Frequency	%
Overall (n=78)	**45**	**57.69%**	**17**	**21.79%**	**16**	**20.51%**
California (n=21)	11	52.38%	5	23.81%	5	23.81%
Pennsylvania (n=25)	13	52%	5	20%	7	28%
Nevada (n=7)	4	57.14%	2	28.57%	1	14.29%
North Carolina (n=11)	9	81.82%	0	0%	2	18.18%
Illinois (n=7)	3	42.86%	3	42.86%	1	14.29%
New Hampshire (n=3)	2	66.67%	1	33.33%	0	0%
Mississippi (n=4)	3	75%	1	25%	0	0%

Pandemic Changes That Are Likely to Stay in Place at Congregate Nutrition Program

CNP centers were asked which changes that were implemented by congregate nutrition programs during the pandemic would most likely remain after the pandemic. In total, 78 responses were recorded. More than half (58.97%) of centers reported serving clients that had not served before,

followed closely by serving more clients using grab-and-go meals at 51.28%. The lowest (5.13%) response was for none of the above. Refer to Table 183b for overall results, Tables 184b through 190b for individual states results. Iowa, Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 183b: Overall Pandemic Changes That Are Likely to Stay in Place at CNP (n=78)

Which changes that were implemented by congregate nutrition programs during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	35	44.87%
Serving more clients using grab-and-go meals	40	51.28%
Serving clients that had not served before	46	58.97%
Providing more in-home services	6	7.69%
Providing more remote services	26	33.33%
Providing more social supports to clients	38	48.72%
None of the above	4	5.13%

Table 184b: California Pandemic Changes That Are Likely to Stay in Place at CNP (n=21)

Which changes that were implemented by congregate nutrition programs during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	14	66.67%
Serving more clients using grab-and-go meals	10	47.62%
Serving clients that had not served before	10	47.62%
Providing more in-home services	3	14.29%
Providing more remote services	6	28.57%
Providing more social supports to clients	14	66.67%
None of the above	1	4.76%

Table 185b: Pennsylvania Pandemic Changes That Are Likely to Stay in Place at CNP (n=25)

Which changes that were implemented by congregate nutrition programs during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	7	28.00%
Serving more clients using grab-and-go meals	19	76.00%
Serving clients that had not served before	13	52.00%
Providing more in-home services	0	0.00%
Providing more remote services	10	40.00%
Providing more social supports to clients	11	44.00%
None of the above	2	8.00%

Table 186b: Nevada Pandemic Changes That Are Likely to Stay in Place at CNP (n=7)

Which changes that were implemented by congregate nutrition programs during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	4	57.14%
Serving more clients using grab-and-go meals	1	14.29%
Serving clients that had not served before	6	85.71%
Providing more in-home services	1	14.29%
Providing more remote services	2	28.57%
Providing more social supports to clients	3	42.86%
None of the above	0	0.00%

Table 187b: North Carolina Pandemic Changes That Are Likely to Stay in Place at CNP (n=11)

Which changes that were implemented by congregate nutrition programs during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	5	45.45%
Serving more clients using grab-and-go meals	2	18.18%
Serving clients that had not served before	8	72.73%

Providing more in-home services	1	9.09%
Providing more remote services	7	63.64%
Providing more social supports to clients	6	54.55%
None of the above	1	9.09%

Table 188b: Illinois Pandemic Changes That Are Likely to Stay in Place at CNP (n=7)

Which changes that were implemented by congregate nutrition programs during the pandemic are most likely to remain after the pandemic? (check all that apply)	**Frequency**	**%**
Serving more clients using home-delivered meals	4	57.14%
Serving more clients using grab-and-go meals	5	71.43%
Serving clients that had not served before	3	42.86%
Providing more in-home services	1	14.29%
Providing more remote services	0	0.00%
Providing more social supports to clients	1	14.29%
None of the above	0	0.00%

Table 189b: New Hampshire Pandemic Changes That Are Likely to Stay in Place at CNP (n=3)

Which changes that were implemented by congregate nutrition programs during the pandemic are most likely to remain after the pandemic? (check all that apply)	**Frequency**	**%**
Serving more clients using home-delivered meals	0	0.00%
Serving more clients using grab-and-go meals	3	100.00%
Serving clients that had not served before	3	100.00%
Providing more in-home services	0	0.00%
Providing more remote services	1	33.33%
Providing more social supports to clients	1	33.33%
None of the above	0	0.00%

Table 190b: Mississippi Pandemic Changes That Are Likely to Stay in Place at CNP (n=4)

Which changes that were implemented by congregate nutrition programs during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	1	25.00%
Serving more clients using grab-and-go meals	0	0.00%
Serving clients that had not served before	3	75.00%
Providing more in-home services	0	0.00%
Providing more remote services	0	0.00%
Providing more social supports to clients	2	50.00%
None of the above	0	0.00%

The CNP is operating as "normal" (no pandemic-related restrictions)

Pandemic-Related Protocols in Place at Congregate Nutrition Program

CNP centers were asked which pandemic-related protocols, if any, are in place. In total, 15 responses were recorded. The majority (73.33%) of centers reported that sanitation protocols were still in place. 60% was for masking and social distancing protocols at the congregate sites. The lowest (6.67%) response rate was for types of remote services being offered and none of the above. Refer to Table 191b for overall results, and Tables 192b through 196b for individual states results. Illinois, New Hampshire, Mississippi, Iowa, Maine, and Virginia were omitted due to no recorded responses.

Table 191b: Overall Pandemic-Related Protocols in Place at CNP (n=15)

Which pandemic-related protocols, if any, are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	2	13.33%
Capacity restrictions on congregate sites	8	53.33%
Masking and social distancing protocols at the congregate site	9	60.00%
Sanitation protocols at the congregate site	11	73.33%
Types of on-site services being offered	4	26.67%
Types of in-home services being offered	2	13.33%

Types of remote services being offered	1	6.67%
None of the above	1	6.67%

Table 192b: California Pandemic-Related Protocols in Place at CNP (n=4)

Which pandemic-related protocols, if any, are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	0	0.00%
Capacity restrictions on congregate sites	3	75.00%
Masking and social distancing protocols at the congregate site	2	50.00%
Sanitation protocols at the congregate site	2	50.00%
Types of on-site services being offered	1	25.00%
Types of in-home services being offered	1	25.00%
Types of remote services being offered	0	0.00%
None of the above	0	0.00%

Table 193b: Pennsylvania Pandemic-Related Protocols in Place at CNP (n=7)

Which pandemic-related protocols, if any, are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	1	14.29%
Capacity restrictions on congregate sites	4	57.14%
Masking and social distancing protocols at the congregate site	4	57.14%
Sanitation protocols at the congregate site	6	85.71%
Types of on-site services being offered	2	28.57%
Types of in-home services being offered	0	0.00%
Types of remote services being offered	0	0.00%
None of the above	1	14.29%

Table 194b: Nevada Pandemic-Related Protocols in Place at CNP (n=1)

Which pandemic-related protocols, if any, are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	0	0.00%
Capacity restrictions on congregate sites	0	0.00%
Masking and social distancing protocols at the congregate site	0	0.00%
Sanitation protocols at the congregate site	1	100.00%
Types of on-site services being offered	0	0.00%
Types of in-home services being offered	0	0.00%
Types of remote services being offered	0	0.00%
None of the above	0	0.00%

Table 195b: North Carolina Pandemic-Related Protocols in Place at CNP (n=2)

Which pandemic-related protocols, if any, are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	1	50.00%
Capacity restrictions on congregate sites	1	50.00%
Masking and social distancing protocols at the congregate site	2	100.00%
Sanitation protocols at the congregate site	2	100.00%
Types of on-site services being offered	1	50.00%
Types of in-home services being offered	1	50.00%
Types of remote services being offered	1	50.00%
None of the above	0	0.00%

Table 196b: Kansas Pandemic-Related Protocols in Place at CNP (n=1)

Which pandemic-related protocols, if any, are in place at the congregate nutrition program? (check all that apply)	Frequency	%
Types of meals that are being served	0	0.00%
Capacity restrictions on congregate sites	0	0.00%
Masking and social distancing protocols at the congregate site	1	100.00%
Sanitation protocols at the congregate site	0	0.00%

Types of on-site services being offered	0	0.00%
Types of in-home services being offered	0	0.00%
Types of remote services being offered	0	0.00%
None of the above	0	0.00%

Client Population After Pandemic

CNP centers were asked how the client population changed once client-based services returned to normal after the pandemic. In total, 15 responses were recorded. Two thirds (66.67%) of centers reported the client population decreased. 20% of centers reported that it increased and 13.33% of centers reported it remained about the same. Refer to Table 197b for more information. Illinois, New Hampshire, Mississippi, Iowa, Maine, and Virginia were omitted due to no recorded responses.

Table 197b: Client Population After Pandemic

When center-based services returned to normal after the pandemic, did the number of clients. . .	**Increase**		**Remain about the same**		**Decrease**	
	Frequency	%	Frequency	%	Frequency	%
Overall (n=15)	**3**	**20.00%**	**2**	**13.33%**	**10**	**66.67%**
California (n=4)	1	25.00%	1	25.00%	2	50.00%
Pennsylvania (n=7)	1	14.29%	0	0.00%	6	85.71%
Nevada (n=1)	0	0.00%	0	0.00%	1	100%
North Carolina (n=2)	0	0%	1	50.00%	1	50.00%
Kansas (n=1)	1	100%	0	0%	0	0%

Pandemic Changes That Are Still in Place at Congregate Nutrition Program

CNP centers were asked what changes that were implemented during the pandemic remain in effect. In total, 15 responses were recorded. Over half (53.33%) of centers serve more clients using grab-and-go meals. A little under a half (46.67%) still serve more clients using home-delivered meals. No center (0%) was providing more in-home services. Refer to Table 198b for

overall results, and Tables 199b through 203b for individual states results. Illinois, New Hampshire, Mississippi, Iowa, Maine, and Virginia were omitted due to no recorded responses.

Table 198b: Overall Pandemic Changes That Are Still in Place at CNP (n=15)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in effect? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	7	46.67%
Serving more clients using grab-and-go meals	8	53.33%
Serving clients that had not served before	4	26.67%
Providing more in-home services	0	0.00%
Providing more remote services	1	6.67%
Providing more social supports to clients	1	6.67%
None of the above	4	26.67%

Table 199b: California Pandemic Changes That Are Still in Place at CNP (n=4)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in effect? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	2	50.00%
Serving more clients using grab-and-go meals	1	25.00%
Serving clients that had not served before	1	25.00%
Providing more in-home services	0	0.00%
Providing more remote services	0	0.00%
Providing more social supports to clients	0	0.00%
None of the above	1	25.00%

Table 200b: Pennsylvania Pandemic Changes That Are Still in Place at CNP (n=7)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in effect? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	4	57.14%
Serving more clients using grab-and-go meals	5	71.43%
Serving clients that had not served before	2	28.57%
Providing more in-home services	0	0.00%
Providing more remote services	1	14.29%
Providing more social supports to clients	1	14.29%
None of the above	1	14.29%

Table 201b: Nevada Pandemic Changes That Are Still in Place at CNP (n=1)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in effect? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	0	0.00%
Serving more clients using grab-and-go meals	0	0.00%
Serving clients that had not served before	0	0.00%
Providing more in-home services	0	0.00%
Providing more remote services	0	0.00%
Providing more social supports to clients	0	0.00%
None of the above	1	100.00%

Table 202b: North Carolina Pandemic Changes That Are Still in Place at CNP (n=2)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in effect? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	1	50.00%
Serving more clients using grab-and-go meals	1	50.00%
Serving clients that had not served before	1	50.00%

Providing more in-home services	0	0.00%
Providing more remote services	0	0.00%
Providing more social supports to clients	0	0.00%
None of the above	1	50.00%

Table 203b: Kansas Pandemic Changes That Are Still in Place at CNP (n=1)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in effect? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	0	0.00%
Serving more clients using grab-and-go meals	1	100.00%
Serving clients that had not served before	0	0.00%
Providing more in-home services	0	0.00%
Providing more remote services	0	0.00%
Providing more social supports to clients	0	0.00%
None of the above	0	0.00%

Changes to Congregate Nutrition Program

CNP centers were asked how their program changed as a result of the pandemic. In total, 93 responses were recorded. A little under half (48.39%) of centers reported that it was more difficult to attract new clients and 33.33% of centers reported that they have better relationships with other community organizers. The lowest (2.15%) response was for the statement, “We have permanently stopped offering some services.” Refer to Table 204b for overall results, and Tables 205b through 212b for individual states results. Iowa, Maine, and Virginia were omitted due to no recorded responses.

Table 204b: Overall Changes to CNP due to the Pandemic (n=93)

How has the congregate nutrition program changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	22	23.66%
It is more difficult to attract new clients	45	48.39%
We are permanently changing the way we serve meals	15	16.13%
We are permanently changing the way we provide some services	17	18.28%
We have permanently stopped offering some services	2	2.15%
We have established new relationships with food banks/food pantries	18	19.35%
We have better relationships with other community organizations	31	33.33%
We have improved communications with emergency responders	12	12.90%
None of the above	15	16.13%

Table 205b: California Changes to CNP due to the Pandemic (n=25)

How has the congregate nutrition program changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	8	32.00%
It is more difficult to attract new clients	11	44.00%
We are permanently changing the way we serve meals	6	24.00%
We are permanently changing the way we provide some services	5	20.00%
We have permanently stopped offering some services	2	8.00%
We have established new relationships with food banks/food pantries	3	12.00%
We have better relationships with other community organizations	8	32.00%
We have improved communications with emergency responders	2	8.00%
None of the above	4	16.00%

Table 206b: Pennsylvania Changes to CNP due to the Pandemic (n=32)

How has the congregate nutrition program changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	7	21.88%
It is more difficult to attract new clients	17	53.13%
We are permanently changing the way we serve meals	5	15.63%
We are permanently changing the way we provide some services	4	12.50%
We have permanently stopped offering some services	0	0.00%
We have established new relationships with food banks/food pantries	6	18.75%
We have better relationships with other community organizations	9	28.13%
We have improved communications with emergency responders	3	9.38%
None of the above	4	12.50%

Table 207b: Nevada Changes to CNP due to the Pandemic (n=8)

How has the congregate nutrition program changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	1	12.50%
It is more difficult to attract new clients	5	62.50%
We are permanently changing the way we serve meals	1	12.50%
We are permanently changing the way we provide some services	1	12.50%
We have permanently stopped offering some services	0	0.00%
We have established new relationships with food banks/food pantries	2	25.00%
We have better relationships with other community organizations	4	50.00%
We have improved communications with emergency responders	2	25.00%
None of the above	1	12.50%

Table 208b: North Carolina Changes to CNP due to the Pandemic (n=13)

How has the congregate nutrition program changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	3	23.08%
It is more difficult to attract new clients	4	30.77%
We are permanently changing the way we serve meals	3	23.08%
We are permanently changing the way we provide some services	4	30.77%
We have permanently stopped offering some services	0	0.00%
We have established new relationships with food banks/food pantries	3	23.08%
We have better relationships with other community organizations	4	30.77%
We have improved communications with emergency responders	1	7.69%
None of the above	5	38.46%

Table 209b: Illinois Changes to CNP due to the Pandemic (n=7)

How has the congregate nutrition program changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	0	0.00%
It is more difficult to attract new clients	4	57.14%
We are permanently changing the way we serve meals	0	0.00%
We are permanently changing the way we provide some services	1	14.29%
We have permanently stopped offering some services	0	0.00%
We have established new relationships with food banks/food pantries	1	14.29%
We have better relationships with other community organizations	1	14.29%
We have improved communications with emergency responders	1	14.29%
None of the above	1	14.29%

Table 210b: New Hampshire Changes to CNP due to the Pandemic (n=3)

How has the congregate nutrition program changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	0	0.00%
It is more difficult to attract new clients	2	66.67%
We are permanently changing the way we serve meals	0	0.00%
We are permanently changing the way we provide some services	0	0.00%
We have permanently stopped offering some services	0	0.00%
We have established new relationships with food banks/food pantries	1	33.33%
We have better relationships with other community organizations	3	100.00%
We have improved communications with emergency responders	0	0.00%
None of the above	0	0.00%

Table 211b: Mississippi Changes to CNP due to the Pandemic (n=4)

How has the congregate nutrition program changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	2	50.00%
It is more difficult to attract new clients	2	50.00%
We are permanently changing the way we serve meals	0	0.00%
We are permanently changing the way we provide some services	2	50.00%
We have permanently stopped offering some services	0	0.00%
We have established new relationships with food banks/food pantries	1	25.00%
We have better relationships with other community organizations	2	50.00%
We have improved communications with emergency responders	3	75.00%
None of the above	0	0.00%

Table 212b: Kansas Changes to CNP due to the Pandemic (n=1)

How has the congregate nutrition program changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	1	100.00%
It is more difficult to attract new clients	0	0.00%
We are permanently changing the way we serve meals	0	0.00%
We are permanently changing the way we provide some services	0	0.00%
We have permanently stopped offering some services	0	0.00%
We have established new relationships with food banks/food pantries	1	100.00%
We have better relationships with other community organizations	0	0.00%
We have improved communications with emergency responders	0	0.00%
None of the above	0	0.00%

Lessons Learned

Changes to Emergency Response Plans

CNP centers were asked how their emergency response plans changed based on lessons learned from the pandemic. In total, 108 responses were recorded. More than a half (62.96%) of centers reported that they improved their ability to provide emergency food to clients. This was followed by an improved ability for staff to work remotely during an emergency at 56.48%. Of the 108 centers, 55.56% of centers also reported improving the ability to provide services to clients remotely. The lowest (11.11%) response was for none of the above. Refer to Table 213b for overall results, and Tables 214b through 221b for individual states results. Iowa, Maine, and Virginia were omitted due to no recorded responses.

Table 213b: Overall Changes to Emergency Response Plans (n=108)

Based on lessons learned from the pandemic, how have the organization's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	51	47.22%
Improved our ability for staff to work remotely during an emergency	61	56.48%
Improved our ability to provide services to our clients remotely	60	55.56%
Improved our ability to provide emergency food to clients	68	62.96%
Improved our ability to provide emergency food to non-clients	45	41.67%
Improved our emergency training for staff and volunteers	39	36.11%
Improved our emergency education for clients	30	27.78%
None of the above	12	11.11%

Table 214b: California Changes to Emergency Response Plans (n=37)

Based on lessons learned from the pandemic, how have the organization's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	19	51.35%
Improved our ability for staff to work remotely during an emergency	22	59.46%
Improved our ability to provide services to our clients remotely	25	67.57%
Improved our ability to provide emergency food to clients	23	62.16%
Improved our ability to provide emergency food to non-clients	11	29.73%
Improved our emergency training for staff and volunteers	14	37.84%
Improved our emergency education for clients	12	32.43%
None of the above	6	16.22%

Table 215b: Pennsylvania Changes to Emergency Response Plans (n=29)

Based on lessons learned from the pandemic, how have the organization's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	11	37.93%
Improved our ability for staff to work remotely during an emergency	15	51.72%
Improved our ability to provide services to our clients remotely	15	51.72%
Improved our ability to provide emergency food to clients	15	51.72%
Improved our ability to provide emergency food to non-clients	13	44.83%
Improved our emergency training for staff and volunteers	10	34.48%
Improved our emergency education for clients	7	24.14%
None of the above	5	17.24%

Table 216b: Nevada Changes to Emergency Response Plans (n=11)

Based on lessons learned from the pandemic, how have the organization's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	7	63.64%
Improved our ability for staff to work remotely during an emergency	6	54.55%
Improved our ability to provide services to our clients remotely	3	27.27%
Improved our ability to provide emergency food to clients	10	90.91%
Improved our ability to provide emergency food to non-clients	8	72.73%
Improved our emergency training for staff and volunteers	5	45.45%
Improved our emergency education for clients	4	36.36%
None of the above	0	0.00%

Table 217b: North Carolina Changes to Emergency Response Plans (n=14)

Based on lessons learned from the pandemic, how have the organization's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	8	57.14%
Improved our ability for staff to work remotely during an emergency	10	71.43%
Improved our ability to provide services to our clients remotely	11	78.57%
Improved our ability to provide emergency food to clients	9	64.29%
Improved our ability to provide emergency food to non-clients	6	42.86%
Improved our emergency training for staff and volunteers	4	28.57%
Improved our emergency education for clients	4	28.57%
None of the above	0	0.00%

Table 218b: Illinois Changes to Emergency Response Plans (n=8)

Based on lessons learned from the pandemic, how have the organization's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	2	25.00%
Improved our ability for staff to work remotely during an emergency	4	50.00%
Improved our ability to provide services to our clients remotely	3	37.50%
Improved our ability to provide emergency food to clients	4	50.00%
Improved our ability to provide emergency food to non-clients	4	50.00%
Improved our emergency training for staff and volunteers	1	12.50%
Improved our emergency education for clients	0	0.00%
None of the above	1	12.50%

Table 219b: New Hampshire Changes to Emergency Response Plans (n=4)

Based on lessons learned from the pandemic, how have the organization's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	1	25.00%
Improved our ability for staff to work remotely during an emergency	3	75.00%
Improved our ability to provide services to our clients remotely	1	25.00%
Improved our ability to provide emergency food to clients	4	100.00 %
Improved our ability to provide emergency food to non-clients	2	50.00%
Improved our emergency training for staff and volunteers	2	50.00%
Improved our emergency education for clients	1	25.00%
None of the above	0	0.00%

Table 220b: Mississippi Changes to Emergency Response Plans (n=4)

Based on lessons learned from the pandemic, how have the organization's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	2	50.00%
Improved our ability for staff to work remotely during an emergency	0	0.00%
Improved our ability to provide services to our clients remotely	1	25.00%
Improved our ability to provide emergency food to clients	2	50.00%
Improved our ability to provide emergency food to non-clients	1	25.00%
Improved our emergency training for staff and volunteers	3	75.00%
Improved our emergency education for clients	2	50.00%
None of the above	0	0.00%

Table 221b: Kansas Changes to Emergency Response Plans (n=1)

Based on lessons learned from the pandemic, how have the organization's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	1	100.00%
Improved our ability for staff to work remotely during an emergency	1	100.00%
Improved our ability to provide services to our clients remotely	1	100.00%
Improved our ability to provide emergency food to clients	1	100.00%
Improved our ability to provide emergency food to non-clients	0	0.00%
Improved our emergency training for staff and volunteers	0	0.00%
Improved our emergency education for clients	0	0.00%
None of the above	0	0.00%

Changes to Communications Plans

CNP centers were asked how their communication plans changed based on lessons learned from the pandemic. A total of 108 responses were recorded. About two-thirds (64.81%) of centers reported an improvement in communications with their clients. About a half (51.85%) of centers reported an improvement in communications with seniors who were not previously clients. These were followed closely by an improvement in communications with other community organizers at 50%. The lowest (11.11%) response rate was for none of the above. Refer to Table 222b for overall results, and Tables 223b through 230b for individual states results. Iowa, Maine, and Virginia were omitted due to no recorded responses.

Table 222b: Overall Changes to Communications Plans (n=108)

Based on lessons learned from the pandemic, how have the organization's communications plans changed? (check all that apply)	Frequency	%
Improved communications with the Area Agency on Aging	41	37.96%
Improved communications with other community organizations	54	50.00%
Improved communications with emergency responders	26	24.07%

Improved communications with emergency food relief organizations	32	29.63%
Improved communications with clients	70	64.81%
Improved communications with seniors who were not previously clients	56	51.85%
None of the above	12	11.11%

Table 223b: California Changes to Communications Plans (n=37)

Based on lessons learned from the pandemic, how have the organization's communications plans changed? (check all that apply)	**Frequency**	**%**
Improved communications with the Area Agency on Aging	17	45.95%
Improved communications with other community organizations	17	45.95%
Improved communications with emergency responders	5	13.51%
Improved communications with emergency food relief organizations	9	24.32%
Improved communications with clients	22	59.46%
Improved communications with seniors who were not previously clients	21	56.76%
None of the above	3	8.11%

Table 224b: Pennsylvania Changes to Communications Plans (n=29)

Based on lessons learned from the pandemic, how have the organization's communications plans changed? (check all that apply)	**Frequency**	**%**
Improved communications with the Area Agency on Aging	9	31.03%
Improved communications with other community organizations	11	37.93%
Improved communications with emergency responders	6	20.69%
Improved communications with emergency food relief organizations	8	27.59%

Improved communications with clients	18	62.07%
Improved communications with seniors who were not previously clients	10	34.48%
None of the above	5	17.24%

Table 225b: Nevada Changes to Communications Plans (n=11)

Based on lessons learned from the pandemic, how have the organization's communications plans changed? (check all that apply)	**Frequency**	**%**
Improved communications with the Area Agency on Aging	3	27.27%
Improved communications with other community organizations	8	72.73%
Improved communications with emergency responders	4	36.36%
Improved communications with emergency food relief organizations	6	54.55%
Improved communications with clients	8	72.73%
Improved communications with seniors who were not previously clients	7	63.64%
None of the above	0	0.00%

Table 226b: North Carolina Changes to Communications Plans (n=14)

Based on lessons learned from the pandemic, how have the organization's communications plans changed? (check all that apply)	**Frequency**	**%**
Improved communications with the Area Agency on Aging	5	35.71%
Improved communications with other community organizations	7	50.00%
Improved communications with emergency responders	3	21.43%
Improved communications with emergency food relief organizations	6	42.86%
Improved communications with clients	10	71.43%
Improved communications with seniors who were not previously clients	8	57.14%

None of the above	2	14.29%

Table 227b: Illinois Changes to Communications Plans (n=8)

Based on lessons learned from the pandemic, how have the organization's communications plans changed? (check all that apply)	Frequency	%
Improved communications with the Area Agency on Aging	4	50.00%
Improved communications with other community organizations	4	50.00%
Improved communications with emergency responders	5	62.50%
Improved communications with emergency food relief organizations	2	25.00%
Improved communications with clients	6	75.00%
Improved communications with seniors who were not previously clients	6	75.00%
None of the above	1	12.50%

Table 228b: New Hampshire Changes to Communications Plans (n=4)

Based on lessons learned from the pandemic, how have the organization's communications plans changed? (check all that apply)	Frequency	%
Improved communications with the Area Agency on Aging	0	0.00%
Improved communications with other community organizations	2	50.00%
Improved communications with emergency responders	0	0.00%
Improved communications with emergency food relief organizations	0	0.00%
Improved communications with clients	2	50.00%
Improved communications with seniors who were not previously clients	2	50.00%
None of the above	1	25.00%

Table 229b: Mississippi Changes to Communications Plans (n=4)

Based on lessons learned from the pandemic, how have the organization's communications plans changed? (check all that apply)	Frequency	%
Improved communications with the Area Agency on Aging	2	50.00%
Improved communications with other community organizations	4	100.00%
Improved communications with emergency responders	2	50.00%
Improved communications with emergency food relief organizations	0	0.00%
Improved communications with clients	3	75.00%
Improved communications with seniors who were not previously clients	2	50.00%
None of the above	0	0.00%

Table 230b: Kansas Changes to Communications Plans (n=1)

Based on lessons learned from the pandemic, how have the organization's communications plans changed? (check all that apply)	Frequency	%
Improved communications with the Area Agency on Aging	1	100.00%
Improved communications with other community organizations	1	100.00%
Improved communications with emergency responders	1	100.00%
Improved communications with emergency food relief organizations	1	100.00%
Improved communications with clients	1	100.00%
Improved communications with seniors who were not previously clients	0	0.00%
None of the above	0	0.00%

Open Response Questions

Center's Greatest Strength in Responding to the COVID Crisis

There were 70 responses recorded to the question "What was your center's greatest strength in responding to the COVID crisis?" Each response could have more than one theme. The percentages are based on the number of responses, not themes.

The most common theme was Adaptability, found in 34.29% of responses. The rest of the themes include Little or No Interruption of Services (28.57%), Staff & Volunteers (24.29%), Collaboration (17.14%), Maintained Contact with Clients (8.57%), and Programs (7.14%). The breakdown of the analysis can be found in Table 231b. Examples of the themes for this question can be found in Table 232b. All responses can be found in Table 233b.

Table 231b: Greatest Strength (n=70)

Theme	Frequency	Percentage
Adaptability	24	34.29%
Little or No Interruption of Services	20	28.57%
Staff & Volunteers	17	24.29%
Collaboration	12	17.14%
Maintained Contact with Clients	6	8.57%
Programs	5	7.14%

Table 232b: Greatest Strength Examples

Theme	Examples
Adaptability	"Flexibility to leverage our other programs to help keep all programs going."
Little or No Interruption of Services	"No client is ever turned away meals because of the crisis."
Staff & Volunteers	"The staff. They were willing to do whatever it took to serve the senior population."
Collaboration	"Working collaboratively with our providers to continue to provide meals."

Maintained Contact with Clients	"Keeping in contact with clients."
Programs	"Grab and Go Meal Distribution"

Table 233b: Greatest Strength Responses

What was your center's greatest strength in responding to the COVID crisis?
California
Grew the food bank by 1700% in three months; increased volunteer engagement in the food bank packing groceries, donating cash and groceries, and delivering groceries Continued to provide services via videoconferencing and phone
We adapted very quickly to providing 4 times the number of home delivered meals compared to pre-COVID. We developed a COVID Prevention Plan that helped keep our staff, volunteers and participants safe. We did not shut down at all due to COVID.
Our staff
We got the meal services for HDM and Grab and Go up and running within 2 weeks (by April 1). We had very limited disruption for our meal program and were able to continue to feed those in need. We also were able to hold programming remotely to keep seniors engaged and active.
Implementing emergency food and supply deliveries to seniors homes as well as shifting to grab-and-go food for congregate sites.
We received emergency food money to be able to continue our program. Our Staff has gone above and beyond their work duties.
The Wellness on Wheels Program was the greatest strength as we provided drive-thru wellness checks, COVID education and referrals to resources available for tailored needs throughout Napa County and even Solano County.
All staff was willing to adapt to the changes and continue to serve the seniors.
Flexibility and collaboration needed to provide uninterrupted service.
Moving quickly to a total Grab and Go distribution of meals while eliminating congregate meals during the pandemic.
Transitioning without service interruption.

Be able to shift the Congregate meals program into emergency meals delivered program within a week. Be able to provide virtual programs/services within 3 months. Be able to serve impacted seniors thru Home Delivered Meal Program.
The staff. They were willing to do whatever it took to serve the senior population.
Staff were already distributed across the city, so they were in place and able to respond quickly and creatively to participant needs as they arose.
meal service was not interrupted.
Being resource full, team building and enough knowledge and experience regarding to ENP , also being flexible and think out of pox and being creative.
The flexibility to respond and change direction in full speed and not miss a day of meal service to our seniors. Working closely with our Office on Aging Team being able to implement alternative meal programs for our Congregate seniors during the lock down orders. Having weekly communications with our Office on Aging Team and support. Throughout the pandemic we did not missed one day of meal delivery to our seniors.
No client is ever turned away meals because of the crisis.
Serve all the new seniors and current seniors who had great barrier with fear of leaving home, as well as food insecurity.
Working collaboratively with our providers to continue to provide meals.
Changing the way we delivered meals to not interrupt the number of meals elders were receiving.
enrolled all clients that requested meals, and never missed a day of service.
we were able to continue meal deliveries throughout the pandemic for home delivered and grab and go for congregate clients.
Our food vendor was able to respond to the increase demand. Staff flexibility, we were able to change staff assignments to meet the new needs of the community.
Getting the word out about Grab & Go meal pick up
We all came together to protect our Seniors
We provided a successful Grab-n-Go program
Flexibility
Transitioning from a congregate site to a home delivered meal program.

Flexibility in working with the AAA's and the community/city partners in responding to the surge in new clients…
Flexibility to leverage our other programs to help keep all programs going.
We had a strong relationship with meal vendors that we were on their priority list to continue receiving meals as needed with no interruption.
Pennsylvania
Our Center remained open throughout the pandemic with 2 staff--we continued HDM and instituted the Grab-n-Go program--we continued to provide services and information by phone, we kept out monthly newsletter and provided it through e-mail, US mail, and through our Municipal website to keep our consumers informed of new information from the AAA, Dept. of Health, etc.
Adaptability within short turn-around times.
Keeping in contact with clients.
Grab and Go Meal Distribution
Our ability to revamp our services to meet restrictions with fewer volunteers and still serve 40% more clients than in 2019.
Employees/Volunteers still willing to serve.
Quick to adapt and pivot to evolving pandemic related issues and continue to serve older adults in the community
Our greatest strength in response to the COVID crisis was that we never missed a beat, never, thought of ourselves, jumped into action and continued as though there was no pandemic in the sense of continuing our service in delivering Meals to our consumers. We are so very proud and grateful of all our Volunteers!!
communicating with clients
Ability to continue to serve consumers with less than adequate staffing
Every one working together to get the jobs done that were needed
Our home delivered meals program never shut down; staff and volunteers were very dedicated to serving older adults in need.
All employees working together to do what was needed to be done for our seniors and community

Dependable and devoted employees
We were able to increase out outreach to our local community.
People who needed food got food not matter the age.
Our great relationships with BCAAA, Bristol Twp and all departments in the township (especially Emergency Management, Public Works, Recreation and administration), Bucks County government agencies, especially Bucks County Opportunity Council, BCHIP and Bucks County Health Department, Independence Blue Cross, Bucks County United Way, Cigna Healthspring, local Pharmacies, Stanley Marvel, Red Cross, AoA for the masks provided free of charge and other local businesses and organizations for their support, far too many to note here.
Good staff and volunteers who were flexible, and able to think outside of the box. Having good communications and relationships with the clients we serve.
As a meal provider, we were able to pivot to accommodate the needs of the Area Agency on Aging's that we serve. Changes were made to the type of meals delivered, the delivery days, delivery locations, and in some instances, we delivered HDM meals directly to consumers homes, alleviating the need for volunteers.
The ability to transition our nutrition program to be able to serve our existing and new clients. The ability to transition to a virtual platform for programming to engage our clients. We also provided access to technology and training.
we stop working even when the center was closed for 15 months we were open for food delivers and food pantry
Our staff really banded together to continue to provide vital nutrition programs to seniors.
continue to provide food for clients uninterrupted.
Having a supply chain plan to ensure menus are never interrupted
Having paid staff who came to work regularly despite the fear and challenges of navigating the pandemic, especially the first few months.
The support we received from Bucks County Area Agency on Aging.
Nevada
The ability to be flexible to change the way we meet our clients' needs.
Illinois

We were able to adapt at a fairly quick timeframe to get staff working remotely and handling crisis situations as they came about. Our Nutrition team stepped up to make sure that no senior in need went without a meal and emergency meal planning.
We are not a center - we are a Nutrition and Service Provider for seniors in 2 counties. We provide 10 services. We were able to pivot immediately and adjusted our service C-2 service implementation to accommodate existing clients, to increase our capacity and start serving an additional/new segment of seniors that were food insecure but not previously enrolled in C-1 or C-2.
We listened to needs as a comprehensive solution. Not just food but also an entire array of social services offered.
We have pulled together with the community to make sure our senior citizens in our area has something to eat.
New Hampshire
We all wanted to serve nutritious foods to our clients as safely as possible
Staff's willingness to continually adapt as needed.
We continued to operate home delivery throughout the pandemic
We did not stop serving MOW the entire time. We were able to provide masks, sanitizers and other items when needed.
Mississippi
The ability to continue providing services to persons in need.
We stayed in contact with our clients when we were closed to be sure they had food. We helped them with needed resources available for the homebound clients.
I would say our greatest strength was getting home delivered meals to All (Congregate and Home Delivered) our active clients the way we did.

Center's Greatest Challenge in Responding to the COVID Crisis

There were 70 responses recorded to the question "What was your center's greatest challenge in responding to the COVID crisis?" Each response could have more than one theme. The percentages are based on the number of responses, not themes.

The most common theme was Following COVID-19 Guidelines, found in 30.00% of responses.

The rest of the themes include Staff & Volunteer Shortages (27.14%), Food Supply (11.43%), Lack of Guidance (10.00%), Other (10.00%), Client Isolation (5.71%), Funding (5.71%), Virtual/Remove Services (5.71%), and Client Growth (5.71%). The breakdown of the analysis can be found in Table 234b. Examples of the themes for this question can be found in Table 235b. All responses can be found in Table 236b.

Table 234b: Greatest Challenge (n=70)

Theme	Frequency	Percentage
Following COVID-19 Guidelines	21	30.00%
Staff & Volunteer Shortages	19	27.14%
Food Supply	8	11.43%
Lack of Guidance	7	10.00%
Other	7	10.00%
Client Isolation	4	5.71%
Funding	4	5.71%
Virtual/Remote Services	4	5.71%
Client Growth	4	5.71%
Delivering Food	3	4.29%

Table 235b: Greatest Challenge Examples

Theme	Examples
Following COVID-19 Guidelines	"Continually changing the policies of the city and the county to response to Covid-19 crises, and adjust and follow them within very short notice…"
Staff & Volunteer Shortages	"Staff shortages… and lack of qualified applicants to fill open positions."
Food Supply	"One challenge that we faced was purchasing food for our lunch program. We had to find other sources for purchasing food."

Lack of Guidance	"Our inability to get any type of leadership and direction from our AAA."
Other	"Acquiring new sites during the crisis."
	"We didn't have an active email data base of our clients. We had a current mailing list so we sent info via email."
Client Isolation	"Social Isolation for the Seniors. Still, our seniors do not want to leave their homes."
Funding	"…Now it feels like we're almost running twice the services with about the same funding."
Virtual/Remote Services	"Shifting to remote programming/ senior adoption of this technology."
Client Growth	"Our greatest challenge was keeping up with the increased demand for services."
Delivering Food	"The fact that center did not have sufficient vehicles to deliver meals to the homes of seniors."

Table 236b: Greatest Challenge Responses

What was your center's greatest challenge in responding to the COVID crisis?
California
Growing the food bank by 1700% in 3 months; continuing volunteer engagement at necessary levels after the initial emergent period. Food bank member numbers did not decrease but volunteer numbers did in fall 2020
Having to make decisions in an environment that was volatile, uncertain, complex and ambiguous.
Providing virtual services to those who did not have smart devices
We didn't have an active email data base of our clients. We had a current mailing list so we sent info via email.
Shifting to remote programming/ senior adoption of this technology.
Our numbers increased 60% when covid hit so trying to keep the food coming in to feed our seniors was a bit of a challenge at first.

The greatest challenge was the isolation of the frail, home-bound Seniors that was State imposed mandatory. We constantly provided phone tree service daily to keep daily connection.
The fact that center did not have sufficient vehicles to deliver meals to the homes of seniors.
Staff shortages, social distance challenges in production kitchen and lack of qualified applicants to fill open positions
Getting the food already approved on the menus which were not always available.
Limited supplies for our seniors on store shelves. Their dependence on our services grew exponentially.
Short staff and PPEs.
Managing a workplace and keeping staff safe
Seniors disregarding mask mandates, and not socially distanced
How to balance the need for both in-person and remote/virtual services. It was easier earlier in the pandemic when more was virtual. Now it feels like we're almost running twice the services with about the same funding.
Food delivery.
Continually changing the policies of the city and the county to response to Covid-19 crises, and adjust and follow them within very short notice. Not having enough staff and follow all the guidelines and deal with 6 different fiscal audits for each funding that we reactive.
Working during a pandemic. Health concerns. Safety of our staff, volunteers and seniors. Volunteer onboarding and training in numbers never experienced before.
Acquiring new sites during the crisis.
One challenge that we faced was purchasing food for our lunch program. We had to find other sources for purchasing food.
Having the staff to be able to provide remote services from the beginning. It took planning but after 5 months a plan was devised to start remote programs and calling trees to assist our seniors in our vicinity.
The demand of meal requests for home delivered meals.
Staffing outages
3500 brand new clients in 3 months.
finding volunteers to continue to deliver meals. A lot of times staff had to deliver meals.

The volume of calls that were coming into the senior center requesting meals and information during the first few weeks. Also the lack of communication from the State and County to senior nutrition providers.
Telling the clients before the pandemic no program food could leave the building, then telling them they could pick up their meals to go.
Having to change the menu to accommodate Grab-n-Go
Staffing and supplies
Paperwork! Reporting/invoicing was disastrous. So much so that it would have been easier to turn a client away rather than serve them due to the labor intensive, overwhelming, ever-changing reporting requirements.
Our staff, remaining volunteers and local city personnel
Severe lack of staffing, exhaustion, burnout. Increased funding with short time frames and restrictions made it hard to hire people or meet real needs other than the purchase of more food for which more meals were required to be provided.
Ensuring staff, volunteers, and clients were safe at all times.
Pennsylvania
Not being able to open for those seniors who have little or no home support
Getting everything we needed to safely prepare and package home delivered meals at the inception of the pandemic.
In Home Services
Ensuring the safety of volunteers and clients, especially with those individuals who had trouble following the restrictions.
Enough volunteers for Home-Delivered Meals.
increased costs and lower staffing
Our greatest challenge was were we going to lose any volunteers to deliver our meals, and how would we safely deliver these meals to provide not only protection, but confidence for them to trust us with their care.
remote work tasks
Staffing increased workload
Having the volunteers to help deliver meals

Many volunteers halted their activities during the crisis as they didn't feel comfortable serving.
Keeping everyone safe
Increased services imposed by Government which caused increased expenses with little ability to pay for these expenses. The PA Gov. did not offer any more monetary support even though our agency supplied thousands of extra meals.
Our greatest challenge was keeping up with the increased demand for services.
Communication with our YCAAA
Our first challenge was garnering the resources (financial, equipment, supplies, etc.) to provide regular and expanded emergency services under constantly changing covid protocols. Our next major challenge was once seniors could register to be eligible for future vaccination. We helped many seniors who had no email register to be eligible for the shot via our Health Dept. website. For those with no email, we used our center email (as you had to have an email to register), but the county system (without alerting us) at first ignored registrations for the shot where the email was already used. This was also the case for couples who registered using the same email. We eventually got this fixed with BC Health Department, but that was a real challenge for us. Then trying to help our seniors register for the shot through the chain pharmacies was a challenge at first. We would sign people up for a specific date/time, go through the process only at the end to be notified that specific date/time spot was gone. So we would try other times, but same thing happened, then we would try other days. Sometimes we got lucky and secured the vaccine appointments. But many times, every spot was taken after showing the spots were open and doing all the work to register our seniors for the spots. Once more pharmacies were added, we were able to offer shots for groups of seniors both at our senior center and also help groups of our seniors sign up for shots at local pharmacies. Another challenge was creating remote offerings on our own. Most of our remote offerings were provided through our wonderful partners, like Independence Blue Cross, who not only offered us spots in all their interesting classes, but sent everyone who registered a box with all the materials needed for each class. Our participants who participated absolutely loved these classes and felt the classes made a difference in their feeling connected and engaged. We hope to continue our partnership with Independence Blue Cross in these classes well into the future. In addition to these service challenges, we had no fundraising income since February 2019, due to construction in our complex cancelling all rentals, fundraising events and more. We

had a large reopening luncheon and celebration planned for March 12, but had to cancel the night before, as we had to make the hard decision to curtail regular services and plan to begin frozen meals on wheels and frozen grab and go meals for all meal participants. Without the help of Philadelphia Foundation, Bucks County Redevelopment Authority and Paycheck Protection Program grants and other grants and donors, we would have found it hard to continue providing these important services, grow our outreach during the crisis and work with food providers to provide emergency food boxes and bags of essential products to local seniors. In 2022, we will face our greatest challenge leading to our greatest opportunity. Our center is currently looking for a new home for our meals and activity programs during the renovation and new construction that will bring our senior center and recreation programs together under the same roof, with separate space for each, but also more opportunities than ever for intergenerational contact and programs. The construction in our complex that took place from February 2019 through March 2020 combined with the new center (once completed) will allow us to truly become a "Center without walls". These improvements will offer us greater opportunities to connect generations, reduce social isolation and offer unique intergenerational programs for the benefit of all.
Lack of advertisement and available communications within the community. Our local free paper shut down. Another issue, was that we had to conform to what the other senior centers were doing, so we couldn't be independent with many of our service responses. Decisions were made before we actually met to discuss options. We felt some of these decisions were more convenient for staff, rather than being in the best interest of the clients we serve.
The availability and pricing of raw food and packaging materials. While costs increased across the board (fuel, food, packaging materials, etc.) the price we charged our customers remained unchanged as we were locked into a contract with the AAA's.
Our inability to get any type of leadership and direction from our AAA.
not having anyone to fall back
Lack of communication and guidance from our YCAAA.
making sure that everything is sanitized continually.
NA
An early exposure required a complete (but thankfully temporary) replacement of staff overnight. Volunteers and temporary workers filled the void. And the lack of PPE and testing

for the first couple of months left us vulnerable to additional exposures, which fortunately were limited.
Not receiving funds for loss of revenue or operational expenses. It was very hard to keep our Center open.
Nevada
A complete lack of emergency planning tools/processes/procedures and a failure to be solution-oriented thinking in a collaborative manner.
Illinois
Access to services for our seniors. Making sure that team members and seniors did not get COVID. We had an COVID outbreak of approximately 14 team members within a 1-3 day period. We had to close the facility down to the public. We were able to get a two week supply of food out to our seniors, but it was quite stressful and many lessons learned.
We are not a center - we are a Nutrition and Service Provider for seniors in 2 counties. We provide 10 services. Creating a positive and safe environment for staff and volunteers as they continued to deliver meals to the home-bound.
Safety for seniors, home delivered meal volunteers, volunteer replacement as many were seniors themselves and we wanted them to remain safe also.
Social Isolation for the Seniors. Still, our seniors does not want to leave their homes.
New Hampshire
Communication could've been better with staff
The time it took to communicate and restructure with each change needed.
Strain on supply chains
Our challenge has certainly been staffing.
Mississippi
Meeting and maintaining facility sanitation.
The greatest challenge was the issues that seniors dealt with when we closed the center. My clients were worried about food and transportation. Depression was a serious issue. I even had one lady say she was contemplating suicided. Isolation is a serious issue for seniors. Our center is now open and many seniors are more than ok dealing with the changes we have had to make due to COVID as long as they have interaction with others.

I believe our greatest challenge was filling in for our drivers delivering the meals during the COVID crisis due to several being exposed to the virus or getting the virus while delivering the meals.

Center Changes to be Better Prepared for the Next Big Emergency

There were 61 responses recorded to the question "What does your center need to do or change to be better prepared to respond to the next big emergency?". Each response could have more than one theme. The percentages are based on the number of responses, and not themes.

The most common theme was Updated Plans for Different Emergencies, found in 27.87% of responses. The rest of the themes include Supplies & Resources (26.23%), Other (18.03%), Communication Preparedness (11.48%), Nothing (9.84%), Better Coordination (8.20%), and NA (6.56%). The breakdown of the analysis can be found in Table 237b. Examples of the themes for this question can be found in Table 238b. All of the responses can be found in Table 239b.

Table 237b: Better Prepared (n=61)

Theme	Frequency	Percentage
Updated Plans for Different Emergencies	17	27.87%
Supplies & Resources	16	26.23%
Other	11	18.03%
Communication Preparedness	7	11.48%
Nothing	6	9.84%
Better Coordination	5	8.20%
NA	4	6.56%

Table 238b: Better Prepared Examples

Theme	Examples
Updated Plans for Different Emergencies	"Put all of our lessons learned and our new plans of action in writing and add the lessons learned to our current Emergency Planning Policy."
Supplies & Resources	"Create an emergency food pantry for disasters. Not only for patrons, but for staff too."

Other	"We received all kind of support form our city."
	"Offer more activities of interest to seniors, there isn't one in the future for us. Get more interested in volunteering to help."
Communication Preparedness	"Make sure all emergency contact numbers are updated regularly…"
Nothing	"We are prepared for the next big emergency."
Better Coordination	"…We believe we are prepared but would like to see better coordination by the Emergency Preparedness Networks already in place throughout the State."
NA	"N/A"

Table 239b: Better Prepared Responses

What does your center need to do or change to be better prepared to respond to the next big emergency?
California Responses
Being able to expand our service during COVID helped improve our self-efficacy greatly. In California, we are uncertain how our center may be impacted by an earthquake. It's difficult to plan for the unknown.
More emergency training
We now have a current email list so we can communicate quicker.
Make a plan
Education and preparedness are crucial and needs to be implemented throughout all the County with the support of COAD and united front with non-profit sector.
Communicate in a more efficient way to staff as well as seniors.
Many lessons have been learned that will now be integrated into agency protocols.
Offer more activities of interest to seniors, there isn't one in the future for us. Get more interested in volunteering to help.
More rapid tests and vaccines available.

Keep building relationship with community partners and volunteers. Consistent Disaster emergency education to staff and volunteers. Maintaining enough food service supplies, emergency supplies.
Create an emergency food pantry for disasters. Not only for patrons, but for staff too.
Continue to prepare participants and staff, particularly around the different needs and protocols needed to be ready for a short-term emergency (days), medium-term emergency (weeks), and long-term (months) emergency.
Try to keep the food supply going.
We receive**d** all kind of support form our city.
We have a challenge because our participants are not digital. For this emergency we were able to set up massive telephone trees to call out and send out in HDM lunches. Alt communication options.
NA
Have a plan that includes community organizations and emergency response.
Have additional food resources.
Caterer capabilities and ability to pivot was a challenge.
N/A
Nothing
We are a small community and only have one site. It went very smooth and could pick up and do it again if we had too.
Better access to emergency staffing and supplies
We need to fully get through this one before trying to decide what we'll do better next time. We're still exhausted trying to get though the mask mandate that can't be enforced.
Document a formal response plan
We need a consultant to help us establish an emergency plan. We do not have staffing for this.
Systems were created that would already put us in a
Pennsylvania Responses
We are a Department of the Municipality of Penn Hills and follow their emergency plan
We are prepared for the next big emergency.
We have currently been able to know meet and exceed all of our challenges.

Have a written plan that includes other emergency services in the county.
financial support
Although our quickness in response to this pandemic was remarkable, it would be better moving forward in having a more extensive sub list of volunteers to be able to fall back on and rotate.
Increased funding and staffing resources
N/A
More funding for unexpected costs like postage/mailings, PPE supplies, to-go containers, etc.
Nothing we were well prepared to handle any situation that came up
Educate seniors on technology so that it is easier to stay engaged remotely also the agency needs the money to have the ability to offer remote services
Communication needs to be improved with our county's AAA. Centers were not always given clear direction and at times we felt we were on our own.
Nothing, we feel we have handled this ok. The next big emergency could be totally different.
We need to continue our work developing new partnerships and formalizing additional agreements with all levels of government and community organizations. We need to use lessons learned through the pandemic to further develop our response efforts to emergencies for our own organization and for all those we serve. To this end, we are continuing a partnership with our Bristol Township Emergency Services Director Kevin Dippolito to offer two day (8 hour) Emergency Preparedness trainings at our Senior Center. Kevin found our seniors who have not taken past trainings to be unprepared for several flooding, wind and water emergency events experienced this summer. We just finished another two day training on Tuesday, September 28, with 35 persons attending.
We need to update all of our client information. Many phone numbers were changed, but not been reported to us. We also need to look at preparing for other types of emergency situations.
The centers in our county have come together and created a co-op in order to increase capacity and facilitate shared resources.
we need more state funding
Gather a list of volunteers willing to support us during times of crisis.
n/a

Days on hand of paper supplies
We tend to think of and plan for mostly weather-related emergencies, which we have become well-versed in planning for. Going forward, we think outside the box and face the possibility of the unthinkable....fire, destruction of building or vehicles, loss of inventory, etc.
I think there is always room for change and making things work better. We learned a lot from this crisis that will help us now and in the future.
Nevada Responses
Develop emergency planning tools/processes/procedures collaboratively with our Board, staff, clients, and partners.
Illinois
Put all of our lessons learned and our new plans of action in writing and add the lessons learned to our current Emergency Planning Policy.
We are not a center - we are a Nutrition and Service Provider for seniors in 2 counties. We provide 10 services. We believe we are prepared but would like to see better coordination by the Emergency Preparedness Networks already in place throughout the State.
have more substitute home delivery site managers and volunteers on hand to simply call as needed.
We have learned a lot from this pandemic.
New Hampshire
We need to have more staff meetings to discuss things
Some redevelopment of plans from lessons learned, although so many things can only be implemented if funding is available. Without all the Covid-19 funding coming in most of the services implemented over the last two years would not have been possible.
Improve logistics; getting large quantities of food to where it's needed.
We will have a better written plan
Mississippi
Maintain a supply of emergency supplies.
Make sure all emergency contact numbers are updated regularly. Make sure we have enough cleaning supplies in stock , especially sanitizers.

We have changed our way of delivering the meals and have gone with a company (TRIO) instead of having individuals from each county like we did.

Make Senior Centers More Appealing for Socializations

There were 64 responses recorded to the question "Data shows that COVID exacerbated the already devastating issue of social isolation for seniors. How can senior centers make themselves more appealing to seniors looking for socialization, now and in the future?". Each response could have more than one theme. The percentages are based on the number of responses, not themes.

The most common theme was Online & Hybrid Activities, found in 26.56% of responses. The rest of the themes included Variety of Activities (25.00%), Safe Environment to Socialize (21.88%), Improve Technology Access (17.19%), Other (14.06%), Constantly Changing (6.25%), Destigmatize Center (4.69%), and Keep Curbside Pickup (3.13%). The breakdown of the analysis can be found in Table 240b. Examples of the themes for this question can be found in Table 241b. All responses can be found in Table 242b.

Table 240b: More Appealing (n=64)

Theme	Frequency	Percentage
Online & Hybrid Activities	17	26.56%
Variety of Activities	16	25.00%
Safe Environment to Socialize	14	21.88%
Improve Technology Access	11	17.19%
Other	9	14.06%
Constantly Changing	4	6.25%
Destigmatize Center	3	4.69%
Keep Curbside Pickup	2	3.13%

Table 241b: More Appealing Examples

Theme	Examples
Online & Hybrid Activities	"Making a variety of classes available both in person and online, so that all clients have access to social activities."
Variety of Activities	"Offer a variety of activities and classes to attract a more well-rounded group of people."
Safe Environment	"To open the in-person actives with following the health standards of wearing masks and keeping social distancing."
Improve Technology Access	"Provide training on virtual tools available. Free internet for low-income seniors. Access to needed devices for on-line use."
Other	"We did not have that experience at our site."
	"Most senior centers and meals programs [know] what they can do to help combat social isolation among our seniors. The problem is lack of funding support for such programs."
Constantly Changing	"By constantly evolving with the preferences of the folks we serve."
Destigmatize Center	"Stop calling themselves senior centers…"
Keep Curbside Pickup	"I strongly feel that curbside meal pick-up has done more to remove isolation and improve socialization for quite a few of our members than anything else that has been tried…"

Table 242b: More Appealing Responses

Data shows that COVID exacerbated the already devastating issue of social isolation for seniors. How can senior centers make themselves more appealing to seniors looking for socialization, now and in the future?
California
Our org grew the phone call program Safe At Home in which volunteers call isolated seniors weekly or daily. Attempts were made to host events like bingo and conversations and lectures over videoconferencing with not a lot of success.

We worked with our instructors to adapt many of our classes and activities to on-line. We assisted our seniors to access what for many of them was a new technology via computer tutoring and technical support, and in some cases providing loaner or donated computers. Providing classes that are accessible in-person or on-line helps people participate however they feel most comfortable. Our volunteers who delivered meals throughout the pandemic were able to check in on participants. Many were very grateful to see a cheerful face. We also did telephone wellness checks during the early months. Offering a variety of activities is important. Our senior center strives to not only provide safety net services, but also programs and events that appeal more broadly to our community. For example, today we're hosting a David Attenborough film in our dining room and next week we have a flute concert.
Stop calling themselves senior centers. Survey community to determine what people 60 plus want as far as activities
Offer a variety of activities and classes to attract a more well rounded group of people.
Improve access to technology and transportation.
The centers must provide virtual and/or zoom meetings to each and every Senior in the County. I believe that if there is a Senior that lacks the ITS support and/or electronic devises, they should be provided free of charge to ensure that nobody gets left behind if there should be any further emergency disaster.
It would be nice to add healthier ways for seniors to return to the center. For example have funds to purchase equipment for exercising at the center. Funds for meals is great but it would be nice to have funds to upgrade the infrastructure of the building it self.
Making a variety of classes available both in person and online, so that all clients have access to social activities.
Offer more activities of interest to seniors that they can participate in and yet keep their social distance such as book clubs, yoga, line dancing, tai chi and such to insure that seniors can at a minimum get to talk with others and visit with their friends. The lack of socialization was a huge negative for our seniors. Many suffered from isolation which in some ways was worse than the lack of nutrition. Lockdowns did not work and only proved to have very negative effects for oh so many people, organizations and businesses.
Provide a safer environment to socialize.

provide technical supports/training on smart devices, internet, and social media Apps. Virtual programing becomes more important to deliver service and updated program information in the case of disaster.
Create programming that entices the senior population to get involved. Creating chat groups to get seniors use to communicating virtually. Seniors need to be kept active, physically, mentally, and emotionally.
Meet participants in a variety of ways - whatever is comfortable to them. This probably includes a combination of indoor activities/services, outdoor (e.g. walks, community pop-ups), and virtual.
Let the seniors know that they can still come back to the centers.
To open the in-person actives with following the health standards of wearing masks and keeping social distancing.
Community outreach and our programs and services we are adding discussing these and new topics for seniors to engage.
Providing virtual activities and helping seniors with tech support.
The environment and resources available to them. There is a great need for geriatric case management. This program could change the course of isolation and feeling of despair for not accomplishing tasks that allow our seniors to age in place.
Ensure that once centers are reopened they are done so in safe manner.
Make more plans now to help elders connect virtually in the case of emergencies
Stay open with protocols in place. Everything else is open except senior centers.
provide for activities for seniors
Creating more technology programs to encourage seniors to stay connected with friends and family through technology.
Once people feel safe to come back, we can have open houses and activities
By being more flexible with technical limitations
We did not have that experience at our site.
Creating call back teams… virtual congregate sites… partner with other Senior advocacy organizations

Allow funding to be used for purchases to improve the location/facilities. Exercise equipment, better chairs, sound system, storage or office enhancements/construction (adding/converting office space). Don't make it so difficult for us to purchase anything over $500 or $5000 dollars.
Have online chats in addition to attending the center, so that seniors feel connected to the center even when they can not attend. Kind of like the "next door" app that keeps neighbors connected even if they never have a chance to see each other in person.
Pennsylvania
We have no problem like that--our people have come back to our activities 98%--meals--50% off site activities 100%--the rest of the consumers are waiting for the hot meals at lunch time and we will be back to 'normal'.
By constantly evolving with the preferences of the folks we serve.
Offering a safe welcoming environment, along with meals, activities and services.
Provide training on virtual tools available. Free internet for low income seniors. Access to needed devices for on line use.
Offer a greater variety of activities that appeal to seniors from age 60 to 80+.
Always struggling with the concept we are nursing homes and just for bingo and card playing.
Hybrid/virtual programming
By learning from this, we can focus more on what seniors WERE missing out on. For example, was it a program that included a training, information on health issues, or something more exciting of interest, or was it that need to be around friends, or lending a helping hand. It's tapping in on what is important to them!
Address the digital divide
More programing, showing seniors that it is safe to come to the center even while COVID still exists
Offer more virtual programming, continue grab-n-go meals for clients that don't feel comfortable or can't eat in the center.
Just continue to offer programs that they enjoy

Senior Centers need to be funded properly - most are in survival mode only, and they need money to expand services. Those services could include: establish buddy programs, pen pals, an array of exercise programs, also the ability to take local trips that usually are cost prohibitive but would benefit the seniors greatly, educational programs, art programs, musical programs. All of these cost money that most centers do not have and their clients do not have disposable income.
Especially with a new generation of more tech savvy seniors, it is easier to reach some of these clients virtually. The pandemic also shown a new light on senior centers and we were able to spotlight the services we provide to a wider audience.
The virus has to calm down and I think we will be back to business as usual.
We need to provide additional services and new programs to improve social isolation among seniors, especially during emergencies. During the pandemic, we continued to hold nursing clinicals with Gwynedd Mercy University and others. The nursing students helped us with calling to check on the wellness needs of seniors and to offer our services. They supported us in our flu shot and covid shot clinics with local pharmacies and with large food box distributions to hundreds of seniors and the community (run by our staff and volunteers). They helped us offer outdoor wellness programs and special events. We worked with our local AAA, Bucks County Human Services, local Community College, comcast and others to provide SeniorConnect, a service to provide internet service, new tablets and training to socially isolated seniors (for both those with their own devices and those receiving the new tablets). Once the pandemic levels off, senior centers will have to continue to build on new partnerships to offer expanded services for all seniors, including remote services and programs, more outdoor programs and more intergenerational connections to help seniors avoid social isolation.
Pre covid, we were continually offering new and diverse programs, and regularly engaging the seniors to provide the activities they wanted. We are still doing this as we are in our slow reopening. We will need to find news ways to reach non members, especially since the local paper will not be resuming their publication.
Senior centers need to diversify their programming to provide more fitness activities for the younger age group of seniors. Also, they need to provide more arts and culture and life-long learning opportunities.

we are offering zoom classes
Offer programming opportunities in various forms, Face to Face, Virtual, Outdoor, etc...
we are slowly reopening to the best of our abilities with the staff available.
Better virtual technology
Continue outreach via phone, social media, etc. Ensure space is open and inviting, with sufficient social distancing and safety protocols in place.
Encouragement, let them know we care, have a place where they feel safe and comfortable. Offer programs they will enjoy.
Nevada
I strongly feel that curbside meal pick-up has done more to remove isolation and improve socialization for quite a few of our members than anything else that has been tried. It is vital that this meal deliver method remain viable, even once the emergency declaration has ended. I think the virtual meeting realm has been over-used overall, though I feel that it is going to be an important outlet moving forward, as more people become more used to technology. However, it will require monitoring, so that when someone wants to socialize, there is that ability.
Illinois
We have spoken about continuing to offer some activities and communications in a remote fashion. Making sure to help grown our friendly visitor programs.
We are not a center - we are a Nutrition and Service Provider for seniors in 2 counties. We provide 10 services. We are offering remote opportunities via Zoom, phone calls, letter writing and friendly visits. Centers would be wise to use technology and encourage remote socialization as an alternative to relying solely on in-person interaction at centers.
Senior Centers need an influx of marketing, diversity of regulars and activities both in the mornings and afternoons. Not all seniors are early risers.
Make restrictions match state and local mandates at congregate sites. They are overly restrictive. Mandate vaccinations.
That a tough one. We cannot get our seniors to come back to our meal sites. They are scared, even if they have been vaccinated.
New Hampshire

Open up game days
Most senior centers and meals programs no what they can do to help combat social isolation among our seniors. The problem is lack of funding support for such programs.
Decrease negative stigma of senior centers. Improve food quality.
We are implementing safety procedures that will be in place past covid. We are also looking to enhance our congregate meals
Mississippi
Keeping the centers clean and sterile as possible. Let the seniors be part of their safety by having weekly updates and implementing safety precautions. We have changed our activities to allow social distancing. The clients have been fully vaccinated but we still practice COVID precautions. These practices help the clients to feel safer.

Better Target Nutrition Programs to Seniors in Greatest Need

There were 60 responses recorded to the question "Data also shows that there is a significant level of hunger among seniors in greatest social or economic need who do not attend senior centers. How can senior centers better target their nutrition programs to reach seniors in greatest social or economic need?". Each response could have more than one theme. The percentages are based on the number of responses, not themes.

The most common theme was Being Involved with Community Partners, found in 45.00% of responses. The rest of the themes included Other (25.00%), More and Better Advertising (16.67%), Keep To-Go Program (11.67%), Different Foods (6.67%), and More Activities (6.67%). The breakdown of the analysis can be found in Table 243b. Examples of the themes for this question can be found in Table 244b. All responses can be found in Table 245b.

Table 243b: More Appealing (n=60)

Theme	Frequency	Percentage
Being Involved with Community Partners	27	45.00%
Other	15	25.00%
More and Better Advertising	10	16.67%
Keep To-Go Program	7	11.67%

Different Foods	4	6.67%
More Activities	4	6.67%

Table 244b: More Appealing Examples

Theme	Examples
Being Involved with Community Partners	"Outreach to hospitals, medical insurance groups that do see seniors on a regular basis"
Other	"As we do all the "leg work", the York County AAA should work on this question."
	"We need more advocates for these seniors and for those advocates to have the ability to register clients for home delivered meal service."
More and Better Advertising	"More advertisements in places that seniors frequent. (i.e. buses, grocery stores, hospitals)"
Keep To-Go Program	"Keep the TO GO lunches. The client does not necessarily have to stay for lunch, but allowed to pick up their meal and take it home. Giving them the security of a meal. Who knows maybe after seeing people congregate in one of the times picking up, they decide to stay."
Different Foods	"…Tailoring food offerings by seniors' preferences, including culturally appropriate foods, vegetarian options, etc."
More Activities	"More social events to draw clients in with less focus on the need and more on the activities as a lot of seniors feel stigmatized coming to a center just for meals."

Table 245b: More Appealing Responses

Data also shows that there is a significant level of hunger among seniors in greatest social or economic need who do not attend senior centers. How can senior centers better target their nutrition programs to reach seniors in greatest social or economic need?
California Responses
Having good partnerships with other service organizations can help with cross referrals and reduces the risk of people slipping through the safety net. Being integrated in the community helps spread information about our services through word of mouth. Being a credible and trusted resource is essential. Working with healthcare providers on discharge planning for people returning home after a stay in the hospital is important.
Stop calling themselves senior centers. Make the meal programs more attractive , offer healthier, more attractive food, offer more activities that people want at the centers
I don't know.
Increasing staffing resources to call clients.
Assessments and data with filtered reports to pull the greatest social or economic need. Once the assessments and reports are completed, mandatory outreach throughout all of the non-profit sector.
We can focus on the contribution side of the meals, since food is getting very expensive. Partner up with different churches/faiths to advertise the programs. Partner with doctor offices and pharmacies to let those at home know what is their community.
Community collaborations and outreach through additional funding.
Many of these are home bound seniors who would be helped tremendously by free transportation programs offered to these seniors so they could get out of their homes to socialize. Door to door services of transportation is greatly needed.
More advertisements in places that seniors frequent. (i.e. buses, grocery stores, hospitals)
more meal services advocacy. Program information and Nutrition Education thru social media.
Continue to outreach to the public in regards to seniors and hunger. Informing them of all locations where they can get assistance.
Better outreach through neighbors, faith communities, etc. in seniors' primary language, coupled with a variety of ways to obtain food. Tailoring food offerings by seniors' preferences, including culturally appropriate foods, vegetarian options, etc.

We had no wait list at HDM and congregate meal program. We set up and planned to be so responsive to any demands (if we did not provide that service we made the referral immediately) and provide meals for seniors. We had many challenges, we resolved and deal with them neatly.
We have specific criteria that we serve through an acuity survey. We offer other programs and resources if someone does not qualify under our HDM. We reach those of the highest level of need and serve them first.
Grassroots connections with support from local cities
Keep the TO GO lunches. The client does not necessarily have to stay for lunch, but allowed to pick up their meal and take it home. Giving them the security of a meal. Who knows maybe after seeing people congregate in one of the times picking up, they decide to stay.
Collaboratively connect with other community based organization and better educate the community on the positive affect of good nutrition.
For us cities need to do a better job of reaching out to all of their residents. Then pass information to vendors like us.
provide food distribution days at the senior centers at the same time seniors can see what activities and services are available to them at the center.
Ask seniors to register with the City so we can contact them when there is an emergency.
We have a brown bag we offer to all seniors at all 7 of our locations that come from our local food banks once a month.
We have food banks once a month and refer our seniors to other food banks in Big Bear
More social events to draw clients in with less focus on the need and more on the activities as a lot of seniors feel stigmatized coming to a center just for meals.
Our center is an active recreational center serving congregate meals. If we discover a hunger issue, we make a referral to agencies that can better meet their needs.
Outreach to hospitals, medical insurance groups that do see seniors on a regular basis
Marketing.
Attend community events and develop relationships with attendees that will eventually make them feel already belonging to the center and want to engage in participating.
Pennsylvania

for years we have been preaching that the meals draw people--for a while that became insignificant and now with the pandemic I think the powers that be see the need to provide a better meal and maybe even a choice now and then
Marketing, advertising, attracting via events.
Become more in touch with their clientele.
Daily wellness calls
Our county's biggest issue is transportation. Offering a grab and go would be helpful and increased "attendance" during the pandemic.
As we do all the "leg work", the York County AAA should work on this question.
visit senior dwelling buildings/high rises; target libraries with senior programs; general information sent out in newspaper
What seems to come to mind at this moment are advertisements (TV, social media for those able, in mail flyers, doctors offices), surveys (even though some do not prefer to answer because of the time, length, or questions of a survey). Reaching other family members.
Partner more effectively with food insecurity programs
flyers at senior high rises, outreach to different organizations
Pop up meal sites, offer prepared grab-n-go meals at food pantries/food banks, stock up on emergency shelf stable meals
More local community outreach. Television, paper and radio advertising, none of which senior centers have money to enact. Food Banks could assist in targeting clients with information. Some sort of incentive to eat lunch at a senior center vs fast food, Dollar store items. Regional games (something like McDonalds Monopoly) to encourage seniors to give their centers a try.
One way that we target seniors who are not active with our center is to offer a Fresh Express food pick up in conjunction with the Central PA Food Bank. We do this food distribution once per month and it does reach some home bound as well as more socially isolated seniors.
We do not see hunger in our rural area. Everyone looks out for other person.

Senior Centers can target nutrition efforts by working in partnerships with organizations that serve hunger needs. We have proof in Bucks County how this can work. It started in 2009 with Rolling Harvest an organization whose mission was to reclaim healthy produce lost on farms and distribute this healthy food to those in need. A few of our volunteers worked with RH in the first years to glean fields. Through partnerships, Rolling Harvest grew and for the past several years those efforts became FreshConnect, a partnership with BC Opportunity Council, St. Mary's Hospital and others to provide fresh, healthy food to those most in need. Our seniors benefit both by going to the distributions (those who can get there) at our local community college campus and by coming to the center to receive produce. We also have worked with BCAAA to provide fresh produce to our Meals on Wheels customers and to center participant seniors through Snipes Farms.
Word of mouth has always been our most successful way of locating new members. We are located in a neighborhood which is low income, and many mos**t** of our current members are in "economic need".
That is something we are attempting to figure out at this point. We are reaching out and hoping to partner with our medical community to provide those referrals to our services.
ask area on aging
Better marketing and communication with other service providers in the community.
Use news to publicize services, or some other free advertising. Most Senior Centers in Pennsylvania are non-profits who run on a shoe string and no budget for "marketing". TV would be best.
Focus on "ugly" foods that are grown but cannot be sold. Make that more available
Conducting outreach to other community groups, senior housing, churches, etc. to assist in potential home-delivery or providing meals for social gatherings at their sites.
This is a difficult question. So many Seniors feel bad asking for help. They were taught you take care of yourself. We called our Seniors often during the crisis. During that time people did open up and let us know their needs and we helped them.
Nevada
We need more advocates for these seniors and for those advocates to have the ability to register clients for home delivered meal service.

Illinois
We have created a position for Community Education. We are working more with Communications and current team members to get the word out about our evidenced based programs and how we can provide some of these programs out in the community (go where some of the seniors are - housing, supportive living sites, churches, etc.)
We are not a center - we are a Nutrition and Service Provider for seniors in 2 counties. We provide 10 services. We offer meal "pick up" events (i.e. grab & go) and will be implementing a "food truck" service that can travel to locations where seniors in the greatest need live.
Partner in a friendly way with the Care Coordination Units across the state to deliver calendars of events and FREE transportation for new members. Our nutrition program is willing to include such material in the home delivered program. ALSO partner with social service agencies reaching the greatest in social and economic need for recruitment and outreach to targeted audiences. Rurally some communities are not welcoming of the large diverse populations in their geography. Recent politicization of the poor instead of poverty is a prevailing sentiment. Education of diverse populations being just as human as the majority could be implemented.
We work our local churches, community organizations, and police & fire departments, in search of seniors who does a have a need nutrition needs or social isolation. Also, have our newsletters, run articles in our local papers about our services.
New Hampshire
Word of mouth has been our best referrals
Here to is funding is the greatest holdup to reaching more people in need. Centers aren't going to make the effort to find more individuals if the funding isn't there to allow them to help.
Outreach. Go to where seniors are gathering and offer to serve them food. Bingo halls, etc..
Partner with food banks and other programs designed for seniors
Mississippi
Many senior centers that serve congregate meals offer free transportation for low income seniors that cannot afford transportation. We still have a limit of clients that we serve in order to keep social districting. We are not soliciting new clients at this time.

Present and Future Programs

Socialization Program Status

Centers were asked which socialization programs they currently offer or plan to offer in the future. The highest frequency (49) that the centers currently offer and plan to improve is for volunteer opportunities, followed by arts and crafts at 37. Refer to Table 246b for overall results, and Tables 247b through 252b for individual states results. Refer to Table 253b for open response answers. North Carolina, Iowa, Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 246b: Overall Present and Future Plans

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips	38.03%	11.27%	0.00%	33.80%	16.90%
Volunteer opportunities	66.22%	24.32%	1.35%	6.76%	1.35%
Multi-generational opportunities	36.62%	18.31%	0.00%	32.39%	12.68%
Gardening	19.72%	9.86%	1.41%	30.99%	38.03%
Arts and crafts	50.00%	20.27%	1.35%	10.81%	17.57%
Interest-based clubs	38.89%	18.06%	0.00%	23.61%	19.44%
Parties and/or dances	34.25%	23.29%	1.37%	27.40%	13.70%
Discussion groups	36.62%	18.31%	1.41%	19.72%	23.94%
Singing groups	22.73%	13.64%	3.03%	30.30%	30.30%

Table 247b: California Present and Future Plans

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips	23.53%	2.94%	0.00%	47.06%	26.47%
Volunteer opportunities	65.71%	22.86%	0.00%	8.57%	2.86%
Multi-generational opportunities	20.59%	20.59%	0.00%	41.18%	17.65%
Gardening	8.82%	11.76%	0.00%	26.47%	52.94%
Arts and crafts	44.44%	13.89%	0.00%	13.89%	27.78%
Interest-based clubs	22.86%	22.86%	0.00%	25.71%	28.57%
Parties and/or dances	25.71%	22.86%	0.00%	28.57%	22.86%
Discussion groups	23.53%	17.65%	0.00%	20.59%	38.24%
Singing groups	18.75%	15.63%	0.00%	21.88%	43.75%

Table 248b: Pennsylvania Present and Future Plans

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips	50.00%	23.08%	0.00%	26.92%	0.00%
Volunteer opportunities	61.54%	30.77%	3.85%	3.85%	0.00%
Multi-generational opportunities	57.69%	11.54%	0.00%	23.08%	7.69%
Gardening	32.00%	4.00%	4.00%	40.00%	20.00%
Arts and crafts	57.69%	30.77%	3.85%	7.69%	0.00%

Interest-based clubs	64.00%	16.00%	0.00%	20.00%	0.00%
Parties and/or dances	42.31%	30.77%	3.85%	23.08%	0.00%
Discussion groups	56.00%	16.00%	4.00%	20.00%	4.00%
Singing groups	17.39%	13.04%	8.70%	47.83%	13.04%

Table 249b: Nevada Present and Future Plans

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips	100.00%	0.00%	0.00%	0.00%	0.00%
Volunteer opportunities	100.00%	0.00%	0.00%	0.00%	0.00%
Multi-generational opportunities	100.00%	0.00%	0.00%	0.00%	0.00%
Gardening	100.00%	0.00%	0.00%	0.00%	0.00%
Arts and crafts	100.00%	0.00%	0.00%	0.00%	0.00%
Interest-based clubs	100.00%	0.00%	0.00%	0.00%	0.00%
Parties and/or dances	0.00%	0.00%	0.00%	100.00%	0.00%
Discussion groups	0.00%	0.00%	0.00%	100.00%	0.00%
Singing groups	0.00%	0.00%	0.00%	0.00%	0.00%

Table 250b: Illinois Present and Future Plans

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips	25.00%	25.00%	0.00%	0.00%	50.00%
Volunteer opportunities	20.00%	80.00%	0.00%	0.00%	0.00%
Multi-generational opportunities	25.00%	50.00%	0.00%	25.00%	0.00%
Gardening	25.00%	25.00%	0.00%	0.00%	50.00%
Arts and crafts	50.00%	25.00%	0.00%	0.00%	25.00%
Interest-based clubs	0.00%	50.00%	0.00%	0.00%	50.00%
Parties and/or dances	25.00%	50.00%	0.00%	0.00%	25.00%
Discussion groups	25.00%	25.00%	0.00%	25.00%	25.00%
Singing groups	25.00%	25.00%	0.00%	0.00%	50.00%

Table 251b: New Hampshire Present and Future Plans

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips	66.67%	0.00%	0.00%	0.00%	33.33%
Volunteer opportunities	75.00%	25.00%	0.00%	0.00%	0.00%
Multi-generational opportunities	25.00%	25.00%	0.00%	25.00%	25.00%
Gardening	0.00%	0.00%	0.00%	50.00%	50.00%

Arts and crafts	25.00%	0.00%	0.00%	25.00%	50.00%
Interest-based clubs	25.00%	0.00%	0.00%	25.00%	50.00%
Parties and/or dances	25.00%	0.00%	0.00%	50.00%	25.00%
Discussion groups	25.00%	25.00%	0.00%	0.00%	50.00%
Singing groups	25.00%	0.00%	0.00%	50.00%	25.00%

Table 252b: Mississippi Present and Future Plans

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips	66.67%	0.00%	0.00%	33.33%	0.00%
Volunteer opportunities	66.67%	0.00%	0.00%	33.33%	0.00%
Multi-generational opportunities	0.00%	50.00%	0.00%	50.00%	0.00%
Gardening	33.33%	33.33%	0.00%	33.33%	0.00%
Arts and crafts	100.00%	0.00%	0.00%	0.00%	0.00%
Interest-based clubs	0.00%	33.33%	0.00%	66.67%	0.00%
Parties and/or dances	66.67%	0.00%	0.00%	33.33%	0.00%
Discussion groups	66.67%	33.33%	0.00%	0.00%	0.00%
Singing groups	100.00%	0.00%	0.00%	0.00%	0.00%

Table 253b: Other Present and Future Plans Open Response

State:	Which of these socialization programs do you currently offer or plan to offer in the future?
California	lunches and lectures for Holocaust survivors; holiday celebrations; social programs for older adults all expecting to return when covid mitigation is done

	technology training
	Bingo, Games, Cards, Walking
	Plan to offer Loteria a Mexican Bingo Board Game
	Arts/crafts, discussion groups and singing groups are currently virtual. Also offer movies and educational classes virtually.
	Plan to grow our transportation program for home bound seniors which our club pays for with local dial-a-ride.
	Basic computer/smart device class, nutrition education, physical exercise, evidence-based exercise
	classes on a wide range of topics, writing groups, tech classes & tutoring
	The program does not offer the above programs, but the senior center does.
	more integrated arts classes, tech lab and tech classes,
	Most of our socialization programs were offered pre-pandemic
Illinois	Group Friendly Phone Calls
	we refer people to organizations that do offer anything we do not plan to - no duplication needed.
New Hampshire	Bingo is popular here
Pennsylvania	We do not run the senior centers - only provide meals.
	Virtual programs - Do not offer now; plan to offer in future; older adults are challenged with internet access/technology equipment/training.
	Exercise, planning on expanding to Tai Chai,
	Intergenerational programs - expand
	In-home virtual fitness programs.
	chair yoga sr. aerobics table tennis fitness room
	Overnight trips

Wellness Program Status

Centers were which wellness program they currently offer or plan to offer in the future. The highest (39.44%) rate was for the currently offered and planned for improvement fitness/exercise programs. There are no programs that are being currently offered and planned to be discontinued.

Refer to Table 254b for overall results, and Tables 255b through 260b for individual states results. Refer to Table 261b for open response answers. North Carolina, Iowa, Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 254b: Overall Wellness Program Status

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization, medication management)	29.73%	24.32%	0.00%	9.46%	36.49%
Health screenings (blood pressure, hearing, vision)	30.67%	30.67%	0.00%	16.00%	22.67%
Health fairs	27.14%	24.29%	0.00%	28.57%	20.00%
Fitness/exercise programs	54.05%	22.97%	0.00%	10.81%	12.16%
Falls prevention	39.44%	35.21%	0.00%	14.08%	11.27%
Dancing	34.25%	24.66%	0.00%	16.44%	24.66%
Yoga/tai chi	35.21%	22.54%	0.00%	22.54%	19.72%
Spiritual/religious offerings	17.65%	17.65%	0.00%	14.71%	50.00%

Life skills education (reading, shopping, cooking, etc)	32.43%	17.57%	0.00%	24.32%	25.68%
Healthy living programs (stop smoking, reduce alcohol, etc)	28.77%	13.70%	0.00%	32.88%	24.66%
Chronic disease self-management (diabetes, high blood pressure, etc)	30.56%	26.39%	0.00%	23.61%	19.44%

Table 255b: California Wellness Program Status

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization, medication management)	17.14%	14.29%	0.00%	11.43%	57.14%
Health screenings (blood pressure, hearing, vision)	28.57%	17.14%	0.00%	17.14%	37.14%
Health fairs	27.27%	15.15%	0.00%	30.30%	27.27%
Fitness/exercise programs	54.29%	20.00%	0.00%	11.43%	14.29%
Falls prevention	37.50%	21.88%	0.00%	21.88%	18.75%

Dancing	32.35%	17.65%	0.00%	14.71%	35.29%
Yoga/tai chi	28.13%	25.00%	0.00%	21.88%	25.00%
Spiritual/religious offerings	12.50%	6.25%	0.00%	12.50%	68.75%
Life skills education (reading, shopping, cooking, etc)	22.86%	11.43%	0.00%	25.71%	40.00%
Healthy living programs (stop smoking, reduce alcohol, etc)	22.86%	11.43%	0.00%	31.43%	34.29%
Chronic disease self-management (diabetes, high blood pressure, etc)	27.27%	15.15%	0.00%	24.24%	33.33%

Table 256b: Pennsylvania Wellness Program Status

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization, medication management)	44.00%	44.00%	0.00%	12.00%	0.00%
Health screenings (blood pressure, hearing, vision)	34.62%	50.00%	0.00%	15.38%	0.00%

Health fairs	25.00%	41.67%	0.00%	25.00%	8.33%
Fitness/exercise programs	61.54%	26.92%	0.00%	11.54%	0.00%
Falls prevention	38.46%	53.85%	0.00%	7.69%	0.00%
Dancing	38.46%	38.46%	0.00%	19.23%	3.85%
Yoga/tai chi	50.00%	26.92%	0.00%	19.23%	3.85%
Spiritual/religious offerings	13.04%	39.13%	0.00%	21.74%	26.09%
Life skills education (reading, shopping, cooking, etc)	42.31%	34.62%	0.00%	19.23%	3.85%
Healthy living programs (stop smoking, reduce alcohol, etc)	36.00%	20.00%	0.00%	36.00%	8.00%
Chronic disease self-management (diabetes, high blood pressure, etc)	30.77%	42.31%	0.00%	26.92%	0.00%

Table 257b: Nevada Wellness Program Status

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization, medication management)	100.00%	0.00%	0.00%	0.00%	0.00%

Health screenings (blood pressure, hearing, vision)	0.00%	0.00%	0.00%	100.00%	0.00%
Health fairs	0.00%	0.00%	0.00%	100.00%	0.00%
Fitness/exercise programs	100.00%	0.00%	0.00%	0.00%	0.00%
Falls prevention	100.00%	0.00%	0.00%	0.00%	0.00%
Dancing	0.00%	0.00%	0.00%	100.00%	0.00%
Yoga/tai chi	100.00%	0.00%	0.00%	0.00%	0.00%
Spiritual/religious offerings	100.00%	0.00%	0.00%	0.00%	0.00%
Life skills education (reading, shopping, cooking, etc)	100.00%	0.00%	0.00%	0.00%	0.00%
Healthy living programs (stop smoking, reduce alcohol, etc)	0.00%	0.00%	0.00%	100.00%	0.00%
Chronic disease self-management (diabetes, high blood pressure, etc)	0.00%	0.00%	0.00%	100.00%	0.00%

Table 258b: Illinois Wellness Program Status

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization,	16.67%	33.33%	0.00%	0.00%	50.00%

medication management)					
Health screenings (blood pressure, hearing, vision)	33.33%	33.33%	0.00%	0.00%	33.33%
Health fairs	20.00%	60.00%	0.00%	20.00%	0.00%
Fitness/exercise programs	20.00%	40.00%	0.00%	0.00%	40.00%
Falls prevention	40.00%	40.00%	0.00%	0.00%	20.00%
Dancing	20.00%	60.00%	0.00%	0.00%	20.00%
Yoga/tai chi	0.00%	20.00%	0.00%	40.00%	40.00%
Spiritual/religious offerings	20.00%	40.00%	0.00%	0.00%	40.00%
Life skills education (reading, shopping, cooking, etc)	0.00%	40.00%	0.00%	20.00%	40.00%
Healthy living programs (stop smoking, reduce alcohol, etc)	0.00%	40.00%	0.00%	20.00%	40.00%
Chronic disease self-management (diabetes, high blood pressure, etc)	20.00%	60.00%	0.00%	0.00%	20.00%

Table 259b: New Hampshire Wellness Program Status

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization, medication management)	25.00%	0.00%	0.00%	0.00%	75.00%
Health screenings (blood pressure, hearing, vision)	25.00%	25.00%	0.00%	0.00%	50.00%
Health fairs	0.00%	0.00%	0.00%	25.00%	75.00%
Fitness/exercise programs	25.00%	0.00%	0.00%	25.00%	50.00%
Falls prevention	50.00%	25.00%	0.00%	0.00%	25.00%
Dancing	0.00%	0.00%	0.00%	25.00%	75.00%
Yoga/tai chi	25.00%	0.00%	0.00%	25.00%	50.00%
Spiritual/religious offerings	0.00%	0.00%	0.00%	25.00%	75.00%
Life skills education (reading, shopping, cooking, etc)	0.00%	0.00%	0.00%	50.00%	50.00%
Healthy living programs (stop smoking, reduce alcohol, etc)	0.00%	0.00%	0.00%	50.00%	50.00%
Chronic disease self-management (diabetes,	0.00%	25.00%	0.00%	25.00%	50.00%

high blood pressure, etc)					

Table 260b: Mississippi Wellness Program Status

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization, medication management)	33.33%	33.33%	0.00%	0.00%	33.33%
Health screenings (blood pressure, hearing, vision)	33.33%	33.33%	0.00%	33.33%	0.00%
Health fairs	33.33%	33.33%	0.00%	33.33%	0.00%
Fitness/exercise programs	33.33%	66.67%	0.00%	0.00%	0.00%
Falls prevention	33.33%	33.33%	0.00%	33.33%	0.00%
Dancing	33.33%	33.33%	0.00%	0.00%	33.33%
Yoga/tai chi	0.00%	33.33%	0.00%	33.33%	33.33%
Spiritual/religious offerings	66.67%	0.00%	0.00%	0.00%	33.33%
Life skills education (reading, shopping, cooking, etc)	66.67%	33.33%	0.00%	0.00%	0.00%
Healthy living programs (stop	66.67%	33.33%	0.00%	0.00%	0.00%

smoking, reduce alcohol, etc)					
Chronic disease self-management (diabetes, high blood pressure, etc)	66.67%	33.33%	0.00%	0.00%	0.00%

Table 261b: Wellness Program Status Open Response

State:	Which of these wellness programs do you currently offer or plan to offer in the future?
California	The program does not offer the above
	Most of our socialization programs were offered pre-pandemic
	We provide meals in city senior centers that may offer those services. We do not, just meals.
Illinois	we refer people to organizations that do offer anything we do not plan to - no duplication needed.
Pennsylvania	We do not run the senior centers - only provide meals.
	Nursing clinicals - expand

Future Changes

Plans to Change Senior Center Facility

Centers were asked if there were any future changes planned to their senior center facility. In total, 76 responses recorded. More than half (59.21%) of centers reported yes and 40.9% of centers reported no. Refer to Table 262b for more information. North Carolina, Iowa, Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 262b: Plans to Change Senior Center Facility

Do you plan to make any changes to your senior center facility in the future?	Yes		No	
	Frequency	%	Frequency	%
Overall (n=76)	**45**	**59.21%**	**31**	**40.79%**
California (n=36)	19	52.78%	17	47.22%
Pennsylvania (n=26)	18	69.23%	8	30.77%
Nevada (n=1)	1	100%	0	0.00%
Illinois (n=6)	3	50.00%	3	50.00%
New Hampshire (n=3)	2	66.67%	1	33.33%
Mississippi (n=4)	2	50.00%	2	50.00%

Types of Planned Changes to Senior Center Facility

Centers were asked what changes they planned to make to their senior center facility. In total, 43 responses were recorded. More than half (58.14%) of centers planned to improve the appearance (paint, decorating, etc.), followed closely by plans to upgrade technology (computers, telephone system, etc.) at 55.81%. The lowest (16.28%) response rate was for moving to a new location. Refer to Table 263b for overall results, and Tables 264b through 269b for individual states results. Refer to Table 270b for open response answers. North Carolina, Iowa, Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 263b: Overall Types of Planned Changes to Senior Center Facility (n=43)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	12	27.91%
Improve the appearance (paint, decorating, etc)	25	58.14%
Improve safety (lighting, alarms, etc)	20	46.51%
Upgrade technology (computers, telephone system, etc)	24	55.81%
Upgrade the kitchen or foodservice space	22	51.16%
Move to a new location	7	16.28%

Table 264b: California Types of Planned Changes to Senior Center Facility (n=16)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	3	18.75%
Improve the appearance (paint, decorating, etc)	6	37.50%
Improve safety (lighting, alarms, etc)	7	43.75%
Upgrade technology (computers, telephone system, etc)	7	43.75%
Upgrade the kitchen or foodservice space	10	62.50%
Move to a new location	3	18.75%

Table 265b: Pennsylvania Types of Planned Changes to Senior Center Facility (n=19)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	5	26.32%
Improve the appearance (paint, decorating, etc)	12	63.16%
Improve safety (lighting, alarms, etc)	9	47.37%
Upgrade technology (computers, telephone system, etc)	11	57.89%
Upgrade the kitchen or foodservice space	7	36.84%
Move to a new location	4	21.05%

Table 266b: Nevada Types of Planned Changes to Senior Center Facility (n=1)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	0	0.00%
Improve the appearance (paint, decorating, etc)	1	100.00%
Improve safety (lighting, alarms, etc)	0	0.00%
Upgrade technology (computers, telephone system, etc)	1	100.00%
Upgrade the kitchen or foodservice space	1	100.00%
Move to a new location	0	0.00%

Table 267b: Illinois Types of Planned Changes to Senior Center Facility (n=3)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	1	33.33%
Improve the appearance (paint, decorating, etc)	2	66.67%
Improve safety (lighting, alarms, etc)	1	33.33%
Upgrade technology (computers, telephone system, etc)	1	33.33%
Upgrade the kitchen or foodservice space	2	66.67%
Move to a new location	0	0.00%

Table 268b: New Hampshire Types of Planned Changes to Senior Center Facility (n=2)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	2	100.00%
Improve the appearance (paint, decorating, etc)	2	100.00%
Improve safety (lighting, alarms, etc)	2	100.00%
Upgrade technology (computers, telephone system, etc)	2	100.00%
Upgrade the kitchen or foodservice space	1	50.00%
Move to a new location	0	0.00%

Table 269b: Mississippi Types of Planned Changes to Senior Center Facility (n=2)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	1	50.00%
Improve the appearance (paint, decorating, etc)	2	100.00%
Improve safety (lighting, alarms, etc)	1	50.00%
Upgrade technology (computers, telephone system, etc)	2	100.00%
Upgrade the kitchen or foodservice space	1	50.00%
Move to a new location	0	0.00%

Table 270b: Open Response: Types of Planned Changes to Senior Center Facility

State:	Which of these changes do you plan to make to the senior center facility? (check all that apply)
California	misunderstood that the question about the physical plant not the offerings
	Expand our existing location
	upgrade the reception area
	Improve Game Room
	We just opened a new building.
	upgrade drinking fountains that allow bottles to be refilled.
	To provide welcoming Congregate meal site for seniors
	As related to newly acquired sites
	Renovate fitness gym
	Improve Staff Trainings
Nevada	Expand the building to offer more space.
New Hampshire	we do not operate a senior center
Pennsylvania	We are not handicapped accessible, rather "grandfathered in" as our services are needed
	We need more freezer/cooler space to store food.
	Move location just during renovation/new construction at our current location. Then back to our current location once construction is completed.

Plans to Enhance Senior Center's Community Presence

Centers were asked if they planned to make any changes to enhance the senior center's presence in the community. A total of 76 responses was recorded. A majority (76.32%) of centers reported yes, and 23.68% of centers reported no. Refer to Table 271b for more information. North Carolina, Iowa, Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 271b: Plans to Enhance Senior Center's Community Presence

Do you plan to make any changes to enhance the senior center's presence in the community?	Yes		No	
	Frequency	%	Frequency	%
Overall (n=76)	**58**	**76.32%**	**18**	**23.68%**
California (n=36)	26	72.22%	10	27.78%
Pennsylvania (n=26)	22	84.62%	4	15.38%
Nevada (n=1)	1	100%	0	0.00%
Illinois (n=6)	4	66.67%	2	33.33%
New Hampshire (n=3)	2	66.67%	1	33.33%
Mississippi (n=4)	3	75.00%	1	25.00%

Types of Plans to Enhance Senior Center's Community Presence

Centers were asked which types of changes they planned to make to enhance the senior center's presence in the community. In total, 57 responses were recorded. Three quarters (75.44%) of centers plan to create/enhance programs with other community organizations, followed by plans to create/enhance programs with health care organizations and plans to bring more community "experts" to the senior center at 70.18%. The lowest (43.86%) response rate was for the plans to improve transportation of seniors to and from the center.

Refer to Table 272b for overall results, and Tables 273b through 278b for individual state results. Refer to Table 279b for open response answers. North Carolina, Iowa, Kansas, Maine, and Virginia were omitted due to no recorded responses.

Table 272b: Overall Types of Plans to Enhance Senior Center's Community Presence (n=57)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	25	43.86%
Create/enhance programs with other community organizations	43	75.44%
Create/enhance programs with health care organizations	40	70.18%
Bring more community "experts" to the senior center	40	70.18%
Create/enhance a multi-generational program	34	59.65%

Table 273b: California Types of Plans to Enhance Senior Center's Community Presence (n=26)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	12	46.15%
Create/enhance programs with other community organizations	20	76.92%
Create/enhance programs with health care organizations	17	65.38%
Bring more community "experts" to the senior center	16	61.54%
Create/enhance a multi-generational program	14	53.85%

Table 274b: Pennsylvania Types of Plans to Enhance Senior Center's Community Presence (n=21)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	8	38.10%
Create/enhance programs with other community organizations	15	71.43%
Create/enhance programs with health care organizations	18	85.71%
Bring more community "experts" to the senior center	17	80.95%
Create/enhance a multi-generational program	13	61.90%

Table 275b: Nevada Types of Plans to Enhance Senior Center's Community Presence (n=1)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	1	100.00%
Create/enhance programs with other community organizations	1	100.00%
Create/enhance programs with health care organizations	1	100.00%
Bring more community "experts" to the senior center	1	100.00%
Create/enhance a multi-generational program	1	100.00%

Table 276b: Illinois Types of Plans to Enhance Senior Center's Community Presence (n=4)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	0	0.00%
Create/enhance programs with other community organizations	3	75.00%
Create/enhance programs with health care organizations	1	25.00%
Bring more community "experts" to the senior center	2	50.00%
Create/enhance a multi-generational program	1	25.00%

Table 277b: New Hampshire Types of Plans to Enhance Senior Center's Community Presence (n=2)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	1	50.00%
Create/enhance programs with other community organizations	1	50.00%
Create/enhance programs with health care organizations	0	0.00%
Bring more community "experts" to the senior center	1	50.00%
Create/enhance a multi-generational program	2	100.00%

Table 278b: Mississippi Types of Plans to Enhance Senior Center's Community Presence (n=3)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	3	100.00%
Create/enhance programs with other community organizations	3	100.00%
Create/enhance programs with health care organizations	3	100.00%
Bring more community "experts" to the senior center	3	100.00%
Create/enhance a multi-generational program	3	100.00%

Table 279b: Types of Plans to Enhance Senior Center's Community Presence Open Response

State:	Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)
California	Improve marketing in the community
	Whatever changes we can make to enhance the center with the resources we have we'll consider.
Mississippi	advertising
New Hampshire	We do not operate a senior center
Pennsylvania	increase awareness

Overall Key Finding

Since survey responses were not evenly distributed across states, the overall numbers are largely driven by the geographic locations of the Nutritional Providers. More than half (61.29%) of the survey responses were from Nutrition Providers located in California and Pennsylvania. However, the type of location that Nutrition Providers are in was fairly distributed between urban areas and rural areas, 48.21% and 55.36% respectively.

Written Emergency Plans

Most Nutritional Providers reported having an emergency plan and about a half (52.5%) maintain a list of high-risk clients, including procedures to contact them during or after an emergency. Nutritional Providers varied on types of communications procedures the emergency plans contained with a majority (77.52%) of centers reported having plans for communicating with clients, during and after various types of disasters. Note that majority of providers reported having no written agreements for emergency response services with local emergency providers such as police, fire, emergency shelters, etc. (Refer to Table 38b and Table 48b for complete list.). Nutritional Providers were asked if they had a list of priority services that they are expected to continue to provide during and after a disaster with about two thirds (66.1%) of providers reporting yes. Of these services, the majority of Nutritional Providers (82.42%) reported home-delivered meals as a high priority and closely followed by congregate meals at 71.43%.

Emergency Response to the Pandemic

During the pandemic, nearly half (46.72%) of all centers did not rely on the emergency plan to help with decision making. Once the pandemic emergency was declared, a little under half (46.72%) of centers contacted their clients in less than two days. Majority (83.2%) of centers began to provide additional food to existing clients, followed by providing home-delivered meals for clients of one or more congregate nutrition programs at 77.6%. Most (81.6%) centers stated that were no interruptions in the supply chain due to the pandemic. For the 18.4% of centers that reported yes, 43.48% stated that the supply chain interruption lasted two months or more. About one third (30.43) of centers reported less than one week. The two ways in which the centers responded to the interruption was by changing what they had to offer (82.61%) and finding new sources so they could offer what they wanted (43.48%).

For CNP centers that are voluntarily operating under any level of pandemic-related restrictions, a vast majority (90.79%) have masking and social distancing protocols in place. Following closely, 88.16% of centers reported having sanitation protocols in place. When asked if the number of clients after the pandemic is expected to change, over half (57.69) of centers expect the number to increase. The two top changes that were implemented by CNPs during the pandemic that would most likely remain after the pandemic was serving clients that had not served before (58.97%) and serving more clients using grab-and-go meals (51.28%).

For CNP centers that have no pandemic-related restrictions, the majority (73.33%) of centers reported that sanitation protocols were still in place. 60% was for masking and social distancing protocols at the congregate sites. When asked how the client population changed once client-based services returned to normal after the pandemic, two thirds (66.67%) of centers reported the client population decreased. The top two changes that were implemented during the pandemic that remain in effect are serving more clients using grab-and-go meals (53.33%) and serving more clients using home-delivered meals (46.67%). As a result of the pandemic, a little under half (48.39%) of centers reported that it more difficult to attract new clients.

What Worked and What Did Not Work

Nutritional Providers reported that aspects of their organization's response to the pandemic that worked well were communications with individual clients (4.29) and implementing alternative meal options for existing clients 4.36. The lowest average (3.89), which falls between good (4)

and fair (3), was for implementing remote programs to replace in-person programs and implementing new in-home services.

Lessons Learned

The two top post pandemic improvements to the Nutritional Providers were the ability to provide emergency food to clients (62.96%) and the ability for staff to work remotely during the emergency (56.48%). Over half (55.56%) of centers also reported improving the ability to provide services to clients remotely. Based on lessons learned from the pandemic, about two thirds (64.81%) of centers reported an improvement in communications with their clients. About a half (51.85%) of centers reported an improvement in communications with seniors who were not previously clients

Future Changes

Majority (59.21%) of Nutritional Providers planned for future changes to their senior center facility. More than half (58.14%) of centers planned to improve the appearance (paint, decorating, etc.), followed closely by plans to upgrade technology (computers, telephone system, etc.) at 55.81%. To enhance the senior center's presence in the community, over three-fourths (76.32%) of centers planned to make changes. The planned changes to enhance the senior center's presence included three quarters (75.44%) of centers planning to create/enhance programs with other community organizations, plans to create/enhance programs with health care organizations (70.18%), and plans to bring more community "experts" to the senior center (70.18%).

Appendix C- AAA Survey Results

The National Foundation to End Senior Hunger (NFESH) administered the Pandemic Preparedness Survey online with questions for the Area Agencies on Aging (AAA) across the United States to answer. The survey queried AAAs on seven different topics; agency background information, contents of the emergency plans, emergency response to the pandemic, how well different aspects of their response to the pandemic went, the future of the closed congregate sites, the future of the reopened congregate sites, and lessons learned from the pandemic. A total of 112 AAAs responded to the survey. This report details the responses to the NFESH survey by the AAAs.

There were 112 Area Agencies on Aging (AAA) that completed the survey. Of those, 33 of the agencies were in Pennsylvania, 27 in California, 17 in Virginia, 10 in North Carolina, 6 in Illinois, 4 in Iowa, 3 in Mississippi, 2 in Maine, 2 in Montana, 1 in Kentucky, 1 in Nevada, and 1 in Ohio. There were 5 AAAs that did not respond when asked for their state location.

Table 1c: AAA State Location (n=107)

State	Frequency	%
Pennsylvania	33	30.84%
California	27	25.23%
Virginia	17	15.89%
North Carolina	10	9.35%
Illinois	6	5.61%
Iowa	4	3.74%
Mississippi	3	2.80%
Maine	2	1.87%
Montana	2	1.87%
Kentucky	1	0.93%
Nevada	1	0.93%
Ohio	1	0.93%

Responses from each state were mapped by county to visualize the estimated coverage of responding AAAs. IP addresses of each response were located by city, state, and county. The state retrieved from the IP address was then checked against the state reported in the survey. The county obtained from the IP address was used if a response did not provide a state location. If a county could not be determined due to insufficient data, the response was not mapped. The maps do not reflect the number of respondents from each county. Each responding county represents at least one survey respondent.

Figure 1c. Responding AAAs in Pennsylvania by County

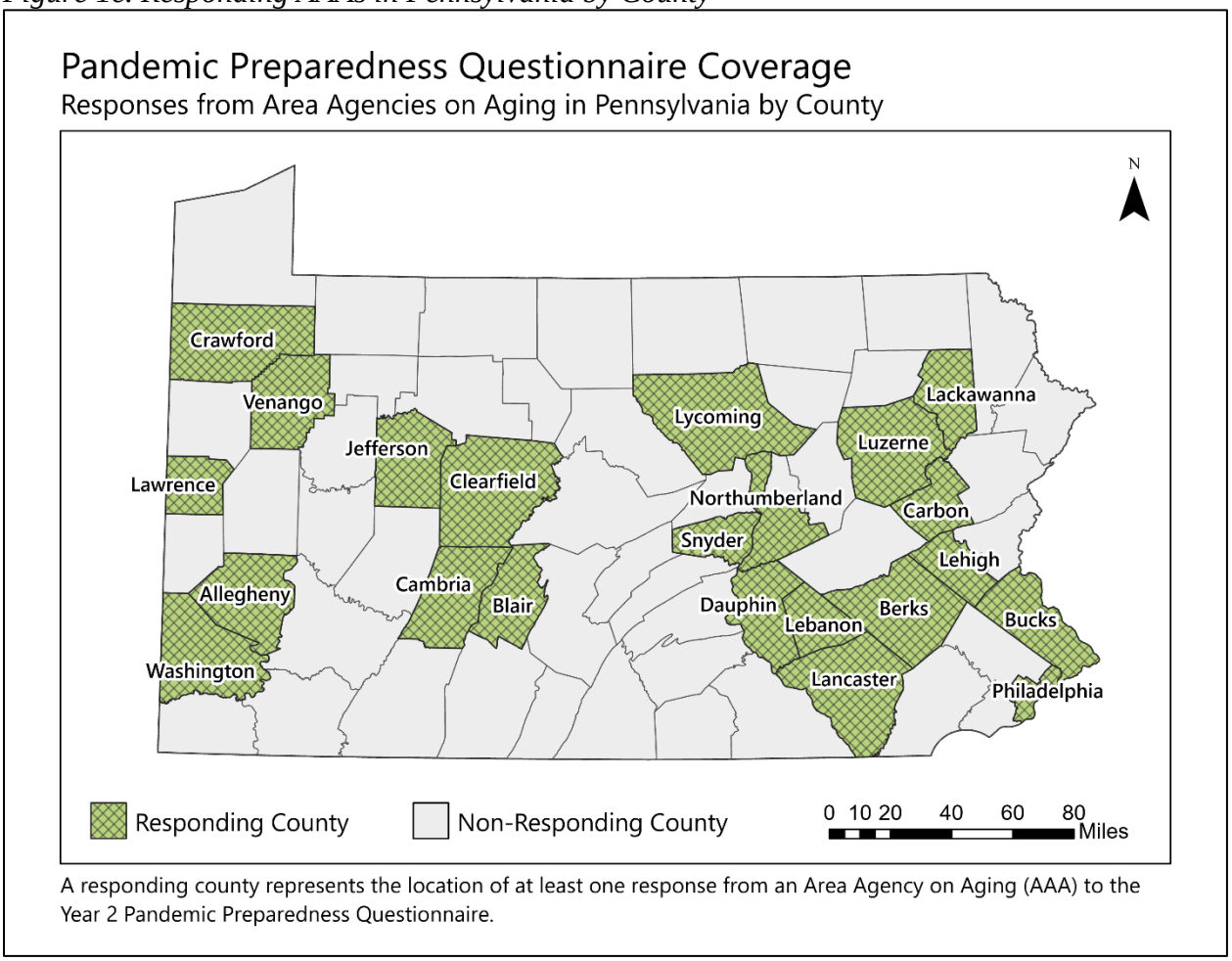


Figure 2c. Responding AAAs in California by County

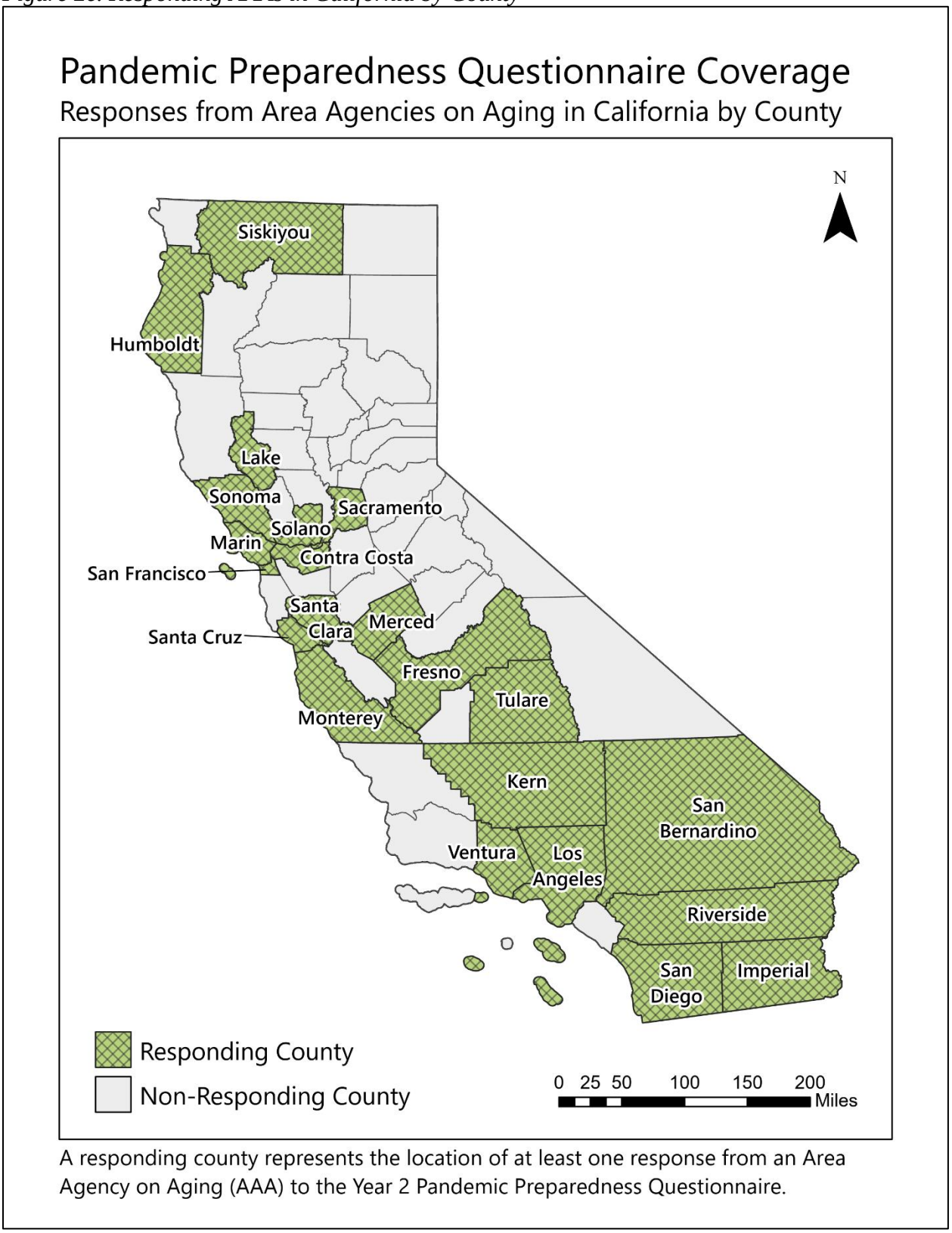


Figure 3c. Responding AAAs in Virginia by County

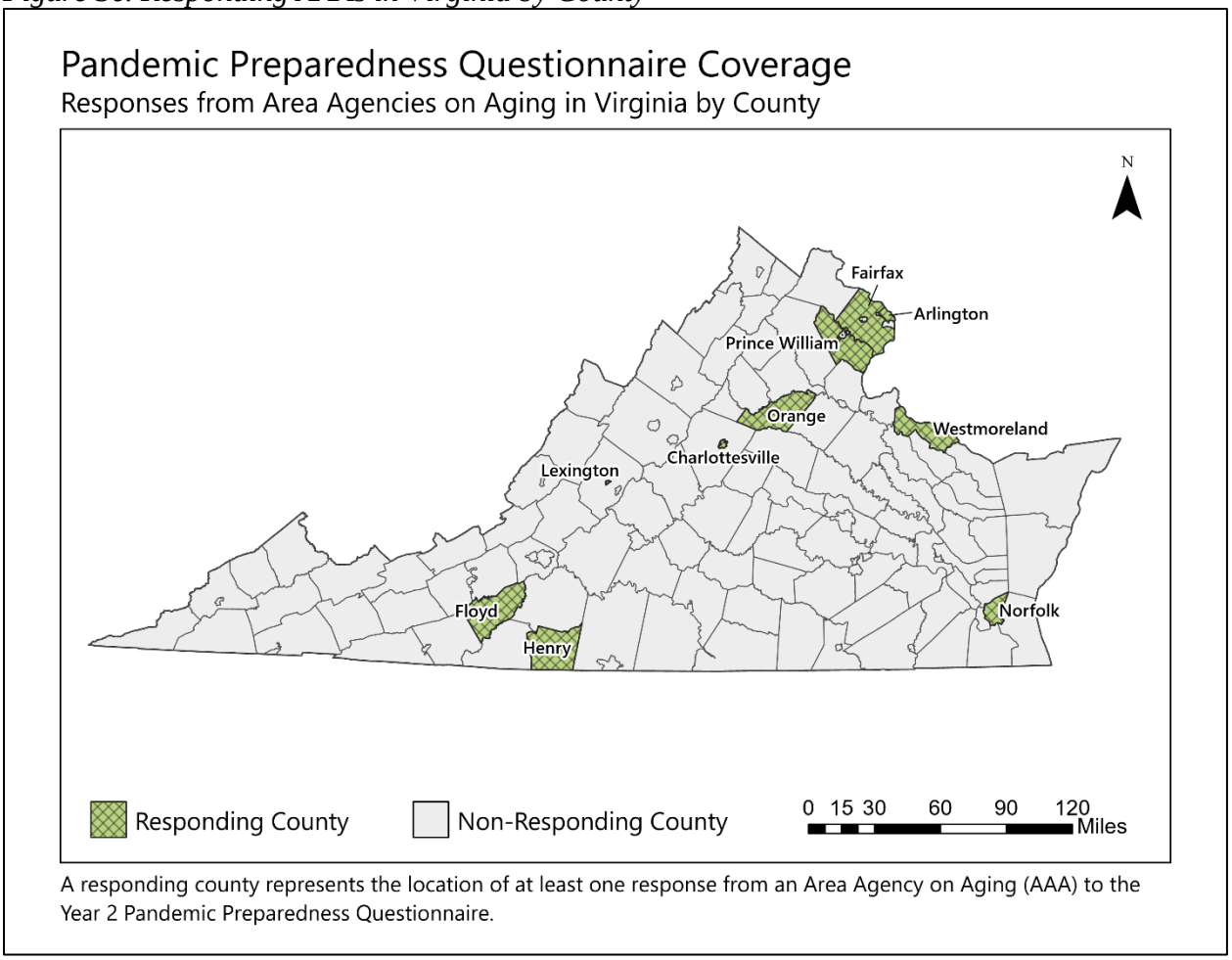


Figure 4c. Responding AAAs in North Carolina by County

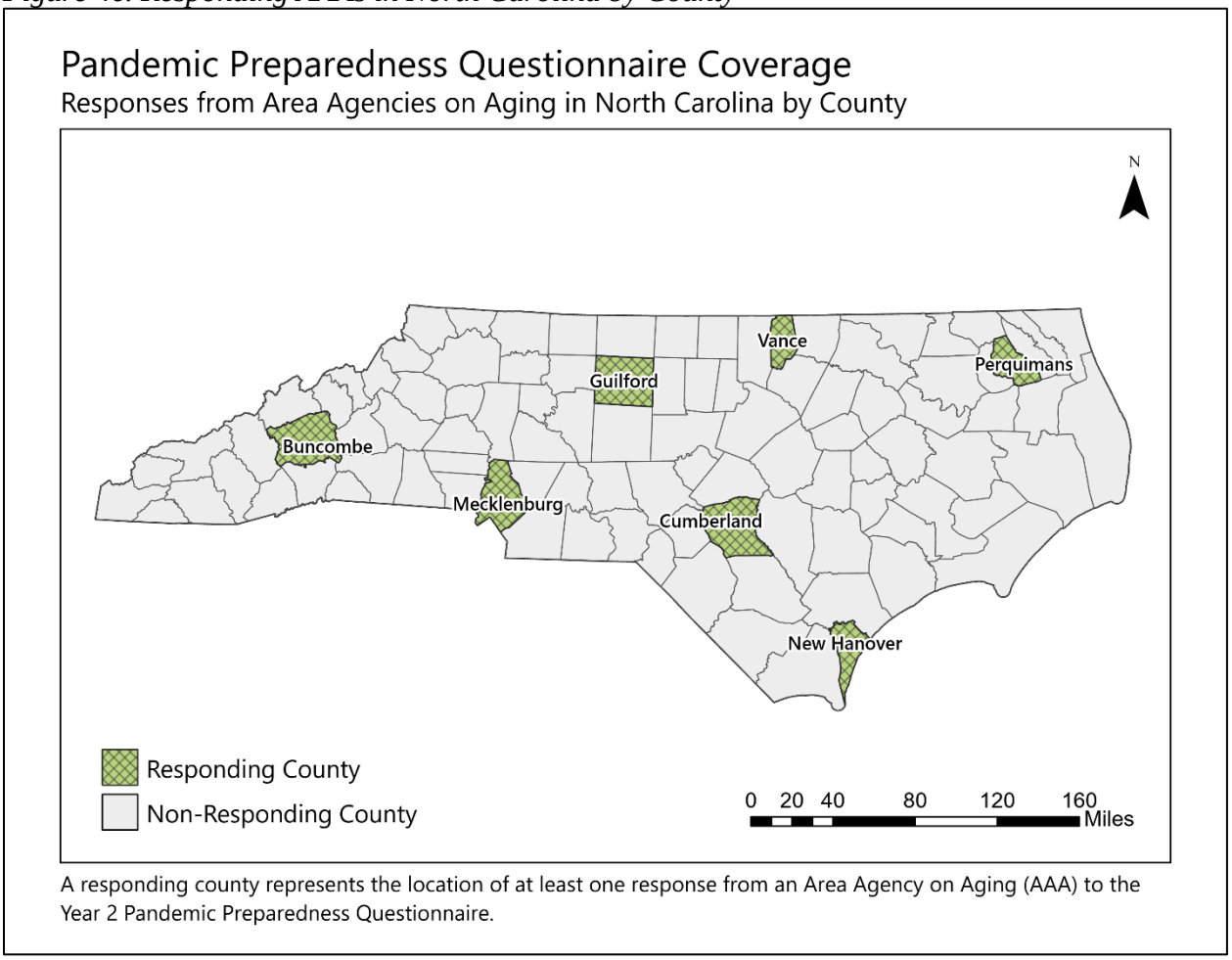
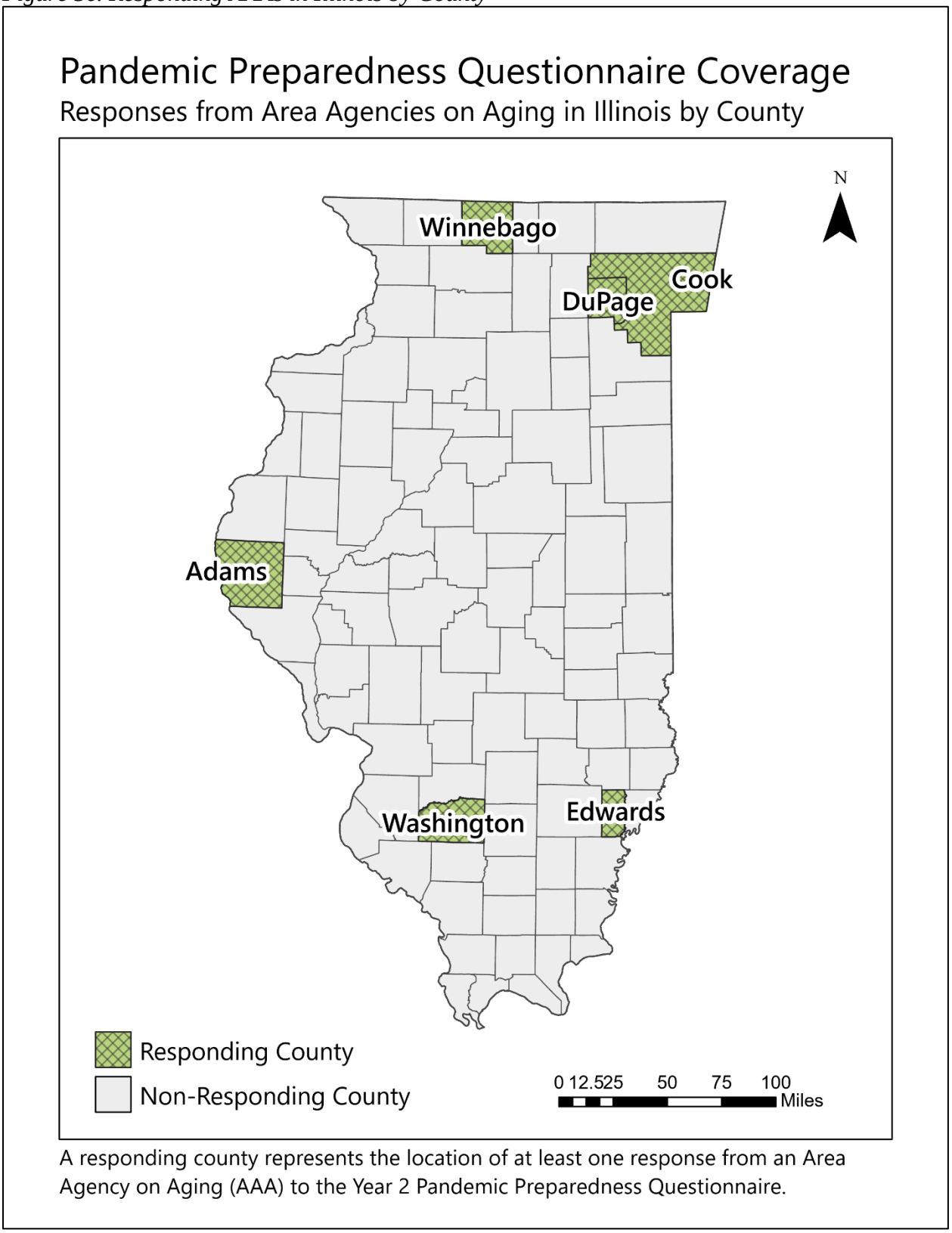


Figure 5c. Responding AAAs in Illinois by County



A responding county represents the location of at least one response from an Area Agency on Aging (AAA) to the Year 2 Pandemic Preparedness Questionnaire.

Figure 6c. Responding AAAs in Iowa by County

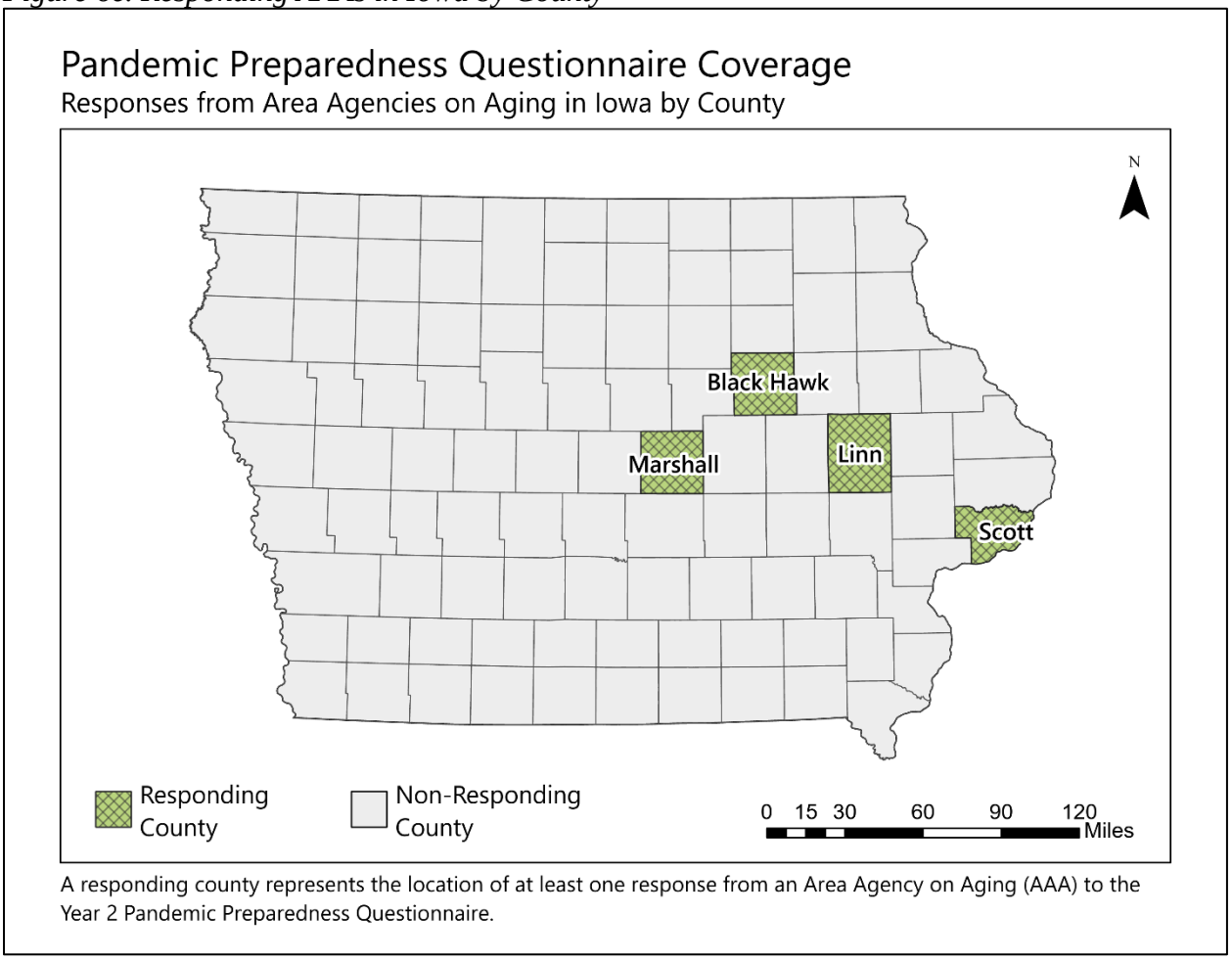
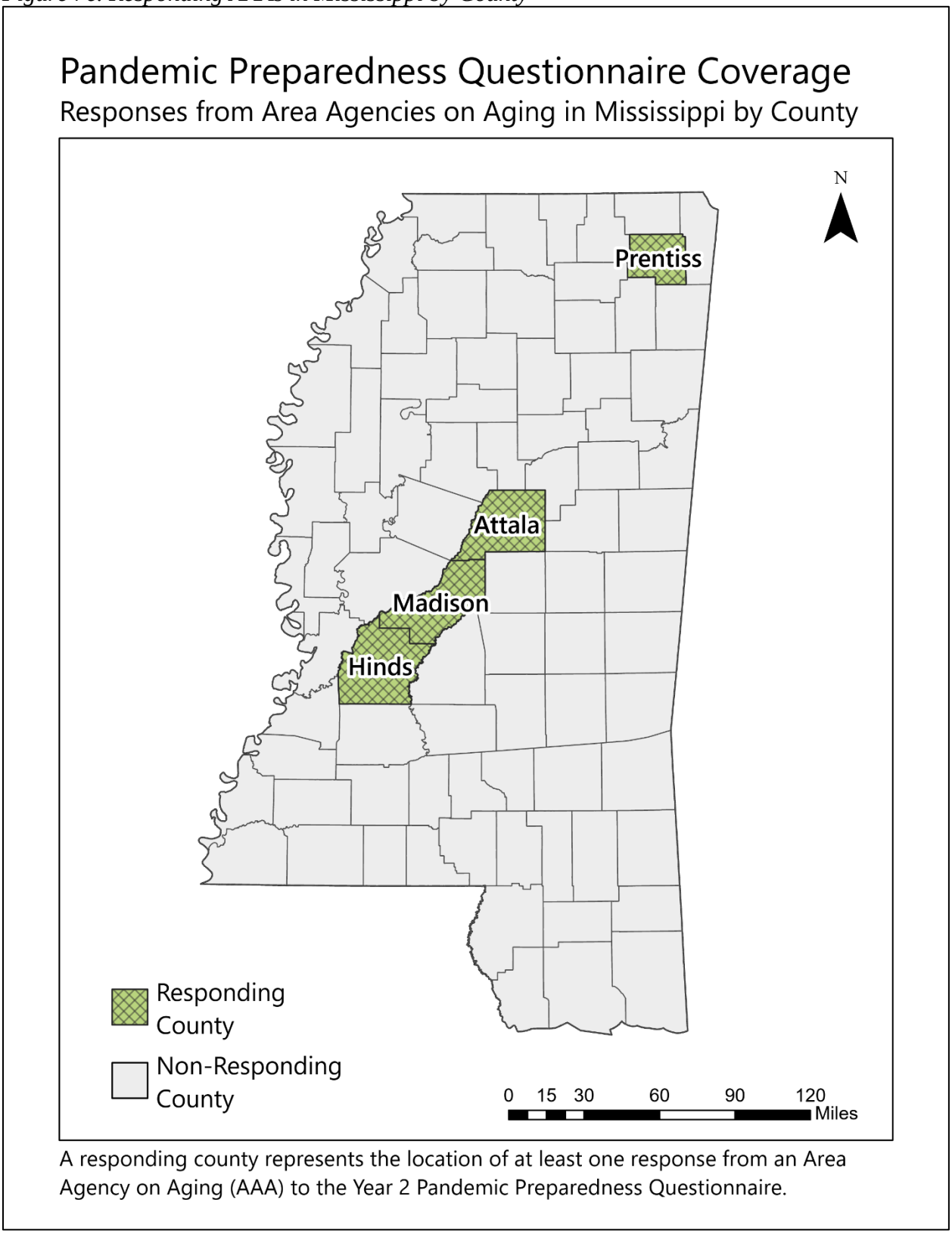


Figure 7c. Responding AAAs in Mississippi by County



A responding county represents the location of at least one response from an Area Agency on Aging (AAA) to the Year 2 Pandemic Preparedness Questionnaire.

Figure 8c. Responding AAAs in Maine by County

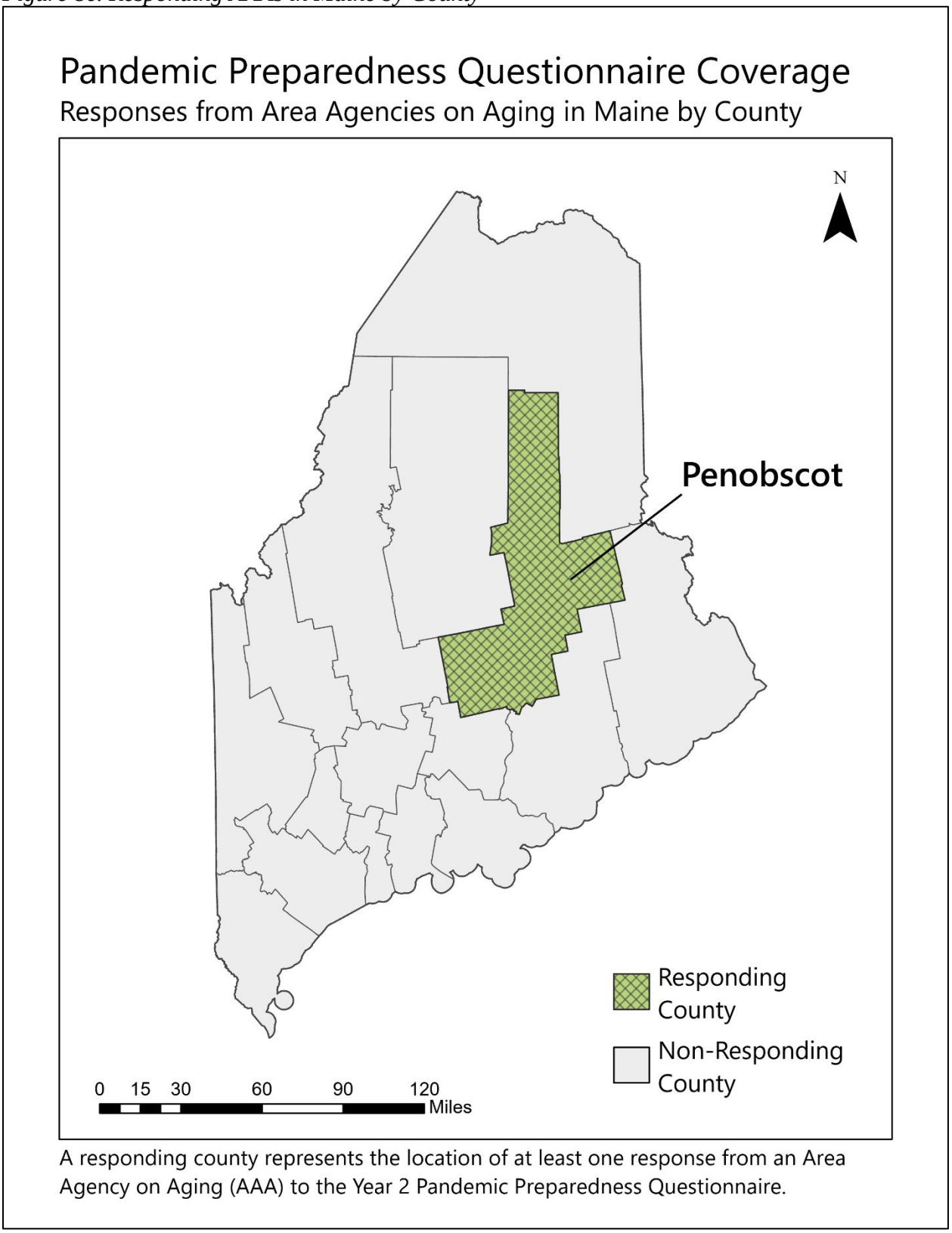


Figure 9c. Responding AAAs in Montana by County

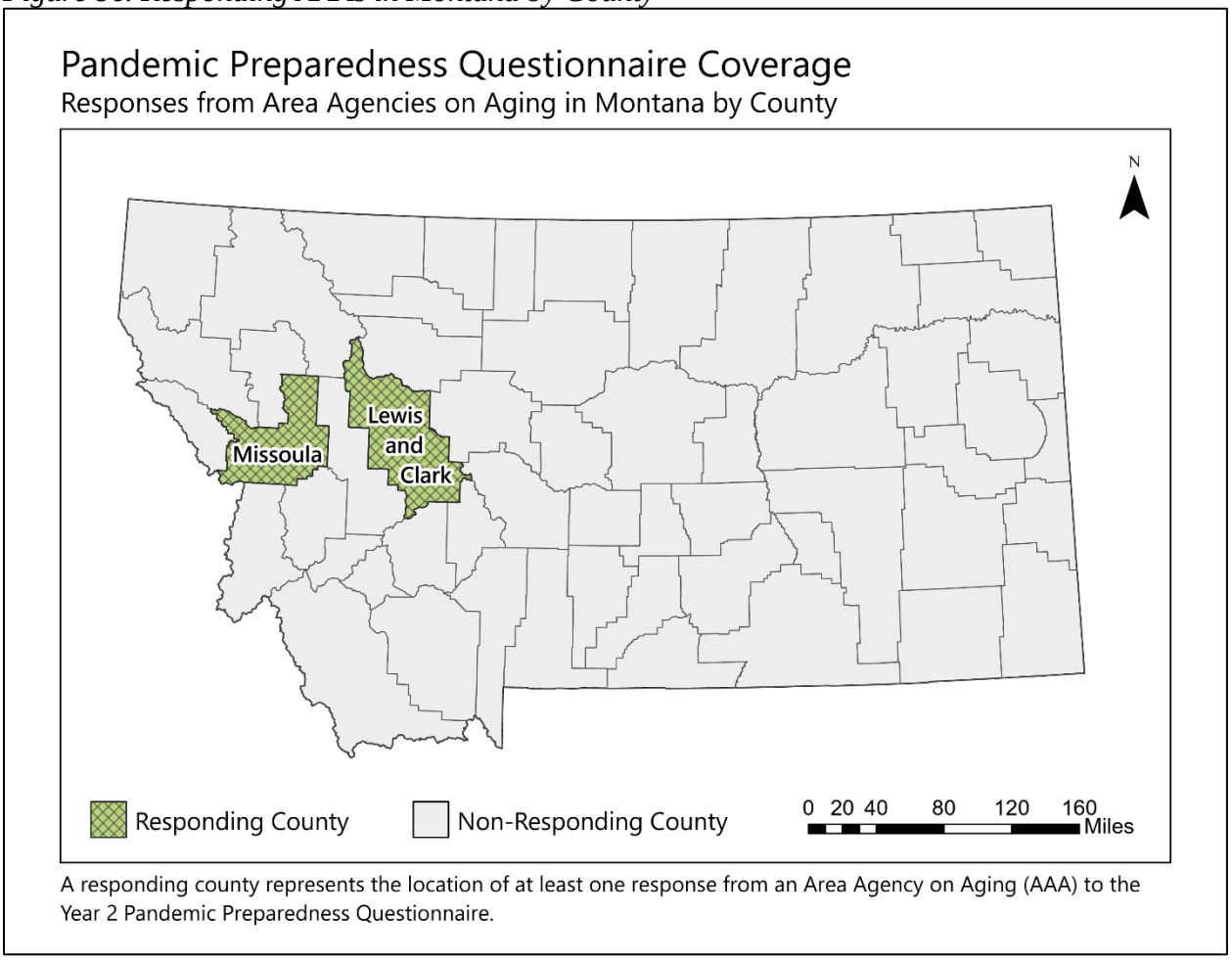


Figure 10c. Responding AAAs in Kentucky by County

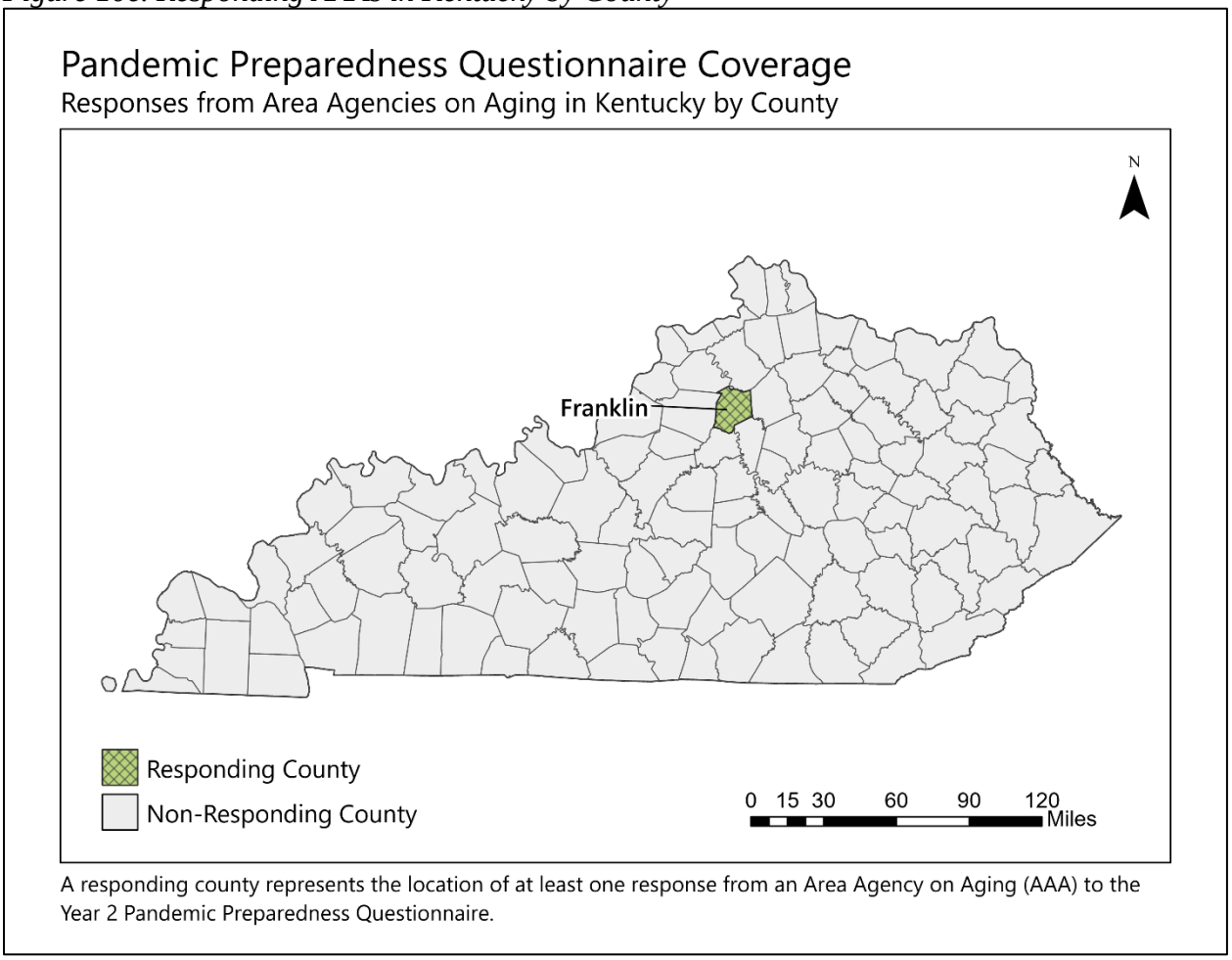
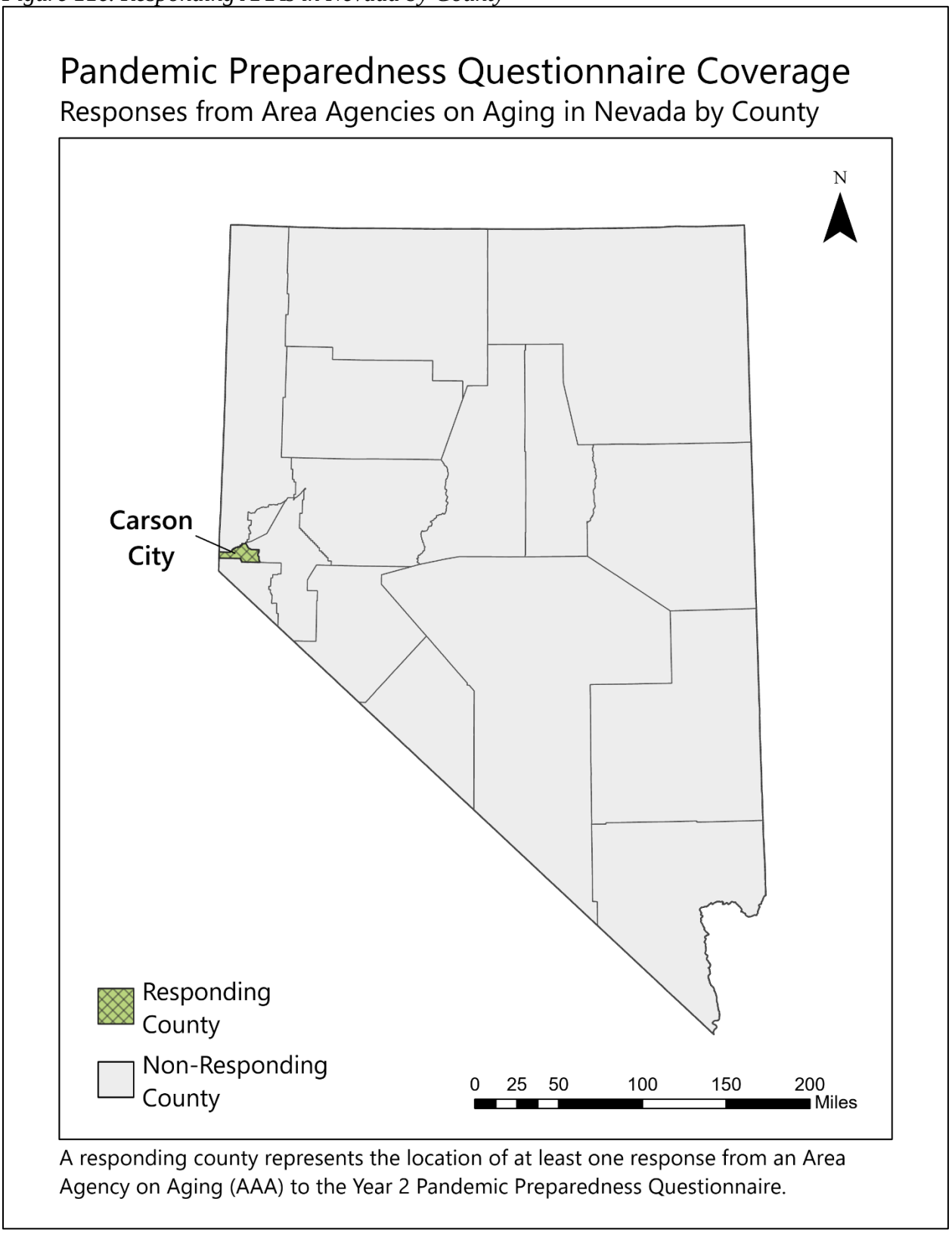


Figure 11c. Responding AAAs in Nevada by County



A responding county represents the location of at least one response from an Area Agency on Aging (AAA) to the Year 2 Pandemic Preparedness Questionnaire.

Figure 12c. Responding AAAs in Ohio by County

A responding county represents the location of at least one response from an Area Agency on Aging (AAA) to the Year 2 Pandemic Preparedness Questionnaire.

Congregate Meal Sites

Respondents were asked to provide the number of rural, suburban, and urban congregate meals sites in their AAA before the pandemic. Most of the sites were in rural areas (40.44%), 32.85% were in suburban areas, and 26.71% in urban areas. Table 2c summarizes the overall results and individual state results. Kentucky was omitted due to no reported meal sites.

Table 2c: AAA Pre-Pandemic Congregate Meal Sites

Indicate the number of congregate meal sites in each type of setting (before the pandemic).	**Urban**		**Suburban**		**Rural**	
	Frequency	**%**	**Frequency**	**%**	**Frequency**	**%**
Overall (n=1595)	**426**	**26.71%**	**524**	**32.85%**	**645**	**40.44%**
California (n=663)	287	43.29%	264	39.82%	112	16.89%
Pennsylvania (n=216)	22	10.19%	72	33.33%	122	56.48%
Virginia (n=112)	11	9.82%	52	46.43%	49	43.75%
North Carolina (n=255)	63	24.71%	40	15.69%	152	59.61%
Illinois (n=153)	8	5.23%	89	58.17%	56	36.60%
Iowa (n=95)	14	14.74%	3	3.16%	78	82.11%
Mississippi (n=9)	0	0.00%	0	0.00%	9	100.00%
Maine (n=28)	8	28.57%	1	3.57%	19	67.86%
Montana (n=30)	1	3.33%	0	0.00%	29	96.67%
Nevada (n=4)	0	0.00%	0	0.00%	4	100.00%
Ohio (n=30)	12	40.00%	3	10.00%	15	50.00%

Contents of the Emergency Plan

Communications Procedures

When asked what types of communication procedures the organizations have in their emergency plans, 63.39% of responses from AAAs reported their plans contained contact information for emergency response agencies, 58.93% had plans for communicating with clients both during and after various types of disasters, 53.57% had plans for communicating with the public both during and after various types of disasters, 53.57% had plans for communicating with all levels of the aging network both during and after various types of disasters, 47.32% had plans for communicating with other regional organizations both during and after various types of disasters, and 39.29% had contact information for alternate service providers/emergency partners. Table 3c summarizes the overall results, see Tables 3c through 15c for individual state results. Kentucky was omitted due to no recorded responses.

Table 3c: Communications Procedures (n=112)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	66	58.93%
Plans for communicating with the public, during and after various types of disasters	60	53.57%
Plans for communicating with other regional organizations, during and after various types of disasters	53	47.32%
Plans for communicating with all levels of the aging network, during and after various types of disasters	60	53.57%
Contact information for emergency response agencies	71	63.39%
Contact information for alternate service providers/emergency partners	44	39.29%

Table 4c: Pennsylvania AAA Communications Procedures (n=33)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	23	69.70%
Plans for communicating with the public, during and after various types of disasters	19	57.58%
Plans for communicating with other regional organizations, during and after various types of disasters	14	42.42%
Plans for communicating with all levels of the aging network, during and after various types of disasters	23	69.70%
Contact information for emergency response agencies	26	78.79%
Contact information for alternate service providers/emergency partners	12	36.36%

Table 5c: California AAA Communications Procedures (n=27)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	17	62.96%
Plans for communicating with the public, during and after various types of disasters	17	62.96%
Plans for communicating with other regional organizations, during and after various types of disasters	13	48.15%
Plans for communicating with all levels of the aging network, during and after various types of disasters	15	55.56%
Contact information for emergency response agencies	19	70.37%
Contact information for alternate service providers/emergency partners	12	44.44%

Table 6c: Virginia AAA Communications Procedures (n=17)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	10	58.82%
Plans for communicating with the public, during and after various types of disasters	10	58.82%
Plans for communicating with other regional organizations, during and after various types of disasters	8	47.06%
Plans for communicating with all levels of the aging network, during and after various types of disasters	5	29.41%
Contact information for emergency response agencies	8	47.06%
Contact information for alternate service providers/emergency partners	6	35.29%

Table 7c: North Carolina AAA Communications Procedures (n=10)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	3	37.50%
Plans for communicating with the public, during and after various types of disasters	2	25.00%
Plans for communicating with other regional organizations, during and after various types of disasters	7	87.50%
Plans for communicating with all levels of the aging network, during and after various types of disasters	7	87.50%
Contact information for emergency response agencies	5	62.50%
Contact information for alternate service providers/emergency partners	4	50.00%

Table 9c: Illinois AAA Communications Procedures (n=6)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	5	83.33%
Plans for communicating with the public, during and after various types of disasters	6	100.00%
Plans for communicating with other regional organizations, during and after various types of disasters	6	100.00%
Plans for communicating with all levels of the aging network, during and after various types of disasters	6	100.00%
Contact information for emergency response agencies	6	100.00%
Contact information for alternate service providers/emergency partners	4	66.67%

Table 10c: Iowa AAA Communications Procedures (n=4)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	2	50.00%
Plans for communicating with the public, during and after various types of disasters	2	50.00%
Plans for communicating with other regional organizations, during and after various types of disasters	2	50.00%
Plans for communicating with all levels of the aging network, during and after various types of disasters	1	25.00%
Contact information for emergency response agencies	2	50.00%
Contact information for alternate service providers/emergency partners	2	50.00%

Table 11c: Mississippi Communications Procedures (n=3)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	2	66.67%
Plans for communicating with the public, during and after various types of disasters	1	33.33%
Plans for communicating with other regional organizations, during and after various types of disasters	1	33.33%
Plans for communicating with all levels of the aging network, during and after various types of disasters	2	66.67%
Contact information for emergency response agencies	2	66.67%
Contact information for alternate service providers/emergency partners	2	66.67%

Table 12c: Maine Communications Procedures (n=2)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	1	50.00%
Plans for communicating with the public, during and after various types of disasters	1	50.00%
Plans for communicating with other regional organizations, during and after various types of disasters	0	0.00%
Plans for communicating with all levels of the aging network, during and after various types of disasters	0	0.00%
Contact information for emergency response agencies	1	50.00%
Contact information for alternate service providers/emergency partners	0	0.00%

Table 13c: Montana AAA Communications Procedures (n=2)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	1	50.00%
Plans for communicating with the public, during and after various types of disasters	0	0.00%
Plans for communicating with other regional organizations, during and after various types of disasters	0	0.00%
Plans for communicating with all levels of the aging network, during and after various types of disasters	0	0.00%
Contact information for emergency response agencies	0	0.00%
Contact information for alternate service providers/emergency partners	0	0.00%

Table 14c: Nevada AAA Communications Procedures (n=1)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	1	100.00%
Plans for communicating with the public, during and after various types of disasters	1	100.00%
Plans for communicating with other regional organizations, during and after various types of disasters	1	100.00%
Plans for communicating with all levels of the aging network, during and after various types of disasters	0	0.00%
Contact information for emergency response agencies	1	100.00%
Contact information for alternate service providers/emergency partners	1	100.00%

Table 15c: Ohio AAA Communications Procedures (n=1)

Indicate the types of communications procedures that are in your emergency plan (check all that apply)	Frequency	%
Plans for communicating with clients, during and after various types of disasters	1	100.00%
Plans for communicating with the public, during and after various types of disasters	1	100.00%
Plans for communicating with other regional organizations, during and after various types of disasters	1	100.00%
Plans for communicating with all levels of the aging network, during and after various types of disasters	0	0.00%
Contact information for emergency response agencies	1	100.00%
Contact information for alternate service providers/emergency partners	1	100.00%

Process to Access a Registry of High-Risk Clients

Just over two-thirds (67.09%) of responses from AAAs reported that their plan described how to access a registry of clients who are at high risk for food insecurity during an emergency. When disaggregated by state, the majority or all the responses from Pennsylvania, California, Virginia, Illinois, Mississippi, Nevada, and Ohio reported describing access to a registry of clients at high risk for food insecurity, while only 50% of responses from Iowa and 37.5% of responses from North Carolina reported describing access, and Maine and Montana did not report any plans that described such access. Kentucky was omitted due to no recorded response.

Table 16c: AAA Access Registry of High-Risk Clients

Does the plan describe how to access a registry of clients who are at high risk for food insecurity during an emergency?	Yes		No	
	Frequency	%	Frequency	%
Overall (n=79)	**53**	**67.09%**	**26**	**32.91%**
Pennsylvania (n=28)	21	75.00%	7	25.00%
California (n=19)	12	63.16%	7	36.84%

Virginia (n=10)	7	70.00%	3	30.00%
North Carolina (n=8)	3	37.50%	5	62.50%
Illinois (n=6)	5	83.33%	1	16.67%
Iowa (n=2)	1	50.00%	1	50.00%
Mississippi (n=2)	2	100.00%	0	0.00%
Maine (n=1)	0	0.00%	1	100.00%
Montana (n=1)	0	0.00%	1	100.00%
Nevada (n=1)	1	100.00%	0	0.00%
Ohio (n=1)	1	100.00%	0	0.00%

AAA Partner Organizations for Emergency Response

When asked with which types of organizations the AAA has written agreements for emergency response, food emergency management was the most reported organization (32%), followed by public health (21.33%). More than half (64%) reported that they did not have written agreements with any of the listed organizations (police, fire, ambulance, emergency management, public health, or citizen corps). Table 17c summarizes the overall results, see Tables 18c through 28c for individual state results. Kentucky was omitted due to no recorded responses.

Table 17c: AAA Emergency Response Partners (n=75)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	9	12.00%
Fire	10	13.33%
Ambulance	7	9.33%
Emergency Management	24	32.00%
Public Health	16	21.33%
Citizen Corps	1	1.33%
None of the above	48	64.00%

Table 18c: Pennsylvania AAA Emergency Response Partners (n=25)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	3	12.00%
Fire	4	16.00%
Ambulance	3	12.00%
Emergency Management	9	36.00%
Public Health	3	12.00%
Citizen Corps	0	0.00%
None of the above	15	60.00%

Table 19c: California AAA Emergency Response Partners (n=19)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	4	21.05%
Fire	4	21.05%
Ambulance	2	10.53%
Emergency Management	5	26.32%
Public Health	6	31.58%
Citizen Corps	0	0.00%
None of the above	12	63.16%

Table 20c: Virginia AAA Emergency Response Partners (n=10)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	0	0.00%
Fire	0	0.00%
Ambulance	0	0.00%
Emergency Management	3	30.00%
Public Health	1	10.00%
Citizen Corps	0	0.00%

None of the above	7	70.00%

Table 21c: North Carolina AAA Emergency Response Partners (n=8)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	0	0.00%
Fire	0	0.00%
Ambulance	0	0.00%
Emergency Management	1	12.50%
Public Health	0	0.00%
Citizen Corps	0	0.00%
None of the above	7	87.50%

Table 22c: Illinois AAA Emergency Response Partners (n=5)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	1	20.00%
Fire	1	20.00%
Ambulance	1	20.00%
Emergency Management	3	60.00%
Public Health	3	60.00%
Citizen Corps	0	0.00%
None of the above	2	40.00%

Table 23c: Iowa AAA Emergency Response Partners (n=2)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	0	0.00%
Fire	0	0.00%
Ambulance	0	0.00%

Emergency Management	0	0.00%
Public Health	0	0.00%
Citizen Corps	0	0.00%
None of the above	2	100.00%

Table 24c: Mississippi AAA Emergency Response Partners (n=2)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	1	50.00%
Fire	1	50.00%
Ambulance	1	50.00%
Emergency Management	1	50.00%
Public Health	1	50.00%
Citizen Corps	0	0.00%
None of the above	1	50.00%

Table 25c: Maine AAA Emergency Response Partners (n=1)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	0	0.00%
Fire	0	0.00%
Ambulance	0	0.00%
Emergency Management	0	0.00%
Public Health	0	0.00%
Citizen Corps	0	0.00%
None of the above	1	100.00%

Table 26c: Montana AAA Emergency Response Partners (n=1)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	0	0.00%
Fire	0	0.00%
Ambulance	0	0.00%
Emergency Management	0	0.00%
Public Health	0	0.00%
Citizen Corps	0	0.00%
None of the above	1	100.00%

Table 27c: Nevada AAA Emergency Response Partners (n=1)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	0	0.00%
Fire	0	0.00%
Ambulance	0	0.00%
Emergency Management	1	100.00%
Public Health	1	100.00%
Citizen Corps	0	0.00%
None of the above	0	0.00%

Table 28c: Ohio AAA Emergency Response Partners (n=1)

With which types of organizations does the AAA have written agreements for emergency response? (check all that apply)	Frequency	%
Police	0	0.00%
Fire	0	0.00%
Ambulance	0	0.00%
Emergency Management	1	100.00%
Public Health	1	100.00%
Citizen Corps	1	100.00%

None of the above	0	0.00%

AAA Partner Organizations for Emergency Relief

When asked with which types of organizations the AAA has written agreements for emergency relief, food banks/pantries were the most commonly reported organizations (20.27%), followed by food distributors/groceries (13.51%). More than half (68.92%) reported that they did not have written agreements with any of the listed organizations (Red Cross/emergency relief non-profits, food banks/food pantries, food distributors/groceries, emergency transportation, emergency shelters, or emergency medical providers). Table 29c summarizes the overall results, see Tables 30c through 40c for individual state results. Kentucky was omitted due to no recorded responses.

Table 29c: AAA Emergency Relief Partners (n=74)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	8	10.81%
Food bank(s)/food pantries	15	20.27%
Food distributors/groceries	10	13.51%
Emergency transportation	8	10.81%
Emergency shelters	6	8.11%
Emergency medical providers	2	2.70%
None of the above	51	68.92%

Table 30c: AAA Pennsylvania Emergency Relief Partners (n=24)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	3	12.50%
Food bank(s)/food pantries	6	25.00%
Food distributors/groceries	1	4.17%
Emergency transportation	5	20.83%
Emergency shelters	2	8.33%
Emergency medical providers	0	0.00%

None of the above	17	70.83%

Table 31c: California AAA Emergency Relief Partners (n=19)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	1	5.26%
Food bank(s)/food pantries	4	21.05%
Food distributors/groceries	4	21.05%
Emergency transportation	2	10.53%
Emergency shelters	3	15.79%
Emergency medical providers	2	10.53%
None of the above	11	57.89%

Table 32c: Virginia AAA Emergency Relief Partners (n=10)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	0	0.00%
Food bank(s)/food pantries	0	0.00%
Food distributors/groceries	1	10.00%
Emergency transportation	0	0.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	9	90.00%

Table 33c: North Carolina AAA Emergency Relief Partners (n=8)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	0	0.00%
Food bank(s)/food pantries	1	12.50%
Food distributors/groceries	1	12.50%

Emergency transportation	0	0.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	7	87.50%

Table 34c: Illinois AAA Emergency Relief Partners (n=5)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	3	60.00%
Food bank(s)/food pantries	2	40.00%
Food distributors/groceries	0	0.00%
Emergency transportation	0	0.00%
Emergency shelters	1	20.00%
Emergency medical providers	0	0.00%
None of the above	2	40.00%

Table 35c: Iowa AAA Emergency Relief Partners (n=2)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	0	0.00%
Food bank(s)/food pantries	1	50.00%
Food distributors/groceries	1	50.00%
Emergency transportation	0	0.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	1	50.00%

Table 36c: Mississippi AAA Emergency Relief Partners (n=2)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	1	50.00%
Food bank(s)/food pantries	1	50.00%
Food distributors/groceries	1	50.00%
Emergency transportation	1	50.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	1	50.00%

Table 37c: Maine AAA Emergency Relief Partners (n=1)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	0	0.00%
Food bank(s)/food pantries	0	0.00%
Food distributors/groceries	0	0.00%
Emergency transportation	0	0.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	1	100.00%

Table 38c: Montana AAA Emergency Relief Partners (n=1)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	0	0.00%
Food bank(s)/food pantries	0	0.00%
Food distributors/groceries	0	0.00%
Emergency transportation	0	0.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%

None of the above	1	100.00%

Table 39c: Nevada AAA Emergency Relief Partners (n=1)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	0	0.00%
Food bank(s)/food pantries	0	0.00%
Food distributors/groceries	0	0.00%
Emergency transportation	0	0.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	1	100.00%

Table 40c: Ohio AAA Emergency Relief Partners (n=1)

With which types of organizations does the AAA have written agreements for emergency relief? (check all that apply)	Frequency	%
Red Cross/emergency relief non-profits	0	0.00%
Food bank(s)/food pantries	0	0.00%
Food distributors/groceries	1	100.00%
Emergency transportation	0	0.00%
Emergency shelters	0	0.00%
Emergency medical providers	0	0.00%
None of the above	0	0.00%

Items Related to Congregate Nutrition Programs (CNPs)

When asked which items related to the congregate nutrition programs were included in the AAA's emergency plan, 69.74% of responses indicated they include plans to provide emergency meals for all clients, 59.21% had requirements for the congregate nutrition provider to contact all clients, 50% include plans both for service interruptions of more than 3 days and for emergency communications with other community organizations (emergency response and/or emergency

relief organizations), 32.89% included plans for emergency communications with the SUA. Only 9.21% of responses indicated they did not include any of the listed items in their AAA's emergency plan. Table 41c summarizes the overall results, see Tables 42c through 52c for individual state results. Kentucky was omitted due to no recorded responses.

Table 41c: AAA Emergency Plan CNP Related Items (n=76)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	53	69.74%
Plans for service interruptions of more than 3 days	38	50.00%
Requirements for the congregate nutrition provider to contact all clients	45	59.21%
Plans for emergency communications with the SUA	25	32.89%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	38	50.00%
None of the above	7	9.21%

Table 42c: Pennsylvania AAA Emergency Plan CNP Related Items (n=26)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	19	73.08%
Plans for service interruptions of more than 3 days	14	53.85%
Requirements for the congregate nutrition provider to contact all clients	11	42.31%
Plans for emergency communications with the SUA	6	23.08%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	13	50.00%
None of the above	3	11.54%

Table 43c: California AAA Emergency Plan CNP Related Items (n=19)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	12	63.16%
Plans for service interruptions of more than 3 days	10	52.63%
Requirements for the congregate nutrition provider to contact all clients	11	57.89%
Plans for emergency communications with the SUA	2	10.53%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	12	63.16%
None of the above	2	10.53%

Table 44c: Virginia AAA Emergency Plan CNP Related Items (n=9)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	7	77.78%
Plans for service interruptions of more than 3 days	4	44.44%
Requirements for the congregate nutrition provider to contact all clients	7	77.78%
Plans for emergency communications with the SUA	5	55.56%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	4	44.44%
None of the above	1	11.11%

Table 45c: North Carolina AAA Emergency Plan CNP Related Items (n=8)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	2	25.00%
Plans for service interruptions of more than 3 days	2	25.00%
Requirements for the congregate nutrition provider to contact all clients	5	62.50%
Plans for emergency communications with the SUA	6	75.00%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	1	12.50%
None of the above	1	12.50%

Table 46c: Illinois AAA Emergency Plan CNP Related Items (n=6)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	6	100.00 %
Plans for service interruptions of more than 3 days	5	83.33%
Requirements for the congregate nutrition provider to contact all clients	5	83.33%
Plans for emergency communications with the SUA	2	33.33%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	3	50.00%
None of the above	0	0.00%

Table 47c: Iowa AAA Emergency Plan CNP Related Items (n=2)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	2	100.00 %
Plans for service interruptions of more than 3 days	1	50.00%
Requirements for the congregate nutrition provider to contact all clients	2	100.00 %
Plans for emergency communications with the SUA	1	50.00%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	2	100.00 %
None of the above	0	0.00%

Table 48c: Mississippi AAA Emergency Plan CNP Related Items (n=2)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	1	50.00%
Plans for service interruptions of more than 3 days	1	50.00%
Requirements for the congregate nutrition provider to contact all clients	2	100.00 %
Plans for emergency communications with the SUA	1	50.00%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	1	50.00%
None of the above	0	0.00%

Table 49c: Maine AAA Emergency Plan CNP Related Items (n=1)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	1	100.00 %
Plans for service interruptions of more than 3 days	0	0.00%
Requirements for the congregate nutrition provider to contact all clients	0	0.00%
Plans for emergency communications with the SUA	1	100.00 %
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	0	0.00%
None of the above	0	0.00%

Table 50c: Montana AAA Emergency Plan CNP Related Items (n=1)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	1	100.00 %
Plans for service interruptions of more than 3 days	0	0.00%
Requirements for the congregate nutrition provider to contact all clients	0	0.00%
Plans for emergency communications with the SUA	0	0.00%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	0	0.00%
None of the above	0	0.00%

Table 51c: Nevada AAA Emergency Plan CNP Related Items (n=1)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	1	100.00 %
Plans for service interruptions of more than 3 days	0	0.00%
Requirements for the congregate nutrition provider to contact all clients	1	100.00 %
Plans for emergency communications with the SUA	0	0.00%
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	1	100.00 %
None of the above	0	0.00%

Table 52c: Ohio AAA Emergency Plan CNP Related Items (n=1)

Indicate which of these items related to the congregate nutrition programs are included in the AAA's emergency plan (check all that apply)	Frequency	%
Plans to provide emergency meals for all clients	1	100.00 %
Plans for service interruptions of more than 3 days	1	100.00 %
Requirements for the congregate nutrition provider to contact all clients	1	100.00 %
Plans for emergency communications with the SUA	1	100.00 %
Plans for emergency communications with other community organizations (emergency response and/or emergency relief organizations)	1	100.00 %
None of the above	0	0.00%

Training Topics Covered for the Staff of the Congregate Nutrition Programs

When asked which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs, the most reported topic was how the staff should respond to various emergencies (74.67%), followed by how the staff should prepare for various emergencies (65.33%) and how to contact all clients after an emergency (62.67%). The least reported topic was how to work with other community organizations after an emergency (37.33%), and 13.33% of responses reported they did not regularly cover any of the listed topics in their disaster preparedness training. Table 53c summarizes the overall results, see Tables 54c through 64c for individual state results. Kentucky was omitted due to no recorded responses.

Table 53c: AAA CNP Staff Training Topics (n=75)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	49	65.33%
How the staff should respond to various emergencies	56	74.67%
How the clients should prepare for various emergencies when at the meal site	37	49.33%
How the clients should respond to various emergencies when at the meal site	35	46.67%
How the staff should continue providing priority services after an emergency	45	60.00%
How to contact all clients after an emergency	47	62.67%
How to work with other community organizations after an emergency	28	37.33%
None of the above	10	13.33%

Table 54c: Pennsylvania AAA CNP Staff Training Topics (n=25)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	15	60.00%
How the staff should respond to various emergencies	18	72.00%
How the clients should prepare for various emergencies when at the meal site	14	56.00%
How the clients should respond to various emergencies when at the meal site	14	56.00%
How the staff should continue providing priority services after an emergency	15	60.00%
How to contact all clients after an emergency	18	72.00%
How to work with other community organizations after an emergency	8	32.00%
None of the above	2	8.00%

Table 55c: California AAA CNP Staff Training Topics (n=18)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	12	66.67%
How the staff should respond to various emergencies	13	72.22%
How the clients should prepare for various emergencies when at the meal site	8	44.44%
How the clients should respond to various emergencies when at the meal site	7	38.89%
How the staff should continue providing priority services after an emergency	13	72.22%
How to contact all clients after an emergency	11	61.11%

How to work with other community organizations after an emergency	10	55.56%
None of the above	1	5.56%

Table 56c: Virginia AAA CNP Staff Training Topics (n=10)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	7	70.00%
How the staff should respond to various emergencies	8	80.00%
How the clients should prepare for various emergencies when at the meal site	5	50.00%
How the clients should respond to various emergencies when at the meal site	4	40.00%
How the staff should continue providing priority services after an emergency	5	50.00%
How to contact all clients after an emergency	7	70.00%
How to work with other community organizations after an emergency	4	40.00%
None of the above	2	20.00%

Table 57c: North Carolina AAA CNP Staff Training Topics (n=8)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	7	87.50%
How the staff should respond to various emergencies	7	87.50%
How the clients should prepare for various emergencies when at the meal site	2	25.00%

How the clients should respond to various emergencies when at the meal site	2	25.00%
How the staff should continue providing priority services after an emergency	4	50.00%
How to contact all clients after an emergency	2	25.00%
How to work with other community organizations after an emergency	0	0.00%
None of the above	1	12.50%

Table 58c: Illinois AAA CNP Staff Training Topics (n=6)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	4	66.67%
How the staff should respond to various emergencies	5	83.33%
How the clients should prepare for various emergencies when at the meal site	5	83.33%
How the clients should respond to various emergencies when at the meal site	5	83.33%
How the staff should continue providing priority services after an emergency	3	50.00%
How to contact all clients after an emergency	5	83.33%
How to work with other community organizations after an emergency	3	50.00%
None of the above	1	16.67%

Table 59c: Iowa AAA CNP Staff Training Topics (n=2)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	1	50.00%
How the staff should respond to various emergencies	1	50.00%
How the clients should prepare for various emergencies when at the meal site	1	50.00%
How the clients should respond to various emergencies when at the meal site	1	50.00%
How the staff should continue providing priority services after an emergency	1	50.00%
How to contact all clients after an emergency	1	50.00%
How to work with other community organizations after an emergency	0	0.00%
None of the above	1	50.00%

Table 60c: Mississippi AAA CNP Staff Training Topics (n=2)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	2	100.00%
How the staff should respond to various emergencies	2	100.00%
How the clients should prepare for various emergencies when at the meal site	1	50.00%
How the clients should respond to various emergencies when at the meal site	1	50.00%
How the staff should continue providing priority services after an emergency	2	100.00%
How to contact all clients after an emergency	2	100.00%

How to work with other community organizations after an emergency	2	100.00%
None of the above	0	0.00%

Table 61c: Maine AAA CNP Staff Training Topics (n=1)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	0	0.00%
How the staff should respond to various emergencies	1	100.00%
How the clients should prepare for various emergencies when at the meal site	0	0.00%
How the clients should respond to various emergencies when at the meal site	0	0.00%
How the staff should continue providing priority services after an emergency	1	100.00%
How to contact all clients after an emergency	0	0.00%
How to work with other community organizations after an emergency	0	0.00%
None of the above	0	0.00%

Table 62c: Montana AAA CNP Staff Training Topics (n=1)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	0	0.00%
How the staff should respond to various emergencies	0	0.00%
How the clients should prepare for various emergencies when at the meal site	0	0.00%

How the clients should respond to various emergencies when at the meal site	0	0.00%
How the staff should continue providing priority services after an emergency	0	0.00%
How to contact all clients after an emergency	0	0.00%
How to work with other community organizations after an emergency	0	0.00%
None of the above	1	100.00%

Table 63c: Nevada AAA CNP Staff Training Topics (n=1)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	**Frequency**	**%**
How the staff should prepare for various emergencies	0	0.00%
How the staff should respond to various emergencies	0	0.00%
How the clients should prepare for various emergencies when at the meal site	0	0.00%
How the clients should respond to various emergencies when at the meal site	0	0.00%
How the staff should continue providing priority services after an emergency	0	0.00%
How to contact all clients after an emergency	0	0.00%
How to work with other community organizations after an emergency	0	0.00%
None of the above	1	100.00%

Table 64c: Ohio AAA CNP Staff Training Topics (n=1)

Which topics are regularly covered in disaster preparedness training for the staff of congregate nutrition programs? (check all that apply)	Frequency	%
How the staff should prepare for various emergencies	1	100.00%
How the staff should respond to various emergencies	1	100.00%
How the clients should prepare for various emergencies when at the meal site	1	100.00%
How the clients should respond to various emergencies when at the meal site	1	100.00%
How the staff should continue providing priority services after an emergency	1	100.00%
How to contact all clients after an emergency	1	100.00%
How to work with other community organizations after an emergency	1	100.00%
None of the above	0	0.00%

List of Priority Services

Three-quarters (75%) of responses from AAAs reported that their emergency plans contained a list of priority services that the AAA and its service providers would be expected to continue to provide during and after a disaster. When disaggregated by state, the responses differed from that of the overall response pattern. All responses from Virginia, Illinois, Iowa, Mississippi, Montana, and Ohio reported that their plan contained a list of priority services. Eighty percent of Pennsylvania responses, 73.68% from California, and only 12.5% from North Carolina reported having the list in their plans. None of the responses from Maine or Nevada reported having the list and Kentucky was omitted due to no recorded response.

Table 65c: AAA List of Priority Services

Does the emergency plan contain a list of priority services that the AAA and its service providers are expected to continue to provide during and after a disaster?	Yes		No	
	Frequency	%	Frequency	%
Overall (n=76)	**57**	**75.00%**	**19**	**25.00%**
Pennsylvania (n=25)	20	80.00%	5	20.00%
California (n=19)	14	73.68%	5	26.32%
Virginia (n=10)	10	100.00%	0	0.00%
North Carolina (n=8)	1	12.50%	7	87.50%
Illinois (n=6)	6	100.00%	0	0.00%
Iowa (n=2)	2	100.00%	0	0.00%
Mississippi (n=2)	2	100.00%	0	0.00%
Maine (n=1)	0	0.00%	1	100.00%
Montana (n=1)	1	100.00%	0	0.00%
Nevada (n=1)	0	0.00%	1	100.00%
Ohio (n=1)	1	100.00%	0	0.00%

High Priority Services

AAAs were then asked which services were included in the plan as high priority. Nearly all responses from AAAs (93.33%) reported that home-delivered meals were included in their emergency plan as a high-priority service. This was followed by in-home services for clients (75%), congregate meals (50%), and transportation for clients (43.33%). Less than one-quarter of responses reported remote/virtual services for clients (23.33%), services for clients at congregate meal sites (11.67%), activities for clients at congregate meal sites (3.33%), or meal vouchers for clients (1.67%). Table 66c summarizes the overall results, see Tables 67c through 75c for individual state results. Maine, Kentucky, and Nevada were omitted due to no recorded responses.

Table 66c: AAA High Priority Services (n=60)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	30	50.00%
Home-delivered meals	56	93.33%
Transportation for clients	26	43.33%
Meal vouchers for clients	1	1.67%
Activities for clients at congregate meal site(s)	2	3.33%
Services for clients at congregate meal site(s)	7	11.67%
In-home services for clients	45	75.00%
Remote/virtual services for clients	14	23.33%
None of the above	0	0.00%

Table 67c: Pennsylvania AAA High Priority Services (n=23)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	15	65.22%
Home-delivered meals	21	91.30%
Transportation for clients	10	43.48%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	1	4.35%
Services for clients at congregate meal site(s)	1	4.35%
In-home services for clients	21	91.30%
Remote/virtual services for clients	1	4.35%
None of the above	0	0.00%

Table 68c: California AAA High Priority Services (n=14)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	5	35.71%
Home-delivered meals	13	92.86%

Transportation for clients	4	28.57%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	3	21.43%
In-home services for clients	9	64.29%
Remote/virtual services for clients	4	28.57%
None of the above	0	0.00%

Table 69c: Virginia AAA High Priority Services (n=10)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	3	30.00%
Home-delivered meals	10	100.00%
Transportation for clients	6	60.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	1	10.00%
In-home services for clients	6	60.00%
Remote/virtual services for clients	2	20.00%
None of the above	0	0.00%

Table 70c: North Carolina AAA High Priority Services (n=1)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	1	100.00%
Home-delivered meals	1	100.00%
Transportation for clients	0	0.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	0	0.00%

In-home services for clients	1	100.00%
Remote/virtual services for clients	0	0.00%
None of the above	0	0.00%

Table 71c: Illinois AAA High Priority Services (n=6)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	2	33.33%
Home-delivered meals	6	100.00%
Transportation for clients	2	33.33%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	0	0.00%
In-home services for clients	4	66.67%
Remote/virtual services for clients	4	66.67%
None of the above	0	0.00%

Table 72c: Iowa AAA High Priority Services (n=2)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	1	50.00%
Home-delivered meals	2	100.00%
Transportation for clients	1	50.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	0	0.00%
In-home services for clients	1	50.00%
Remote/virtual services for clients	1	50.00%
None of the above	0	0.00%

Table 73c: Mississippi AAA High Priority Services (n=2)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	2	100.00%
Home-delivered meals	1	50.00%
Transportation for clients	1	50.00%
Meal vouchers for clients	1	50.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	1	50.00%
In-home services for clients	1	50.00%
Remote/virtual services for clients	0	0.00%
None of the above	0	0.00%

Table 74c: Montana AAA High Priority Services (n=1)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	0	0.00%
Home-delivered meals	1	100.00%
Transportation for clients	1	100.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	0	0.00%
Services for clients at congregate meal site(s)	0	0.00%
In-home services for clients	1	100.00%
Remote/virtual services for clients	1	100.00%
None of the above	0	0.00%

Table 75c: Ohio AAA High Priority Services (n=1)

Which services are included as high priority? (check all that apply)	Frequency	%
Congregate meals	1	100.00%
Home-delivered meals	1	100.00%

Transportation for clients	1	100.00%
Meal vouchers for clients	0	0.00%
Activities for clients at congregate meal site(s)	1	100.00%
Services for clients at congregate meal site(s)	1	100.00%
In-home services for clients	1	100.00%
Remote/virtual services for clients	1	100.00%
None of the above	0	0.00%

Emergency Response to the Pandemic

Use of Emergency Plan in Decision Making

When asked if they used their emergency plan to help decide what to do when the pandemic hit, 40.35% of responses from AAAs reported they did use their plan but only referred to the plan occasionally, and 28.07% reported they used their plan and relied on it to help make decisions. 21.5% of responses reported they did not use the plan and 10.53% reported they tried to use their plan, but it was not helpful. Table 76c summarizes the overall results, see Tables 77c through 85c for individual state results. Maine, Kentucky, and Nevada were omitted due to no recorded responses.

Table 76c: AAA Emergency Plan Use (n=57)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	16	28.07%
Yes, but we only referred to the plan occasionally	23	40.35%
We tried, but the plan was not helpful	6	10.53%
No, we did not use the plan	12	21.05%

Table 77c: Pennsylvania AAA Emergency Plan Use (n=20)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	5	25.00%
Yes, but we only referred to the plan occasionally	6	30.00%

We tried, but the plan was not helpful	2	10.00%
No, we did not use the plan	7	35.00%

Table 78c: California AAA Emergency Plan Use (n=14)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	6	42.86%
Yes, but we only referred to the plan occasionally	5	35.71%
We tried, but the plan was not helpful	2	14.29%
No, we did not use the plan	1	7.14%

Table 79c: Virginia AAA Emergency Plan Use (n=10)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	2	20.00%
Yes, but we only referred to the plan occasionally	4	40.00%
We tried, but the plan was not helpful	1	10.00%
No, we did not use the plan	3	30.00%

Table 80c: North Carolina AAA Emergency Plan Use (n=1)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	0	0.00%
Yes, but we only referred to the plan occasionally	0	0.00%
We tried, but the plan was not helpful	0	0.00%
No, we did not use the plan	1	100.00%

Table 81c: Illinois AAA Emergency Plan Use (n=6)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	2	33.33%
Yes, but we only referred to the plan occasionally	4	66.67%
We tried, but the plan was not helpful	0	0.00%
No, we did not use the plan	0	0.00%

Table 82c: Iowa AAA Emergency Plan Use (n=2)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	1	50.00%
Yes, but we only referred to the plan occasionally	1	50.00%
We tried, but the plan was not helpful	0	0.00%
No, we did not use the plan	0	0.00%

Table 83c: Mississippi AAA Emergency Plan Use (n=2)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	0	0.00%
Yes, but we only referred to the plan occasionally	2	100.00%
We tried, but the plan was not helpful	0	0.00%
No, we did not use the plan	0	0.00%

Table 84c: Montana AAA Emergency Plan Use (n=1)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	0	0.00%
Yes, but we only referred to the plan occasionally	0	0.00%
We tried, but the plan was not helpful	1	100.00%
No, we did not use the plan	0	0.00%

Table 85c: Ohio AAA Emergency Plan Use (n=1)

Did you use the AAA's emergency plan to help you decide what to do when the pandemic hit?	Frequency	%
Yes, we relied on the plan to help make decisions	0	0.00%
Yes, but we only referred to the plan occasionally	1	100.00%
We tried, but the plan was not helpful	0	0.00%
No, we did not use the plan	0	0.00%

Contacting High-Risk Clients Responsibility

When asked who was responsible for contacting nutrition program clients at high risk for food insecurity when the pandemic emergency was declared, more than half (54.39%) of responses from AAAs reported the Area Agency on Aging was responsible. Of the responses, 36.84% reported the meal provider(s) were responsible and 7.02% reported a different service provider was responsible. Only 1.75% reported they did not maintain a list of high-risk clients to be contacted. Table 86c summarizes the overall results, see Tables 87c through 95c for individual state results. Maine, Kentucky, and Nevada were omitted due to no recorded responses.

Table 86c: AAA Contacting High-Risk Clients Responsibility (n=57)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	4	7.02%
The Area Agency on Aging	31	54.39%
The meal provider(s)	21	36.84%
We do not maintain a list of high risk clients	1	1.75%

Table 87c: Pennsylvania AAA Contacting High-Risk Clients Responsibility (n=20)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	3	15.00%
The Area Agency on Aging	15	75.00%
The meal provider(s)	2	10.00%
We do not maintain a list of high risk clients	0	0.00%

Table 88c: California AAA Contacting High-Risk Clients Responsibility (n=14)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	0	0.00%
The Area Agency on Aging	3	21.43%
The meal provider(s)	10	71.43%
We do not maintain a list of high risk clients	1	7.14%

Table 89c: Virginia AAA Contacting High-Risk Clients Responsibility (n=10)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	0	0.00%
The Area Agency on Aging	10	100.00%
The meal provider(s)	0	0.00%
We do not maintain a list of high risk clients	0	0.00%

Table 90c: North Carolina AAA Contacting High-Risk Clients Responsibility (n=1)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	0	0.00%
The Area Agency on Aging	0	0.00%
The meal provider(s)	1	100.00%
We do not maintain a list of high risk clients	0	0.00%

Table 91c: Illinois AAA Contacting High-Risk Clients Responsibility (n=6)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	1	16.67%
The Area Agency on Aging	0	0.00%
The meal provider(s)	5	83.33%
We do not maintain a list of high risk clients	0	0.00%

Table 92c: Iowa AAA Contacting High-Risk Clients Responsibility (n=2)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	0	0.00%
The Area Agency on Aging	1	50.00%
The meal provider(s)	1	50.00%
We do not maintain a list of high risk clients	0	0.00%

Table 93c: Mississippi AAA Contacting High-Risk Clients Responsibility (n=2)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	0	0.00%
The Area Agency on Aging	1	50.00%
The meal provider(s)	1	50.00%
We do not maintain a list of high risk clients	0	0.00%

Table 94c: Montana AAA Contacting High-Risk Clients Responsibility (n=1)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	0	0.00%
The Area Agency on Aging	0	0.00%
The meal provider(s)	1	100.00%
We do not maintain a list of high risk clients	0	0.00%

Table 95c: Ohio AAA Contacting High-Risk Clients Responsibility (n=1)

When the pandemic emergency was declared, who was responsible for contacting nutrition program clients at high risk for food insecurity?	Frequency	%
A different service provider	0	0.00%
The Area Agency on Aging	1	100.00%
The meal provider(s)	0	0.00%
We do not maintain a list of high risk clients	0	0.00%

Time to Contact High-Risk Clients

Overall, 44.59% of AAAs contacted all nutrition program clients at high risk for food insecurity in less than two days after the pandemic emergency was declared, 31.08% contacted high-risk clients two to four days later, 14.86% contacted high-risk clients four days to one week later, and

9.46% contacted high-risk clients more than one week after the pandemic emergency was declared. Table 96c summarizes the overall results, see Tables 97c through 107c for individual state results. Kentucky was omitted due to no recorded response.

Table 96c: AAA Time to Contact High-Risk Clients (n=74)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	33	44.59%
2 to 4 days	23	31.08%
4 days to one week	11	14.86%
More than one week	7	9.46%

Table 97c: Pennsylvania AAA Time to Contact High-Risk Clients (n=25)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	11	44.00%
2 to 4 days	8	32.00%
4 days to one week	4	16.00%
More than one week	2	8.00%

Table 98c: California AAA Time to Contact High-Risk Clients (n=18)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	9	50.00%
2 to 4 days	3	16.67%
4 days to one week	2	11.11%
More than one week	4	22.22%

Table 99c: Virginia AAA Time to Contact High-Risk Clients (n=10)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	5	50.00%
2 to 4 days	3	30.00%
4 days to one week	1	10.00%
More than one week	1	10.00%

Table 100c: North Carolina AAA Time to Contact High-Risk Clients (n=7)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	3	42.86%
2 to 4 days	3	42.86%
4 days to one week	1	14.29%
More than one week	0	0.00%

Table 101c: Illinois AAA Time to Contact High-Risk Clients (n=6)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	1	16.67%
2 to 4 days	2	33.33%
4 days to one week	3	50.00%
More than one week	0	0.00%

Table 102c: Iowa AAA Time to Contact High-Risk Clients (n=2)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	1	50.00%
2 to 4 days	1	50.00%
4 days to one week	0	0.00%
More than one week	0	0.00%

Table 103c: Mississippi AAA Time to Contact High-Risk Clients (n=2)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	1	50.00%
2 to 4 days	1	50.00%
4 days to one week	0	0.00%
More than one week	0	0.00%

Table 104c: Maine AAA Time to Contact High-Risk Clients (n=1)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	0	0.00%
2 to 4 days	1	100.00%
4 days to one week	0	0.00%
More than one week	0	0.00%

Table 105c: Montana AAA Time to Contact High-Risk Clients (n=1)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	1	100.00%
2 to 4 days	0	0.00%
4 days to one week	0	0.00%
More than one week	0	0.00%

Table 106c: Nevada AAA Time to Contact High-Risk Clients (n=1)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	1	100.00%
2 to 4 days	0	0.00%
4 days to one week	0	0.00%
More than one week	0	0.00%

Table 107c: Ohio AAA Time to Contact High-Risk Clients (n=1)

How long did it take to contact all of the nutrition program clients at high risk for food insecurity after the pandemic emergency was declared?	Frequency	%
Less than 2 days	0	0.00%
2 to 4 days	1	100.00%
4 days to one week	0	0.00%
More than one week	0	0.00%

Supply Chain Interruption

Overall, the majority (81.82%) of AAAs reported there was no interruption in the supply chain for meals of their nutrition programs (that is, their nutrition programs did not have difficulty getting food deliveries). When disaggregated by state, 100% of AAAs in Illinois, Mississippi,

Maine, Montana, Nevada, and Ohio reported there was no interruption, 90% in Virginia, 81.48% in Pennsylvania, 73.68% in California, and 50% in Iowa. Kentucky was omitted due to no recorded response.

Table 108c: AAA Supply Chain Interruption

Was there an interruption in the supply chain for meals of your nutrition programs (that is, did the nutrition programs have difficulty getting food deliveries)?	Yes		No	
	Frequency	%	Frequency	%
Overall (n=77)	**14**	**18.18%**	**63**	**81.82%**
Pennsylvania (n=27)	5	18.52%	22	81.48%
California (n=19)	5	26.32%	14	73.68%
Virginia (n=10)	1	10.00%	9	90.00%
North Carolina (n=7)	2	28.57%	5	71.43%
Illinois (n=6)	0	0.00%	6	100.00%
Iowa (n=2)	1	50.00%	1	50.00%
Mississippi (n=2)	0	0.00%	2	100.00%
Maine (n=1)	0	0.00%	1	100.00%
Montana (n=1)	0	0.00%	1	100.00%
Nevada (n=1)	0	0.00%	1	100.00%
Ohio (n=1)	0	0.00%	1	100.00%

Time Period of Supply Chain Interruption

Of the AAAs that reported an interruption in the supply chain for meals of their nutrition programs, 42.86% reported the interruption lasted less than one week, 28.57% reported it lasted one week to less than one month, 21.43% reported it lasted two months or more, and 7.14% reported the interruption lasted one month to less than two months. Table 109c summarizes the overall results, see Tables 110c through 114c for individual state results. Illinois, Mississippi, Maine, Montana, Nevada, and Ohio did not report an interruption in the supply chain. Kentucky was omitted due to no recorded response.

Table 109c: AAA Time Period of Supply Chain Interruption (n=14)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	6	42.86%
1 week to less than 1 month	4	28.57%
1 month to less than 2 months	1	7.14%
2 months or more	3	21.43%

Table 110c: Pennsylvania AAA Time Period of Supply Chain Interruption (n=5)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	1	20.00%
1 week to less than 1 month	3	60.00%
1 month to less than 2 months	1	20.00%
2 months or more	0	0.00%

Table 111c: California AAA Time Period of Supply Chain Interruption (n=5)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	3	60.00%
1 week to less than 1 month	0	0.00%
1 month to less than 2 months	0	0.00%
2 months or more	2	40.00%

Table 112c: Virginia AAA Time Period of Supply Chain Interruption (n=1)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	1	100.00%
1 week to less than 1 month	0	0.00%
1 month to less than 2 months	0	0.00%
2 months or more	0	0.00%

Table 1113c: North Carolina AAA Time Period of Supply Chain Interruption (n=2)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	1	50.00%

1 week to less than 1 month	1	50.00%
1 month to less than 2 months	0	0.00%
2 months or more	0	0.00%

Table 114c: Iowa AAA Time Period of Supply Chain Interruption (n=1)

How long did the supply chain interruption last?	Frequency	%
Less than 1 week	0	0.00%
1 week to less than 1 month	0	0.00%
1 month to less than 2 months	0	0.00%
2 months or more	1	100.00%

Response to Supply Chain Interruption

Of the AAAs that reported an interruption in the supply chain for meals of their nutrition programs, the majority (78.57%) of AAAs reported they changed what they offered based on what they could get when asked how the nutrition programs responded. This was followed closely by 64.29% finding new sources so that they could offer what they wanted. Only 35.71% stopped serving meals at the congregate site and 14.29% cut back on what they offered. Table 115c summarizes the overall results, see Tables 116c through 120c for individual state results. Illinois, Mississippi, Maine, Montana, Nevada, and Ohio did not report an interruption in the supply chain. Kentucky was omitted due to no recorded response.

Table 115c: AAA Response to Supply Chain Interruption (n=14)

How did the nutrition programs respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what they offered based on what they could get	11	78.57%
Cut back on what they offered	2	14.29%
Found new sources so that they could offer what they wanted	9	64.29%
Stopped serving meals at the congregate site	5	35.71%
None of the above	0	0.00%

Table 116c: Pennsylvania AAA Response to Supply Chain Interruption (n=5)

How did the nutrition programs respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what they offered based on what they could get	4	80.00%
Cut back on what they offered	1	20.00%
Found new sources so that they could offer what they wanted	3	60.00%
Stopped serving meals at the congregate site	2	40.00%
None of the above	0	0.00%

Table 117c: California AAA Response to Supply Chain Interruption (n=5)

How did the nutrition programs respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what they offered based on what they could get	3	60.00%
Cut back on what they offered	0	0.00%
Found new sources so that they could offer what they wanted	2	40.00%
Stopped serving meals at the congregate site	0	0.00%
None of the above	0	0.00%

Table 118c: Virginia AAA Response to Supply Chain Interruption (n=1)

How did the nutrition programs respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what they offered based on what they could get	1	100.00%
Cut back on what they offered	0	0.00%
Found new sources so that they could offer what they wanted	1	100.00%
Stopped serving meals at the congregate site	1	100.00%
None of the above	0	0.00%

Table 119c: North Carolina AAA Response to Supply Chain Interruption (n=2)

How did the nutrition programs respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what they offered based on what they could get	2	100.00%

Cut back on what they offered	0	0.00%
Found new sources so that they could offer what they wanted	2	100.00%
Stopped serving meals at the congregate site	2	100.00%
None of the above	0	0.00%

Table 120c: Iowa AAA Response to Supply Chain Interruption (n=1)

How did the nutrition programs respond to the supply chain interruption? (check all that apply)	Frequency	%
Changed what they offered based on what they could get	1	100.00%
Cut back on what they offered	1	100.00%
Found new sources so that they could offer what they wanted	1	100.00%
Stopped serving meals at the congregate site	0	0.00%
None of the above	0	0.00%

What Worked and What Did Not Work

Aspects of AAA Response that Went Well

AAAs were asked to rate how well certain aspects of their response to the pandemic went on a five-point scale (1=Unacceptable, 2=Poor, 3=Fair, 4=Good, and 5=Excellent). Communications with the service providers received the highest average rating (4.63), which falls between good (5) and excellent (4). Also receiving an average score between good (5) and excellent (4) are the following: implementing alternative meal options for existing clients (4.53), communications with individual clients (4.47), getting food to seniors who are not existing clients (4.38), and communications with state agencies (4.32). Implementing new in-home services received the lowest rating (3.70), which falls between good (4) and fair (3).

Table 121c summarizes the overall results. See table 122c through table 132c for individual state results. Kentucky was omitted due to no recorded response.

Table 121c: AAA Response Aspects Rating

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=75)	49	24	2	0	0	**4.63**
Communications with individual clients (n=70)	37	29	4	0	0	**4.47**
Communications with state agencies (n=74)	34	32	7	0	1	**4.32**
Implementing alternative meal options for existing clients (n=73)	39	34	0	0	0	**4.53**
Getting food to seniors who were not existing clients (n=69)	35	26	7	1	0	**4.38**
Implementing remote programs to replace in-person programs (n=70)	22	26	19	3	0	**3.96**
Implementing new remote programs (n=66)	18	24	19	4	1	**3.82**
Implementing new procedures for in-home services (n=57)	18	26	9	4	0	**4.02**

Implementing new in-home services (n=46)	8	21	12	5	0	**3.70**

Table 122c: Pennsylvania AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=26)	17	8	1	0	0	**4.62**
Communications with individual clients (n=26)	17	8	1	0	0	**4.62**
Communications with state agencies (n=26)	11	12	3	0	0	**4.31**
Implementing alternative meal options for existing clients (n=25)	12	13	0	0	0	**4.48**
Getting food to seniors who were not existing clients (n=25)	11	10	3	1	0	**4.24**
Implementing remote programs to replace in-person programs (n=24)	5	11	8	0	0	**3.88**
Implementing new remote programs (n=21)	4	8	8	1	0	**3.71**

Implementing new procedures for in-home services (n=20)	7	6	4	3	0	**3.85**
Implementing new in-home services (n=17)	2	7	4	4	0	**3.41**

Table 123c: California AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=18)	12	6	0	0	0	**4.67**
Communications with individual clients (n=17)	4	12	1	0	0	**4.18**
Communications with state agencies (n=18)	5	11	1	0	1	**4.06**
Implementing alternative meal options for existing clients (n=19)	12	7	0	0	0	**4.63**
Getting food to seniors who were not existing clients (n=17)	10	5	2	0	0	**4.47**
Implementing remote programs to replace in-person programs (n=18)	8	5	4	1	0	**4.11**

Implementing new remote programs (n=17)	6	5	5	0	1	**3.88**
Implementing new procedures for in-home services (n=15)	3	7	4	1	0	**3.80**
Implementing new in-home services (n=11)	1	3	6	1	0	**3.36**

Table 124c: Virginia AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=10)	8	2	0	0	0	**4.80**
Communications with individual clients (n=10)	9	1	0	0	0	**4.90**
Communications with state agencies (n=10)	8	2	0	0	0	**4.80**
Implementing alternative meal options for existing clients (n=10)	5	5	0	0	0	**4.50**
Getting food to seniors who were not existing clients (n=10)	7	3	0	0	0	**4.70**

Implementing remote programs to replace in-person programs (n=10)	4	3	3	0	0	**4.10**
Implementing new remote programs (n=9)	3	2	3	1	0	**3.78**
Implementing new procedures for in-home services (n=10)	6	4	0	0	0	**4.60**
Implementing new in-home services (n=9)	3	5	1	0	0	**4.22**

Table 125c: North Carolina AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=7)	2	5	0	0	0	**4.29**
Communications with individual clients (n=4)	2	1	1	0	0	**4.25**
Communications with state agencies (n=7)	2	4	1	0	0	**4.14**
Implementing alternative meal options for existing clients (n=5)	2	3	0	0	0	**4.40**

Getting food to seniors who were not existing clients (n=4)	0	3	1	0	0	**3.75**
Implementing remote programs to replace in-person programs (n=5)	0	4	0	1	0	**3.60**
Implementing new remote programs (n=6)	0	5	0	1	0	**3.67**
Implementing new procedures for in-home services (n=4)	0	3	1	0	0	**3.75**
Implementing new in-home services (n=4)	0	3	1	0	0	**3.75**

Table 126c: Illinois AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=6)	5	1	0	0	0	**4.83**
Communications with individual clients (n=5)	1	3	1	0	0	**4.00**
Communications with state agencies (n=6)	4	2	0	0	0	**4.67**
Implementing alternative meal	3	3	0	0	0	**4.50**

options for existing clients (n=6)						
Getting food to seniors who were not existing clients (n=6)	3	2	1	0	0	**4.33**
Implementing remote programs to replace in-person programs (n=6)	4	0	1	1	0	**4.17**
Implementing new remote programs (n=6)	4	0	1	1	0	**4.17**
Implementing new procedures for in-home services (n=2)	0	2	0	0	0	**4.00**
Implementing new in-home services (n=1)	0	1	0	0	0	**4.00**

Table 127c: Iowa AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=2)	2	0	0	0	0	**5.00**
Communications with individual clients (n=2)	0	2	0	0	0	**4.00**
Communications with state agencies (n=2)	1	0	1	0	0	**4.00**

Implementing alternative meal options for existing clients (n=2)	1	1	0	0	0	**4.50**
Getting food to seniors who were not existing clients (n=2)	2	0	0	0	0	**5.00**
Implementing remote programs to replace in-person programs (n=2)	0	1	1	0	0	**3.50**
Implementing new remote programs (n=2)	0	2	0	0	0	**4.00**
Implementing new procedures for in-home services (n=1)	0	1	0	0	0	**4.00**
Implementing new in-home services (n=0)	0	0	0	0	0	**N/A**

Table 128c: Mississippi AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=2)	2	0	0	0	0	**5.00**
Communications with individual clients (n=2)	2	0	0	0	0	**5.00**

Communications with state agencies (n=1)	1	0	0	0	0	**5.00**
Implementing alternative meal options for existing clients (n=2)	2	0	0	0	0	**5.00**
Getting food to seniors who were not existing clients (n=1)	1	0	0	0	0	**5.00**
Implementing remote programs to replace in-person programs (n=1)	0	0	1	0	0	**3.00**
Implementing new remote programs (n=1)	0	0	1	0	0	**3.00**
Implementing new procedures for in-home services (n=1)	1	0	0	0	0	**5.00**
Implementing new in-home services (n=1)	1	0	0	0	0	**5.00**

Table 129c: Maine AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=1)	0	1	0	0	0	**4.00**
Communications with individual clients (n=1)	1	0	0	0	0	**5.00**
Communications with state agencies (n=1)	1	0	0	0	0	**5.00**
Implementing alternative meal options for existing clients (n=1)	0	1	0	0	0	**4.00**
Getting food to seniors who were not existing clients (n=1)	0	1	0	0	0	**4.00**
Implementing remote programs to replace in-person programs (n=1)	0	1	0	0	0	**4.00**
Implementing new remote programs (n=1)	0	1	0	0	0	**4.00**
Implementing new procedures for in-home services (n=1)	0	1	0	0	0	**4.00**

Implementing new in-home services (n=1)	0	1	0	0	0	**4.00**

Table 130c: Montana AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=1)	0	1	0	0	0	**4.00**
Communications with individual clients (n=1)	0	1	0	0	0	**4.00**
Communications with state agencies (n=1)	0	0	1	0	0	**3.00**
Implementing alternative meal options for existing clients (n=1)	0	1	0	0	0	**4.00**
Getting food to seniors who were not existing clients (n=1)	0	1	0	0	0	**4.00**
Implementing remote programs to replace in-person programs (n=1)	0	1	0	0	0	**4.00**
Implementing new remote programs (n=1)	0	1	0	0	0	**4.00**

Implementing new procedures for in-home services (n=1)	0	1	0	0	0	**4.00**
Implementing new in-home services (n=0)	0	0	0	0	0	**N/A**

Table 131c: Nevada AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=1)	0	0	1	0	0	**3.00**
Communications with individual clients (n=1)	0	1	0	0	0	**4.00**
Communications with state agencies (n=1)	0	1	0	0	0	**4.00**
Implementing alternative meal options for existing clients (n=1)	1	0	0	0	0	**5.00**
Getting food to seniors who were not existing clients (n=1)	0	1	0	0	0	**4.00**
Implementing remote programs to replace in-person programs (n=1)	0	0	1	0	0	**3.00**

Implementing new remote programs (n=1)	0	0	1	0	0	**3.00**
Implementing new procedures for in-home services (n=1)	0	1	0	0	0	**4.00**
Implementing new in-home services (n=1)	0	1	0	0	0	**4.00**

Table 132c: Ohio AAA Response Aspects that Went Well

Indicate how well each of these following aspects of your AAA's response to the pandemic went.						
	Excellent (5)	**Good (4)**	**Fair (3)**	**Poor (2)**	**Unacceptable (1)**	**Average**
Communications with the service providers (n=1)	1	0	0	0	0	**5.00**
Communications with individual clients (n=1)	1	0	0	0	0	**5.00**
Communications with state agencies (n=1)	1	0	0	0	0	**5.00**
Implementing alternative meal options for existing clients (n=1)	1	0	0	0	0	**5.00**
Getting food to seniors who were not existing clients (n=1)	1	0	0	0	0	**5.00**
Implementing remote programs to replace	1	0	0	0	0	**5.00**

in-person programs (n=1)						
Implementing new remote programs (n=1)	1	0	0	0	0	**5.00**
Implementing new procedures for in-home services (n=1)	1	0	0	0	0	**5.00**
Implementing new in-home services (n=1)	1	0	0	0	0	**5.00**

Most Difficult Aspects for Rural Congregate Programs

When asked which aspects of the pandemic response were most difficult for the rural congregate programs, implementing remote programs to replace in-person programs was the most reported aspect (41.67%). This was followed by getting food to seniors who were not existing clients (40.28%), implementing new remote programs (33.33%), and implementing COVID protocols at congregate sites (31.94%). Communications with vendors and communications with state agencies were the least reported aspect at 2.78% each. Table 133c summarizes the overall results, see table 134c through table 144c for individual state results. Kentucky was omitted due to no recorded response.

Table 133c: AAA Difficult Aspects for Rural Congregate Programs (n=72)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	Frequency	%
Communications with their clients	13	18.06%
Communications with their vendors	2	2.78%
Communications with state agencies	2	2.78%
Implementing alternative meal options for existing clients	11	15.28%
Getting food to seniors who were not existing clients	29	40.28%
Implementing COVID protocols at congregate sites	23	31.94%

Implementing remote programs to replace in-person programs	30	41.67%
Implementing new remote programs	24	33.33%
Implementing new procedures for in-home services	9	12.50%
Implementing new in-home services	12	16.67%
None of the above	15	20.83%

Table 134c: Pennsylvania AAA Difficult Aspects for Rural Congregate Programs (n=25)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	**Frequency**	**%**
Communications with their clients	3	12.00%
Communications with their vendors	0	0.00%
Communications with state agencies	1	4.00%
Implementing alternative meal options for existing clients	3	12.00%
Getting food to seniors who were not existing clients	8	32.00%
Implementing COVID protocols at congregate sites	12	48.00%
Implementing remote programs to replace in-person programs	8	32.00%
Implementing new remote programs	9	36.00%
Implementing new procedures for in-home services	1	4.00%
Implementing new in-home services	4	16.00%
None of the above	6	24.00%

Table 135c: California AAA Difficult Aspects for Rural Congregate Programs (n=18)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	**Frequency**	**%**
Communications with their clients	3	16.67%
Communications with their vendors	1	5.56%
Communications with state agencies	1	5.56%
Implementing alternative meal options for existing clients	2	11.11%

Getting food to seniors who were not existing clients	6	33.33%
Implementing COVID protocols at congregate sites	2	11.11%
Implementing remote programs to replace in-person programs	6	33.33%
Implementing new remote programs	4	22.22%
Implementing new procedures for in-home services	3	16.67%
Implementing new in-home services	4	22.22%
None of the above	5	27.78%

Table 136c: Virginia AAA Difficult Aspects for Rural Congregate Programs (n=9)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	**Frequency**	**%**
Communications with their clients	1	11.11%
Communications with their vendors	1	11.11%
Communications with state agencies	0	0.00%
Implementing alternative meal options for existing clients	3	33.33%
Getting food to seniors who were not existing clients	4	44.44%
Implementing COVID protocols at congregate sites	2	22.22%
Implementing remote programs to replace in-person programs	3	33.33%
Implementing new remote programs	1	11.11%
Implementing new procedures for in-home services	0	0.00%
Implementing new in-home services	1	11.11%
None of the above	1	11.11%

Table 137c: North Carolina AAA Difficult Aspects for Rural Congregate Programs (n=7)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	**Frequency**	**%**
Communications with their clients	2	28.57%
Communications with their vendors	0	0.00%
Communications with state agencies	0	0.00%

Implementing alternative meal options for existing clients	0	0.00%
Getting food to seniors who were not existing clients	4	57.14%
Implementing COVID protocols at congregate sites	3	42.86%
Implementing remote programs to replace in-person programs	5	71.43%
Implementing new remote programs	6	85.71%
Implementing new procedures for in-home services	2	28.57%
Implementing new in-home services	2	28.57%
None of the above	0	0.00%

Table 138c: Illinois AAA Difficult Aspects for Rural Congregate Programs (n=5)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	**Frequency**	**%**
Communications with their clients	2	40.00%
Communications with their vendors	0	0.00%
Communications with state agencies	0	0.00%
Implementing alternative meal options for existing clients	1	20.00%
Getting food to seniors who were not existing clients	3	60.00%
Implementing COVID protocols at congregate sites	1	20.00%
Implementing remote programs to replace in-person programs	3	60.00%
Implementing new remote programs	1	20.00%
Implementing new procedures for in-home services	0	0.00%
Implementing new in-home services	0	0.00%
None of the above	1	20.00%

Table 139c: Iowa AAA Difficult Aspects for Rural Congregate Programs (n=2)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	**Frequency**	**%**
Communications with their clients	0	0.00%
Communications with their vendors	0	0.00%

Communications with state agencies	0	0.00%
Implementing alternative meal options for existing clients	1	50.00%
Getting food to seniors who were not existing clients	0	0.00%
Implementing COVID protocols at congregate sites	1	50.00%
Implementing remote programs to replace in-person programs	2	100.00%
Implementing new remote programs	1	50.00%
Implementing new procedures for in-home services	0	0.00%
Implementing new in-home services	0	0.00%
None of the above	0	0.00%

Table 140c: Mississippi AAA Difficult Aspects for Rural Congregate Programs (n=2)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	**Frequency**	**%**
Communications with their clients	1	50.00%
Communications with their vendors	0	0.00%
Communications with state agencies	0	0.00%
Implementing alternative meal options for existing clients	0	0.00%
Getting food to seniors who were not existing clients	1	50.00%
Implementing COVID protocols at congregate sites	1	50.00%
Implementing remote programs to replace in-person programs	1	50.00%
Implementing new remote programs	1	50.00%
Implementing new procedures for in-home services	1	50.00%
Implementing new in-home services	1	50.00%
None of the above	1	50.00%

Table 141c: Maine AAA Difficult Aspects for Rural Congregate Programs (n=1)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	**Frequency**	**%**
Communications with their clients	0	0.00%

Communications with their vendors	0	0.00%
Communications with state agencies	0	0.00%
Implementing alternative meal options for existing clients	0	0.00%
Getting food to seniors who were not existing clients	1	100.00%
Implementing COVID protocols at congregate sites	0	0.00%
Implementing remote programs to replace in-person programs	0	0.00%
Implementing new remote programs	0	0.00%
Implementing new procedures for in-home services	1	100.00%
Implementing new in-home services	0	0.00%
None of the above	0	0.00%

Table 142c: Montana AAA Difficult Aspects for Rural Congregate Programs (n=1)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	**Frequency**	**%**
Communications with their clients	1	100.00%
Communications with their vendors	0	0.00%
Communications with state agencies	0	0.00%
Implementing alternative meal options for existing clients	1	100.00%
Getting food to seniors who were not existing clients	1	100.00%
Implementing COVID protocols at congregate sites	1	100.00%
Implementing remote programs to replace in-person programs	1	100.00%
Implementing new remote programs	1	100.00%
Implementing new procedures for in-home services	1	100.00%
Implementing new in-home services	0	0.00%
None of the above	0	0.00%

Table 143c: Nevada AAA Difficult Aspects for Rural Congregate Programs (n=1)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	Frequency	%
Communications with their clients	0	0.00%
Communications with their vendors	0	0.00%
Communications with state agencies	0	0.00%
Implementing alternative meal options for existing clients	0	0.00%
Getting food to seniors who were not existing clients	1	100.00%
Implementing COVID protocols at congregate sites	0	0.00%
Implementing remote programs to replace in-person programs	1	100.00%
Implementing new remote programs	0	0.00%
Implementing new procedures for in-home services	0	0.00%
Implementing new in-home services	0	0.00%
None of the above	0	0.00%

Table 144c: Ohio AAA Difficult Aspects for Rural Congregate Programs (n=1)

Which of these aspects of the pandemic response were most difficult for the rural congregate programs? (check all that apply)	Frequency	%
Communications with their clients	0	0.00%
Communications with their vendors	0	0.00%
Communications with state agencies	0	0.00%
Implementing alternative meal options for existing clients	0	0.00%
Getting food to seniors who were not existing clients	0	0.00%
Implementing COVID protocols at congregate sites	0	0.00%
Implementing remote programs to replace in-person programs	0	0.00%
Implementing new remote programs	0	0.00%
Implementing new procedures for in-home services	0	0.00%
Implementing new in-home services	0	0.00%
None of the above	1	100.00%

Current Operations of the AAA's Congregate Nutrition Programs (CNPs)

AAAs were asked to choose a statement that best describes the operations of their CNPs in regards to the pandemic. Of the responses, 47.37% reported all CNPs are operating under State-imposed pandemic-related protocols, 22.37% reported there are no State-imposed pandemic-related restrictions, but some or all CNPs are operating under some other level of government-imposed pandemic-related protocols, 15.79% reported all CNPs are closed, and 14.47% reported all CNPs are operating as "normal" (no pandemic-related protocols). Table 145c summarizes the overall results, see table 146c through table 156c for individual state results. Kentucky was omitted due to no recorded response.

Table 145c: AAA Current Operations of Congregate Nutrition Programs (n=76)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	12	15.79%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	11	14.47%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	36	47.37%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	17	22.37%

Table 146c: Pennsylvania AAA Current Operations of Congregate Nutrition Programs (n=26)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	9	34.62%

All congregate nutrition programs are operating under State-imposed pandemic-related protocols	11	42.31%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	6	23.08%

Table 147c: California AAA Current Operations of Congregate Nutrition Programs (n=19)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	**Frequency**	**%**
All congregate nutrition programs are closed	6	31.58%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	12	63.16%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	1	5.26%

Table 148c: Virginia AAA Current Operations of Congregate Nutrition Programs (n=10)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	**Frequency**	**%**
All congregate nutrition programs are closed	3	30.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	1	10.00%

There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	6	60.00%

Table 149c: North Carolina AAA Current Operations of Congregate Nutrition Programs (n=7)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	**Frequency**	**%**
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	6	85.71%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	1	14.29%

Table 150c: Illinois AAA Current Operations of Congregate Nutrition Programs (n=6)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	**Frequency**	**%**
All congregate nutrition programs are closed	1	16.67%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	5	83.33%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating	0	0.00%

under some other level of government-imposed pandemic-related protocols		

Table 151c: Iowa AAA Current Operations of Congregate Nutrition Programs (n=2)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	1	50.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	0	0.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	1	50.00%

Table 152c: Mississippi AAA Current Operations of Congregate Nutrition Programs (n=2)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	1	50.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	0	0.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	1	50.00%

Table 153c: Maine AAA Current Operations of Congregate Nutrition Programs (n=1)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	1	100.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	0	0.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	0	0.00%

Table 154c: Montana AAA Current Operations of Congregate Nutrition Programs (n=1)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	0	0.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	1	100.00%

Table 155c: Nevada AAA Current Operations of Congregate Nutrition Programs (n=1)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	0	0.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	1	100.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	0	0.00%

Table 156c: Ohio AAA Current Operations of Congregate Nutrition Programs (n=1)

As of today, which statement best describes the operations of the AAA's congregate nutrition programs in regards to the pandemic?	Frequency	%
All congregate nutrition programs are closed	0	0.00%
All congregate nutrition programs are operating as "normal" (no pandemic-related restrictions)	1	100.00%
All congregate nutrition programs are operating under State-imposed pandemic-related protocols	0	0.00%
There are no State-imposed pandemic-related restrictions, but some or all congregate nutrition programs are operating under some other level of government-imposed pandemic-related protocols	0	0.00%

Going Forward with Closed Congregate Meal Sites

Closed Congregate Sites: Likelihood of Closing Permanently

Overall, only two (16.67%) AAAs reported that any currently closed congregate nutrition sites were likely to close permanently due to the pandemic, one in California and one in Maine. Table 157c summarizes the overall and individual state results. North Carolina, Iowa, Montana, Kentucky, Nevada, and Ohio were omitted due to no recorded responses.

Table 157c: AAA Likelihood of Permanently Closing any Congregate Sites

Are any congregate nutrition sites likely to close permanently due to the pandemic?	Yes		No	
	Frequency	%	Frequency	%
Overall (n=12)	**2**	**16.67%**	**10**	**83.33%**
Pennsylvania (n=1)	0	0.00%	1	100.00%
California (n=6)	1	16.67%	5	83.33%
Virginia (n=2)	0	0.00%	2	100.00%
Illinois (n=1)	0	0.00%	1	100.00%
Mississippi (n=1)	0	0.00%	1	100.00%
Maine (n=1)	1	100.00%	0	0.00%

Closed Congregate Sites: Likelihood of Closing Permanently by Setting Type

AAAs that reported any congregate nutrition sites likely to close permanently due to the pandemic were then asked to indicate the number of sites and type of setting. Of the total 18 meal sites reported to likely close, 38.89% of those sites were in a rural setting, 33.33% in an urban setting, and 27.78% in a suburban setting. Table 158c summarizes the overall results and individual state results. Only California and Maine reported any meal sites likely to permanently close.

Table 158c: AAA Closed Meal Sites Likely to Permanently Close

If yes, indicate the number of congregate meal sites likely to close in each type of setting.	Urban		Suburban		Rural	
	Frequency	%	Frequency	%	Frequency	%
Overall (n=18)	**6**	**33.33%**	**5**	**27.78%**	**7**	**38.89%**
California (n=15)	5	33.33%	5	33.33%	5	33.33%
Maine (n=3)	1	33.33%	0	0.00%	2	66.67%

Closed Congregate Sites: Expectations of Future Client Population

When asked if the number of clients was expected to increase, remain the same, or decrease when center-based services resume after the pandemic, an equal proportion (41.67%) of AAAs reported they expected the number of clients to either decrease or remain the same. Only 16.67% of AAAs reported they expected the number of clients to increase. Table 159c summarizes the overall results and individual state results. North Carolina, Iowa, Montana, Kentucky, Nevada, and Ohio were omitted due to no recorded responses.

Table 159c: AAA Expectations of Client Population

When center-based services resume after the pandemic, do you expect the number of clients to. . .	Increase		Remain the Same		Decrease	
	Frequency	%	Frequency	%	Frequency	%
Overall (n=12)	**2**	**16.67%**	**5**	**41.67%**	**5**	**41.67%**
Pennsylvania (n=1)	0	0.00%	1	100.00%	0	0.00%
California (n=6)	1	16.67%	1	16.67%	4	66.67%
Virginia (n=2)	0	0.00%	1	50.00%	1	50.00%
Illinois (n=1)	0	0.00%	1	100.00%	0	0.00%
Mississippi (n=1)	1	100.00%	0	0.00%	0	0.00%

Maine (n=1)	0	0.00%	1	100.00%	0	0.00%

Closed Congregate Sites: Pandemic Changes that are Likely to Remain

When asked which changes that were implemented during the pandemic are most likely to remain after the pandemic, serving more clients using home-delivered meals and serving clients that had not been served before were tied (66.67%) for most reported change. 58.33% reported they would continue serving more clients using grab-and-go meals and 50% reported they would continue providing more remote services. Table 160c summarizes the overall results, see tables 161c through 166c for individual state results. North Carolina, Iowa, Montana, Kentucky, Nevada, and Ohio were omitted due to no recorded responses.

Table 160c: AAA Closed Meal Sites Pandemic Changes to Remain (n=12)

Which changes that were implemented during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	8	66.67%
Serving more clients using grab-and-go meals	7	58.33%
Serving clients that had not been served before	8	66.67%
Providing more in-home services	3	25.00%
Providing more remote services	6	50.00%
Providing more social supports to clients	5	41.67%
None of the above	2	16.67%

Table 161c: Pennsylvania AAA Closed Meal Sites Pandemic Changes to Remain (n=1)

Which changes that were implemented during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	0	0.00%
Serving more clients using grab-and-go meals	1	100.00%
Serving clients that had not been served before	1	100.00%
Providing more in-home services	0	0.00%
Providing more remote services	0	0.00%
Providing more social supports to clients	1	100.00%

None of the above	0	0.00%

Table 162c: California AAA Closed Meal Sites Pandemic Changes to Remain (n=6)

Which changes that were implemented during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	5	83.33%
Serving more clients using grab-and-go meals	5	83.33%
Serving clients that had not been served before	3	50.00%
Providing more in-home services	2	33.33%
Providing more remote services	3	50.00%
Providing more social supports to clients	2	33.33%
None of the above	1	16.67%

Table 163c: Virginia AAA Closed Meal Sites Pandemic Changes to Remain (n=2)

Which changes that were implemented during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	2	100.00%
Serving more clients using grab-and-go meals	0	0.00%
Serving clients that had not been served before	2	100.00%
Providing more in-home services	1	50.00%
Providing more remote services	2	100.00%
Providing more social supports to clients	1	50.00%
None of the above	0	0.00%

Table 164c: Illinois AAA Closed Meal Sites Pandemic Changes to Remain (n=1)

Which changes that were implemented during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	1	100.00%
Serving more clients using grab-and-go meals	1	100.00%
Serving clients that had not been served before	1	100.00%
Providing more in-home services	0	0.00%

Providing more remote services	1	100.00%
Providing more social supports to clients	1	100.00%
None of the above	0	0.00%

Table 165c: Mississippi AAA Closed Meal Sites Pandemic Changes to Remain (n=1)

Which changes that were implemented during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	0	0.00%
Serving more clients using grab-and-go meals	0	0.00%
Serving clients that had not been served before	0	0.00%
Providing more in-home services	0	0.00%
Providing more remote services	0	0.00%
Providing more social supports to clients	0	0.00%
None of the above	1	100.00%

Table166c: Maine AAA Closed Meal Sites Pandemic Changes to Remain (n=1)

Which changes that were implemented during the pandemic are most likely to remain after the pandemic? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	0	0.00%
Serving more clients using grab-and-go meals	0	0.00%
Serving clients that had not been served before	1	100.00%
Providing more in-home services	0	0.00%
Providing more remote services	0	0.00%
Providing more social supports to clients	0	0.00%
None of the above	0	0.00%

Closed Congregate Sites: Change to Congregate Nutrition Programs (CNPs)

When asked how the CNPs would change as a result of the pandemic, 58.33% of AAAs reported it will be difficult to attract new clients, 41.67% reported they will permanently change the way they serve meals, and 33.33% reported they will have improved communications with emergency responders. None of the responding AAAs reported that it will be easier to attract new clients. Table 167c summarizes the overall results, see tables 168c through 173c for individual state results. North Carolina, Iowa, Montana, Kentucky, Nevada, and Ohio were omitted due to no recorded responses.

Table 167c: AAA Closed Meal Sites CNP Change (n=12)

How will the congregate nutrition programs change as a result of the pandemic? (check all that apply)	Frequency	%
It will be easier to attract new clients	0	0.00%
It will be more difficult to attract new clients	7	58.33%
They will permanently change the way they serve meals	5	41.67%
They will have new or better relationships with food banks/food pantries	2	16.67%
They will have better relationships with other community organizations	2	16.67%
They will have improved communications with emergency responders	4	33.33%
None of the above	1	8.33%

Table 168c: Pennsylvania AAA Closed Meal Sites CNP Change (n=1)

How will the congregate nutrition programs change as a result of the pandemic? (check all that apply)	Frequency	%
It will be easier to attract new clients	0	0.00%
It will be more difficult to attract new clients	1	100.00%
They will permanently change the way they serve meals	0	0.00%
They will have new or better relationships with food banks/food pantries	1	100.00%

They will have better relationships with other community organizations	0	0.00%
They will have improved communications with emergency responders	0	0.00%
None of the above	0	0.00%

Table 169c: California AAA Closed Meal Sites CNP Change (n=6)

How will the congregate nutrition programs change as a result of the pandemic? (check all that apply)	**Frequency**	**%**
It will be easier to attract new clients	0	0.00%
It will be more difficult to attract new clients	4	66.67%
They will permanently change the way they serve meals	2	33.33%
They will have new or better relationships with food banks/food pantries	1	16.67%
They will have better relationships with other community organizations	1	16.67%
They will have improved communications with emergency responders	2	33.33%
None of the above	0	0.00%

Table 170c: Virginia AAA Closed Meal Sites CNP Change (n=2)

How will the congregate nutrition programs change as a result of the pandemic? (check all that apply)	**Frequency**	**%**
It will be easier to attract new clients	0	0.00%
It will be more difficult to attract new clients	1	50.00%
They will permanently change the way they serve meals	2	100.00%
They will have new or better relationships with food banks/food pantries	0	0.00%
They will have better relationships with other community organizations	0	0.00%

They will have improved communications with emergency responders	0	0.00%
None of the above	0	0.00%

Table 171c: Illinois AAA Closed Meal Sites CNP Change (n=1)

How will the congregate nutrition programs change as a result of the pandemic? (check all that apply)	Frequency	%
It will be easier to attract new clients	0	0.00%
It will be more difficult to attract new clients	0	0.00%
They will permanently change the way they serve meals	1	100.00%
They will have new or better relationships with food banks/food pantries	0	0.00%
They will have better relationships with other community organizations	1	100.00%
They will have improved communications with emergency responders	1	100.00%
None of the above	0	0.00%

Table 172c: Mississippi AAA Closed Meal Sites CNP Change (n=1)

How will the congregate nutrition programs change as a result of the pandemic? (check all that apply)	Frequency	%
It will be easier to attract new clients	0	0.00%
It will be more difficult to attract new clients	0	0.00%
They will permanently change the way they serve meals	0	0.00%
They will have new or better relationships with food banks/food pantries	0	0.00%
They will have better relationships with other community organizations	0	0.00%
They will have improved communications with emergency responders	0	0.00%

None of the above	1	100.00%

Table 173c: Maine AAA Closed Meal Sites CNP Change (n=1)

How will the congregate nutrition programs change as a result of the pandemic? (check all that apply)	Frequency	%
It will be easier to attract new clients	0	0.00%
It will be more difficult to attract new clients	1	100.00%
They will permanently change the way they serve meals	0	0.00%
They will have new or better relationships with food banks/food pantries	0	0.00%
They will have better relationships with other community organizations	0	0.00%
They will have improved communications with emergency responders	1	100.00%
None of the above	0	0.00%

Going Forward with Reopened Congregate Sites

Reopened Congregate Sites: Pandemic-Related Protocols Still in Place

When asked which pandemic-related protocols remain in place at the reopened congregate nutrition programs, every respondent (100%) reported that masking and social distancing protocols at the congregate site were still in place, and nearly all (94.23%) reported that sanitation protocols also remain. Over half (59.62%) are still imposing capacity restrictions on congregate sites and exactly half (50%) still have protocols in place regarding types of meals that are being served. 57.69% report remaining protocols regarding types of on-site services being offered and 44.23% report protocols regarding types of remote services being offered. Table 174c summarizes the overall results, see Tables 175c through 183c for individual state results. Maine, Kentucky, and Ohio were omitted due to no recorded responses.

Table 174c: AAA Reopened Sites' Pandemic-Related Protocols (n=52)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	26	50.00%
Capacity restrictions on congregate sites	31	59.62%
Masking and social distancing protocols at the congregate site	52	100.00%
Sanitation protocols at the congregate site	49	94.23%
Types of on-site services being offered	30	57.69%
Types of remote services being offered	23	44.23%

Table 175c: Pennsylvania AAA Reopened Sites' Pandemic-Related Protocols (n=16)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	9	56.25%
Capacity restrictions on congregate sites	8	50.00%
Masking and social distancing protocols at the congregate site	16	100.00%
Sanitation protocols at the congregate site	16	100.00%
Types of on-site services being offered	10	62.50%
Types of remote services being offered	7	43.75%

Table 176c: California AAA Reopened Sites' Pandemic-Related Protocols (n=13)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	8	61.54%
Capacity restrictions on congregate sites	8	61.54%
Masking and social distancing protocols at the congregate site	13	100.00%
Sanitation protocols at the congregate site	12	92.31%
Types of on-site services being offered	9	69.23%
Types of remote services being offered	7	53.85%

Table 177c: Virginia AAA Reopened Sites' Pandemic-Related Protocols (n=7)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	2	28.57%
Capacity restrictions on congregate sites	3	42.86%
Masking and social distancing protocols at the congregate site	7	100.00%
Sanitation protocols at the congregate site	6	85.71%
Types of on-site services being offered	2	28.57%
Types of remote services being offered	2	28.57%

Table 178c: North Carolina AAA Reopened Sites' Pandemic-Related Protocols (n=7)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	4	57.14%
Capacity restrictions on congregate sites	5	71.43%
Masking and social distancing protocols at the congregate site	7	100.00%
Sanitation protocols at the congregate site	6	85.71%
Types of on-site services being offered	5	71.43%
Types of remote services being offered	5	71.43%

Table 179c: Illinois AAA Reopened Sites' Pandemic-Related Protocols (n=5)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	1	20.00%
Capacity restrictions on congregate sites	5	100.00%
Masking and social distancing protocols at the congregate site	5	100.00%
Sanitation protocols at the congregate site	5	100.00%
Types of on-site services being offered	2	40.00%
Types of remote services being offered	1	20.00%

Table 180c: Iowa AAA Reopened Sites' Pandemic-Related Protocols (n=1)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	1	100.00%
Capacity restrictions on congregate sites	0	0.00%
Masking and social distancing protocols at the congregate site	1	100.00%
Sanitation protocols at the congregate site	1	100.00%
Types of on-site services being offered	0	0.00%
Types of remote services being offered	0	0.00%

Table 181c: Mississippi AAA Reopened Sites' Pandemic-Related Protocols (n=1)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	1	100.00%
Capacity restrictions on congregate sites	1	100.00%
Masking and social distancing protocols at the congregate site	1	100.00%
Sanitation protocols at the congregate site	1	100.00%
Types of on-site services being offered	1	100.00%
Types of remote services being offered	1	100.00%

Table 182c: Montana AAA Reopened Sites' Pandemic-Related Protocols (n=1)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	0	0.00%
Capacity restrictions on congregate sites	1	100.00%
Masking and social distancing protocols at the congregate site	1	100.00%
Sanitation protocols at the congregate site	1	100.00%
Types of on-site services being offered	1	100.00%
Types of remote services being offered	0	0.00%

Table 183c: Nevada AAA Reopened Sites' Pandemic-Related Protocols (n=1)

Which pandemic-related protocols remain in place at the congregate nutrition programs? (check all that apply)	Frequency	%
Types of meals that are being served	0	0.00%
Capacity restrictions on congregate sites	0	0.00%
Masking and social distancing protocols at the congregate site	1	100.00%
Sanitation protocols at the congregate site	1	100.00%
Types of on-site services being offered	0	0.00%
Types of remote services being offered	0	0.00%

Reopened Congregate Sites: Likelihood of Closing Permanently

Only 14.29% of AAAs reported that any of their reopened congregate sites were likely to close permanently due to the pandemic, three each in Pennsylvania and California, two in Illinois, and one in Iowa. Table 184c summarizes the overall results. Maine and Kentucky were omitted due to no recorded responses.

Table 184c: AAA Reopened Being Permanently Closed

Are any congregate nutrition sites likely to close permanently due to the pandemic?	Yes		No	
	Frequency	%	Frequency	%
Overall (n=63)	**9**	**14.29%**	**54**	**85.71%**
Pennsylvania (n=25)	3	12.00%	22	88.00%
California (n=13)	3	23.08%	10	76.92%
Virginia (n=7)	0	0.00%	7	100.00%
North Carolina (n=7)	0	0.00%	7	100.00%
Illinois (n=5)	2	40.00%	3	60.00%
Iowa (n=2)	1	50.00%	1	50.00%
Mississippi (n=1)	0	0.00%	1	100.00%
Montana (n=1)	0	0.00%	1	100.00%
Nevada (n=1)	0	0.00%	1	100.00%
Ohio (n=1)	0	0.00%	1	100.00%

Reopened Congregate Sites: Likelihood of Closing Permanently by Setting Type

Of the 36 total reopened meal sites reported to likely close, 63.89% of those sites were in a rural setting, 27.78% in a suburban setting, and 8.33% in an urban setting. Table 185c summarizes the overall results and individual state results. North Carolina, Mississippi, Maine, Montana, Kentucky, Nevada, and Ohio were omitted due to no recorded responses.

Table 185c: Likelihood of Closing Permanently by Setting Type

If yes, indicate the number of congregate meal sites likely to close in each type of setting.	Urban		Suburban		Rural	
	Frequency	**%**	**Frequency**	**%**	**Frequency**	**%**
Overall (n=36)	**3**	**8.33%**	**10**	**27.78%**	**23**	**63.89%**
Pennsylvania (n=4)	0	0.00%	0	0.00%	4	100.00%
California (n=6)	2	33.33%	4	66.67%	0	0.00%
Virginia (n=8)	0	0.00%	0	0.00%	8	100.00%
Illinois (n=8)	1	12.50%	6	75.00%	1	12.50%
Iowa (n=10)	0	0.00%	0	0.00%	10	100.00%

Reopened Congregate Sites: Client Population Change

AAAs were asked if the number of clients increased, remained the same, or decreased when center-based services resumed after the pandemic. The majority (77.78%) of respondents reported that the number of clients decreased when center-based services resumed. 12.7% reported that the number of clients remained the same, and only 9.52% reported that the number of clients increased when center-based services resumed. Table 186c summarizes the overall results.

Table 186c: AAA Reopened Client Population Change

When center-based services resumed after the pandemic, did the number of clients. . .	Increase		Remain the Same		Decrease	
	Frequency	**%**	Frequency	**%**	**Frequency**	**%**
Overall (n=63)	**6**	**9.52%**	**8**	**12.70%**	**49**	**77.78%**
Pennsylvania (n=25)	2	8.00%	3	12.00%	20	80.00%
California (n=13)	1	7.69%	2	15.38%	10	76.92%
Virginia (n=7)	0	0.00%	2	28.57%	5	71.43%
North Carolina (n=7)	1	14.29%	0	0.00%	6	85.71%
Illinois (n=5)	0	0.00%	1	20.00%	4	80.00%
Iowa (n=2)	1	50.00%	0	0.00%	1	50.00%
Mississippi (n=1)	0	0.00%	0	0.00%	1	100.00%
Montana (n=1)	0	0.00%	0	0.00%	1	100.00%
Nevada (n=1)	0	0.00%	0	0.00%	1	100.00%
Ohio (n=1)	1	100.00%	0	0.00%	0	0.00%

Reopened Congregate Sites: Pandemic Changes Still in Place

AAAs were asked to indicate the changes implemented by reopened congregate nutrition programs during the pandemic that still remain in place. Serving more clients using home-delivered meals was the most reported (82.54%) change still in place. This was followed by serving more clients using grab-and-go meals (71.43%) and serving clients that had not been served before (63.49%). Only 1.59% reported none of the above when asked to indicate which changes implemented during the pandemic still remain in place. Table 187c summarizes the overall results and Tables 267c through 276c report on individual state results. Maine and Kentucky were omitted due to no recorded responses.

Table 187c: AAA Pandemic Changes Still in Place (n=63)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	52	82.54%
Serving more clients using grab-and-go meals	45	71.43%
Serving clients that had not been served before	40	63.49%
Providing more in-home services	17	26.98%
Providing more remote services	27	42.86%
Providing more social supports to clients	30	47.62%
None of the above	1	1.59%

Table 188c: Pennsylvania AAA Pandemic Changes Still in Place (n=25)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	17	68.00%
Serving more clients using grab-and-go meals	18	72.00%
Serving clients that had not been served before	10	40.00%
Providing more in-home services	6	24.00%
Providing more remote services	6	24.00%
Providing more social supports to clients	8	32.00%
None of the above	0	0.00%

Table 189c: California AAA Pandemic Changes Still in Place (n=13)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	11	84.62%
Serving more clients using grab-and-go meals	10	76.92%
Serving clients that had not been served before	10	76.92%

Providing more in-home services	3	23.08%
Providing more remote services	6	46.15%
Providing more social supports to clients	6	46.15%
None of the above	1	7.69%

Table 190c: Virginia AAA Pandemic Changes Still in Place (n=7)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	6	85.71%
Serving more clients using grab-and-go meals	2	28.57%
Serving clients that had not been served before	5	71.43%
Providing more in-home services	2	28.57%
Providing more remote services	4	57.14%
Providing more social supports to clients	5	71.43%
None of the above	0	0.00%

Table 191c: North Carolina AAA Pandemic Changes Still in Place (n=7)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	7	100.00%
Serving more clients using grab-and-go meals	6	85.71%
Serving clients that had not been served before	7	100.00%
Providing more in-home services	2	28.57%
Providing more remote services	4	57.14%
Providing more social supports to clients	4	57.14%
None of the above	0	0.00%

Table 192c: Illinois AAA Pandemic Changes Still in Place (n=5)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	5	100.00%
Serving more clients using grab-and-go meals	5	100.00%
Serving clients that had not been served before	4	80.00%
Providing more in-home services	2	40.00%
Providing more remote services	2	40.00%
Providing more social supports to clients	4	80.00%
None of the above	0	0.00%

Table 193c: Iowa AAA Pandemic Changes Still in Place (n=2)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	2	100.00%
Serving more clients using grab-and-go meals	1	50.00%
Serving clients that had not been served before	2	100.00%
Providing more in-home services	0	0.00%
Providing more remote services	2	100.00%
Providing more social supports to clients	1	50.00%
None of the above	0	0.00%

Table 194c: Mississippi AAA Pandemic Changes Still in Place (n=1)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	1	100.00%
Serving more clients using grab-and-go meals	1	100.00%
Serving clients that had not been served before	1	100.00%

Providing more in-home services	1	100.00%
Providing more remote services	1	100.00%
Providing more social supports to clients	1	100.00%
None of the above	0	0.00%

Table 195c: Montana AAA Pandemic Changes Still in Place (n=1)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	1	100.00%
Serving more clients using grab-and-go meals	0	0.00%
Serving clients that had not been served before	0	0.00%
Providing more in-home services	0	0.00%
Providing more remote services	1	100.00%
Providing more social supports to clients	0	0.00%
None of the above	0	0.00%

Table 196c: Nevada AAA Pandemic Changes Still in Place (n=1)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	1	100.00%
Serving more clients using grab-and-go meals	1	100.00%
Serving clients that had not been served before	0	0.00%
Providing more in-home services	0	0.00%
Providing more remote services	0	0.00%
Providing more social supports to clients	0	0.00%
None of the above	0	0.00%

Table 197c: Ohio AAA Pandemic Changes Still in Place (n=1)

Which changes that were implemented by congregate nutrition programs during the pandemic still remain in place? (check all that apply)	Frequency	%
Serving more clients using home-delivered meals	1	100.00%
Serving more clients using grab-and-go meals	1	100.00%
Serving clients that had not been served before	1	100.00%
Providing more in-home services	1	100.00%
Providing more remote services	1	100.00%
Providing more social supports to clients	1	100.00%
None of the above	0	0.00%

Reopened Congregate Sites: Changes to Congregate Nutrition Programs

AAAs were asked how their reopened congregate nutrition programs have changed as a result of the pandemic. More difficulty attracting new clients was the most (47.62%) reported change, followed by having better relationships with other community organizations (36.51%), and having established new relationships with food banks/food pantries (28.57%). Table 198c summarizes the overall results, see Tables 199c through 208c for individual state results. Maine and Kentucky were omitted due to no recorded responses.

Table 198c: AAA Change to CNPs as a Result of the Pandemic (n=63)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	9	14.29%
It is more difficult to attract new clients	30	47.62%
They are permanently changing the way they serve meals	16	25.40%
They have established new relationships with food banks/food pantries	18	28.57%
They have better relationships with other community organizations	23	36.51%

They have improved communications with emergency responders	12	19.05%
None of the above	9	14.29%

Table 199c: Pennsylvania AAA Change to CNPs as a Result of the Pandemic (n=25)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	0	0.00%
It is more difficult to attract new clients	13	52.00%
They are permanently changing the way they serve meals	6	24.00%
They have established new relationships with food banks/food pantries	6	24.00%
They have better relationships with other community organizations	5	20.00%
They have improved communications with emergency responders	4	16.00%
None of the above	5	20.00%

Table 200c: California AAA Change to CNPs as a Result of the Pandemic (n=13)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	3	23.08%
It is more difficult to attract new clients	5	38.46%
They are permanently changing the way they serve meals	7	53.85%
They have established new relationships with food banks/food pantries	5	38.46%
They have better relationships with other community organizations	6	46.15%
They have improved communications with emergency responders	3	23.08%

None of the above	2	15.38%

Table 201c: Virginia AAA Change to CNPs as a Result of the Pandemic (n=7)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	0	0.00%
It is more difficult to attract new clients	3	42.86%
They are permanently changing the way they serve meals	0	0.00%
They have established new relationships with food banks/food pantries	2	28.57%
They have better relationships with other community organizations	4	57.14%
They have improved communications with emergency responders	1	14.29%
None of the above	1	14.29%

Table 202c: North Carolina AAA Change to CNPs as a Result of the Pandemic (n=7)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	3	42.86%
It is more difficult to attract new clients	3	42.86%
They are permanently changing the way they serve meals	2	28.57%
They have established new relationships with food banks/food pantries	2	28.57%
They have better relationships with other community organizations	4	57.14%
They have improved communications with emergency responders	1	14.29%
None of the above	0	0.00%

Table 203c: Illinois AAA Change to CNPs as a Result of the Pandemic (n=5)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	1	20.00%
It is more difficult to attract new clients	3	60.00%
They are permanently changing the way they serve meals	1	20.00%
They have established new relationships with food banks/food pantries	2	40.00%
They have better relationships with other community organizations	1	20.00%
They have improved communications with emergency responders	1	20.00%
None of the above	1	20.00%

Table 204c: Iowa AAA Change to CNPs as a Result of the Pandemic (n=2)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	2	100.00%
It is more difficult to attract new clients	0	0.00%
They are permanently changing the way they serve meals	0	0.00%
They have established new relationships with food banks/food pantries	1	50.00%
They have better relationships with other community organizations	1	50.00%
They have improved communications with emergency responders	0	0.00%
None of the above	0	0.00%

Table 205c: Mississippi AAA Change to CNPs as a Result of the Pandemic (n=1)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	0	0.00%
It is more difficult to attract new clients	1	100.00%
They are permanently changing the way they serve meals	0	0.00%
They have established new relationships with food banks/food pantries	0	0.00%
They have better relationships with other community organizations	0	0.00%
They have improved communications with emergency responders	0	0.00%
None of the above	0	0.00%

Table 206c: Montana AAA Change to CNPs as a Result of the Pandemic (n=1)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	0	0.00%
It is more difficult to attract new clients	1	100.00%
They are permanently changing the way they serve meals	0	0.00%
They have established new relationships with food banks/food pantries	0	0.00%
They have better relationships with other community organizations	0	0.00%
They have improved communications with emergency responders	1	100.00%
None of the above	0	0.00%

Table 207c: Nevada AAA Change to CNPs as a Result of the Pandemic (n=1)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	0	0.00%
It is more difficult to attract new clients	1	100.00%
They are permanently changing the way they serve meals	0	0.00%
They have established new relationships with food banks/food pantries	0	0.00%
They have better relationships with other community organizations	1	100.00%
They have improved communications with emergency responders	0	0.00%
None of the above	0	0.00%

Table 208c: Ohio AAA Change to CNPs as a Result of the Pandemic (n=1)

How have the congregate nutrition programs changed as a result of the pandemic? (check all that apply)	Frequency	%
It is easier to attract new clients	0	0.00%
It is more difficult to attract new clients	0	0.00%
They are permanently changing the way they serve meals	0	0.00%
They have established new relationships with food banks/food pantries	0	0.00%
They have better relationships with other community organizations	1	100.00%
They have improved communications with emergency responders	1	100.00%
None of the above	0	0.00%

Lessons Learned

Changes to Emergency Response Plans

AAAs were asked how their emergency response plans have changed based on lessons learned from the pandemic. There was a total of 74 responses. Three-quarters (75.68%) of respondents reported they have improved their ability for staff to work remotely during an emergency. Majority of respondents also reported they have improved their ability to provide emergency food to clients (68.92%) and to provide services to their clients remotely (62.16%). Only 2.7% of respondents reported none of the above when asked to indicate how their emergency response plans have changed. Table 209c summarizes the overall results, see Tables 210c through 220c for individual state results. Kentucky was omitted due to no recorded response.

Table 209c: AAA Change to Emergency Response Plans (n=74)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	35	47.30%
Improved our ability for staff to work remotely during an emergency	56	75.68%
Improved our ability to provide services to our clients remotely	46	62.16%
Improved our ability to provide emergency food to clients	51	68.92%
Improved our ability to provide emergency food to non-clients	37	50.00%
Improved our emergency training for staff and volunteers	30	40.54%
Improved our emergency education for clients	28	37.84%
None of the above	2	2.70%

Table 210c: Pennsylvania AAA Change to Emergency Response Plans (n=25)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	Frequency	%
Improved contingency plans with our food provider(s)	8	32.00%

Improved our ability for staff to work remotely during an emergency	21	84.00%
Improved our ability to provide services to our clients remotely	15	60.00%
Improved our ability to provide emergency food to clients	13	52.00%
Improved our ability to provide emergency food to non-clients	12	48.00%
Improved our emergency training for staff and volunteers	9	36.00%
Improved our emergency education for clients	10	40.00%
None of the above	0	0.00%

Table 211c: California AAA Change to Emergency Response Plans (n=19)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	10	52.63%
Improved our ability for staff to work remotely during an emergency	13	68.42%
Improved our ability to provide services to our clients remotely	12	63.16%
Improved our ability to provide emergency food to clients	16	84.21%
Improved our ability to provide emergency food to non-clients	11	57.89%
Improved our emergency training for staff and volunteers	11	57.89%
Improved our emergency education for clients	9	47.37%
None of the above	0	0.00%

Table 212c: Virginia AAA Change to Emergency Response Plans (n=9)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	5	55.56%
Improved our ability for staff to work remotely during an emergency	7	77.78%

Improved our ability to provide services to our clients remotely	6	66.67%
Improved our ability to provide emergency food to clients	7	77.78%
Improved our ability to provide emergency food to non-clients	4	44.44%
Improved our emergency training for staff and volunteers	3	33.33%
Improved our emergency education for clients	3	33.33%
None of the above	0	0.00%

Table 213c: North Carolina AAA Change to Emergency Response Plans (n=7)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	4	57.14%
Improved our ability for staff to work remotely during an emergency	6	85.71%
Improved our ability to provide services to our clients remotely	3	42.86%
Improved our ability to provide emergency food to clients	5	71.43%
Improved our ability to provide emergency food to non-clients	4	57.14%
Improved our emergency training for staff and volunteers	0	0.00%
Improved our emergency education for clients	0	0.00%
None of the above	0	0.00%

Table 214c: Illinois AAA Change to Emergency Response Plans (n=6)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	5	83.33%
Improved our ability for staff to work remotely during an emergency	4	66.67%

Improved our ability to provide services to our clients remotely	4	66.67%
Improved our ability to provide emergency food to clients	5	83.33%
Improved our ability to provide emergency food to non-clients	2	33.33%
Improved our emergency training for staff and volunteers	3	50.00%
Improved our emergency education for clients	1	16.67%
None of the above	0	0.00%

Table 215c: Iowa AAA Change to Emergency Response Plans (n=2)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	1	50.00%
Improved our ability for staff to work remotely during an emergency	2	100.00%
Improved our ability to provide services to our clients remotely	2	100.00%
Improved our ability to provide emergency food to clients	1	50.00%
Improved our ability to provide emergency food to non-clients	1	50.00%
Improved our emergency training for staff and volunteers	1	50.00%
Improved our emergency education for clients	1	50.00%
None of the above	0	0.00%

Table 216c: Mississippi AAA Change to Emergency Response Plans (n=2)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	0	0.00%
Improved our ability for staff to work remotely during an emergency	1	50.00%

Improved our ability to provide services to our clients remotely	1	50.00%
Improved our ability to provide emergency food to clients	1	50.00%
Improved our ability to provide emergency food to non-clients	1	50.00%
Improved our emergency training for staff and volunteers	1	50.00%
Improved our emergency education for clients	1	50.00%
None of the above	1	50.00%

Table 217c: Maine AAA Change to Emergency Response Plans (n=1)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	0	0.00%
Improved our ability for staff to work remotely during an emergency	0	0.00%
Improved our ability to provide services to our clients remotely	1	100.00%
Improved our ability to provide emergency food to clients	1	100.00%
Improved our ability to provide emergency food to non-clients	0	0.00%
Improved our emergency training for staff and volunteers	0	0.00%
Improved our emergency education for clients	1	100.00%
None of the above	0	0.00%

Table 218c: Montana AAA Change to Emergency Response Plans (n=1)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	1	100.00%
Improved our ability for staff to work remotely during an emergency	1	100.00%

Improved our ability to provide services to our clients remotely	1	100.00%
Improved our ability to provide emergency food to clients	1	100.00%
Improved our ability to provide emergency food to non-clients	1	100.00%
Improved our emergency training for staff and volunteers	1	100.00%
Improved our emergency education for clients	1	100.00%
None of the above	0	0.00%

Table 219c: Nevada AAA Change to Emergency Response Plans (n=1)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	0	0.00%
Improved our ability for staff to work remotely during an emergency	0	0.00%
Improved our ability to provide services to our clients remotely	0	0.00%
Improved our ability to provide emergency food to clients	0	0.00%
Improved our ability to provide emergency food to non-clients	0	0.00%
Improved our emergency training for staff and volunteers	0	0.00%
Improved our emergency education for clients	0	0.00%
None of the above	1	100.00%

Table 220c: Ohio AAA Change to Emergency Response Plans (n=1)

Based on lessons learned from the pandemic, how have the AAA's emergency response plans changed? (check all that apply)	**Frequency**	**%**
Improved contingency plans with our food provider(s)	1	100.00%

Improved our ability for staff to work remotely during an emergency	1	100.00%
Improved our ability to provide services to our clients remotely	1	100.00%
Improved our ability to provide emergency food to clients	1	100.00%
Improved our ability to provide emergency food to non-clients	1	100.00%
Improved our emergency training for staff and volunteers	1	100.00%
Improved our emergency education for clients	1	100.00%
None of the above	0	0.00%

Changes to Communications Plans

AAAs were asked how their communications plans have changed based on lessons learned from the pandemic. There was a total of 72 responses. Improved communications with other community organizers (59.72%) was the most reported change, followed by improved communications with clients (55.56%), and improved communications with service providers (54.17%). Only 8.33% of respondents reported none of the above when asked to indicate how their communications plans had changed. Table 221c summarizes the overall results, see Tables 222c through 232c for individual state results. Kentucky was omitted due to no recorded response.

Table 221c: AAA Change to Communications Plans (n=72)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	Frequency	%
Improved communications within the State Unit on Aging	28	38.89%
Improved communications with service providers	39	54.17%
Improved communications with other community organizations	43	59.72%
Improved communications with emergency responders	19	26.39%
Improved communications with emergency food relief organizations	28	38.89%
Improved communications with clients	40	55.56%

Improved communications with seniors who were not previously clients	30	41.67%
None of the above	6	8.33%

Table 222c: Pennsylvania AAA Change to Communications Plans (n=24)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	Frequency	%
Improved communications within the State Unit on Aging	9	37.50%
Improved communications with service providers	10	41.67%
Improved communications with other community organizations	11	45.83%
Improved communications with emergency responders	5	20.83%
Improved communications with emergency food relief organizations	9	37.50%
Improved communications with clients	16	66.67%
Improved communications with seniors who were not previously clients	8	33.33%
None of the above	2	8.33%

Table 223c: California AAA Change to Communications Plans (n=19)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	Frequency	%
Improved communications within the State Unit on Aging	6	31.58%
Improved communications with service providers	13	68.42%
Improved communications with other community organizations	10	52.63%
Improved communications with emergency responders	4	21.05%
Improved communications with emergency food relief organizations	8	42.11%
Improved communications with clients	6	31.58%

Improved communications with seniors who were not previously clients	8	42.11%
None of the above	3	15.79%

Table 224c: Virginia AAA Change to Communications Plans (n=8)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	Frequency	%
Improved communications within the State Unit on Aging	4	50.00%
Improved communications with service providers	2	25.00%
Improved communications with other community organizations	6	75.00%
Improved communications with emergency responders	0	0.00%
Improved communications with emergency food relief organizations	2	25.00%
Improved communications with clients	5	62.50%
Improved communications with seniors who were not previously clients	5	62.50%
None of the above	0	0.00%

Table 225c: North Carolina AAA Change to Communications Plans (n=7)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	Frequency	%
Improved communications within the State Unit on Aging	2	28.57%
Improved communications with service providers	5	71.43%
Improved communications with other community organizations	5	71.43%
Improved communications with emergency responders	1	14.29%
Improved communications with emergency food relief organizations	4	57.14%
Improved communications with clients	2	28.57%

Improved communications with seniors who were not previously clients	1	14.29%
None of the above	0	0.00%

Table 226c: Illinois AAA Change to Communications Plans (n=6)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	Frequency	%
Improved communications within the State Unit on Aging	3	50.00%
Improved communications with service providers	4	66.67%
Improved communications with other community organizations	5	83.33%
Improved communications with emergency responders	4	66.67%
Improved communications with emergency food relief organizations	2	33.33%
Improved communications with clients	4	66.67%
Improved communications with seniors who were not previously clients	2	33.33%
None of the above	0	0.00%

Table 227c: Iowa AAA Change to Communications Plans (n=2)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	Frequency	%
Improved communications within the State Unit on Aging	1	50.00%
Improved communications with service providers	1	50.00%
Improved communications with other community organizations	2	100.00%
Improved communications with emergency responders	1	50.00%
Improved communications with emergency food relief organizations	1	50.00%
Improved communications with clients	2	100.00%

Improved communications with seniors who were not previously clients	2	100.00%
None of the above	0	0.00%

Table 228c: Mississippi AAA Change to Communications Plans (n=2)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	Frequency	%
Improved communications within the State Unit on Aging	1	50.00%
Improved communications with service providers	1	50.00%
Improved communications with other community organizations	1	50.00%
Improved communications with emergency responders	1	50.00%
Improved communications with emergency food relief organizations	1	50.00%
Improved communications with clients	2	100.00%
Improved communications with seniors who were not previously clients	1	50.00%
None of the above	0	0.00%

Table 229c: Maine AAA Change to Communications Plans (n=1)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	Frequency	%
Improved communications within the State Unit on Aging	1	100.00%
Improved communications with service providers	1	100.00%
Improved communications with other community organizations	1	100.00%
Improved communications with emergency responders	1	100.00%
Improved communications with emergency food relief organizations	0	0.00%
Improved communications with clients	1	100.00%

Improved communications with seniors who were not previously clients	1	100.00%
None of the above	0	0.00%

Table 230c: Montana AAA Change to Communications Plans (n=1)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	**Frequency**	**%**
Improved communications within the State Unit on Aging	0	0.00%
Improved communications with service providers	1	100.00%
Improved communications with other community organizations	1	100.00%
Improved communications with emergency responders	1	100.00%
Improved communications with emergency food relief organizations	0	0.00%
Improved communications with clients	1	100.00%
Improved communications with seniors who were not previously clients	1	100.00%
None of the above	0	0.00%

Table 231c: Nevada AAA Change to Communications Plans (n=1)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	**Frequency**	**%**
Improved communications within the State Unit on Aging	0	0.00%
Improved communications with service providers	0	0.00%
Improved communications with other community organizations	0	0.00%
Improved communications with emergency responders	0	0.00%
Improved communications with emergency food relief organizations	0	0.00%

Improved communications with clients	0	0.00%
Improved communications with seniors who were not previously clients	0	0.00%
None of the above	1	100.00%

Table 232c: Ohio AAA Change to Communications Plans (n=1)

Based on lessons learned from the pandemic, how have the AAA's communications plans changed? (check all that apply)	**Frequency**	**%**
Improved communications within the State Unit on Aging	0	0.00%
Improved communications with service providers	0	0.00%
Improved communications with other community organizations	0	0.00%
Improved communications with emergency responders	0	0.00%
Improved communications with emergency food relief organizations	0	0.00%
Improved communications with clients	0	0.00%
Improved communications with seniors who were not previously clients	0	0.00%
None of the above	1	100.00%

Overall Key Finding

A total of 112 respondents from Area Agencies on Aging (AAA) responded to the Pandemic Preparedness Survey. Of the 107 respondents who provided a state location, almost one-third (30.84%) were from Pennsylvania and another one-quarter (25.32%) were from California. Other respondents were from Virginia (15.89%), North Carolina (9.35%), Illinois (5.61%), Iowa (3.74%), Mississippi (2.8%), Maine (1.87%), Montana (1.87%), Kentucky (0.93%), Nevada (0.93%), and Ohio (0.93%). AAAs provided a total of 1,595 congregate meal sites before the pandemic, with 40.44% in rural areas, 32.85% in suburban areas, and 26.71% in urban areas.

Contents of the Emergency Plan

The majority (63.39%) of AAAs include contact information for emergency response agencies in their emergency response plan. Only 58.93% include plans for communicating with clients, during and after various types of disasters, while just over two-thirds (67.09%) describe how to access a registry of clients who are at high risk for food insecurity during an emergency. More than half (64%) of respondents reported that they do not have written agreements with either police, fire, ambulance, emergency management, public health, or citizen corps for emergency response, but emergency management organizations were the most reported organization (32%) that respondents did have written agreements with. Over two-thirds (68.92%) also reported that they do not have written agreements with either Red Cross/emergency relief non-profits, food bank(s)/food pantries, food distributors/groceries, emergency transportation, emergency shelters, or emergency medical providers. Food bank(s)/pantries were the most reported emergency relief partner (20.27%).

The majority (69.74%) of respondents include plans to provide emergency meals for all clients in the AAA's emergency plan, and 59.21% include requirements for the congregate nutrition provider to contact all clients. AAAs tend to focus on staff response and preparation in an emergency when providing disaster preparedness training for staff of congregate nutrition programs. The majority of plans cover how staff should respond to various emergencies (74.67%), how the staff should prepare for various emergencies (65.33%), how to contact all clients after an emergency (62.67%), and how the staff should continue providing priority services after an emergency (60%).

Three-quarters (75%) of respondents report their emergency plans contain a list of priority services that the AAA and its service providers would be expected to continue to provide during and after a disaster, and home-delivered meals was the most reported (93.33%) service included in the plan as high priority. In-home services for clients was the next most reported (75%) service included as high priority.

Emergency Response to the Pandemic

The largest proportion (40.35%) of AAAs did use their emergency plan to help make decisions when the pandemic hit, but only referred to the plan occasionally. Over half (54.39%) of AAAs reported that it was the Area Agency on Aging's responsibility to contact nutrition program

clients at high risk for food insecurity when the pandemic emergency was declared, and the most (44.59%) reported time frame in which those clients were contacted was less than two days. Overall, the majority (81.82%) of AAAs reported there was no interruption in the supply chain for meals of their nutrition programs (that is, their nutrition programs did not have difficulty getting food deliveries). Of the AAAs that reported an interruption, 42.86% reported the interruption only lasted less than one week, and the majority reported their nutrition programs responded to the interruption by changing what they offered based on what they could get (78.57%) and/or found new sources so that they could offer what they wanted (64.29%).

What Worked and What Did Not Work

When asked to rate how well certain aspects of their response to the pandemic went on a five-point scale (1=Unacceptable, 2=Poor, 3=Fair, 4=Good, and 5=Excellent), communications with the service providers received the highest average rate of 4.63, between good and excellent. Implementing new in-home services received the lowest rating of 3.70, between fair and poor, and implementing remote programs to replace in-person programs was the most reported (41.67%) difficult aspect for rural congregate programs. When asked to describe current operations of congregate nutrition programs, the largest proportion (47.37%) of AAAs reported that all congregate nutrition programs were currently operating under State-imposed pandemic-related protocols.

Going Forward with Closed Congregate Sites

Only two (16.67%) AAAs reported that any of their currently closed congregate nutrition sites were likely to close permanently due to the pandemic, one in California and one in Maine. Of the 18 total closed meal sites reported to likely close, 38.89% of those sites were in a rural setting, 33.33% in an urban setting, and 27.78% in a suburban setting. An equal proportion (41.67%) of AAAs reported they expected the number of clients to either decrease or remain the same when center-based services resume after the pandemic. AAAs reported at equal rates (66.67%) that serving more clients using home-delivered meals and serving more clients that had not been served before as pandemic changes that were likely to remain. The majority (58.33%) of AAAs reported it will be more difficult for CNPs to attract new clients after the pandemic.

Going Forward with Reopened Congregate Sites

Every respondent (100%) reported that masking and social distancing protocols at reopened congregate nutrition programs remain in place, and nearly all (94.23%) reported that sanitation protocols also remain. Only 14.29% of AAAs reported that any of their reopened congregate sites were likely to close permanently due to the pandemic. Of the 36 total reopened meal sites reported to likely close, 63.89% of those sites were in a rural setting, 27.78% in a suburban setting, and 8.33% in an urban setting. The majority (77.78%) of respondents reported that the number of clients decreased at their reopened sites when center-based services resumed. Serving more clients using home-delivered meals was the most reported (82.54%) pandemic change still in place at reopened sites, followed by serving more clients using grab-and-go meals (71.43%). Although more difficulty attracting clients was the most (47.62%) change at reopened congregate nutrition programs resulting from the pandemic, 36.51% reported they now have better relationships with other community organizers and 28.57% reported they have established new relationships with food banks/food pantries.

Lessons Learned

Improved ability for staff to work remotely during an emergency (75.68%) and improved ability to provide emergency food to clients (68.92%) were the top two changes reported by AAAs to their emergency response plans based on lessons from the pandemic. When asked how their communications plans changed, improved communications with other community organizers (59.72%) and improved communications with clients (55.56%) were the most reported changes.

Appendix D: Pandemic Preparedness Supplemental Questions for Georgia and Kentucky

The National Foundation to End Senior Hunger (NFESH) administered the Pandemic Preparedness Supplemental Questions Survey online with 11 questions to Senior Centers in Georgia and Kentucky. The survey queried the sites on six different topics; COVID crisis response, changes to be better prepared to respond to the next big emergency, how senior centers can make themselves more appealing to seniors look for socialization, how senior centers can better target their nutrition programs to reach seniors in the greatest social or economic need, the present and future of programs, and future changes to the senior center facilities. A total of 178 Georgia and Kentucky Senior Centers responded to the survey. This report details the responses to the NFESH survey by the Georgia and Kentucky Senior Centers.

Based on the IP addresses, over half (56.74%) of the respondents were from Georgia, about two-fifths (40.45%) were from Kentucky, and 5 could not be determined.

Table 1d: Supplemental Questions State Locations (n=178)

State	Frequency	%
Georgia	101	56.74%
Kentucky	72	40.45%
Unknown	5	2.81%

COVID Crisis Response

Center's Greatest Strength in Responding to the COVID Crisis

Centers were asked what the greatest strength in responding to the COVID crisis was. There was a total of 172 responses to this question, 68 from Kentucky, 99 from Georgia, and 5 did not report a state location. Each response could have more than one theme, and the analysis is based on the number of responses, not themes. The most common theme (43.60%) was continuation of meals and/or services, followed by meal, food, or commodity provision through home delivery, drive-through, and/or curbside pick-up (34.30%), and maintained communication, contact, and/or engagement with seniors (25%). The breakdown of the analysis can be found in Table 2d. Examples of the themes for this question can be found in Table 3d. All responses can be found in Table 4d.

Table 2d: Supplemental Questions Greatest Strength (n=172)

Theme	Frequency	Percentage
Continuation of meals and/or services	75	43.60%
Meal/food/commodity provision through home delivery, drive-through, and/or curbside pick-up	59	34.30%
Maintained communication, contact, and/or engagement with seniors	43	25.00%
Collaboration	28	16.28%
Dedication of staff and volunteers	23	13.37%
Adaptability/Creativity/Flexibility	20	11.63%
Adherence to COVID safety guidelines	14	8.14%
Virtual/remote services and programming	12	6.98%
Increase in number of clients and/or meals served	9	5.23%
Other	7	4.07%
COVID education and vaccine assistance	5	2.91%

Table 3d: Supplemental Questions Greatest Strength Examples

Theme	Examples
Continuation of meals and/or services	"Our greatest strength was our ability to continue providing meals during the crisis."
Meal/food/commodity provision through home delivery, drive-through, and/or curbside pick-up	"Continuing to serve all our Meals on Wheels clients daily and providing meals for home-bound Congregate clients as well as any items needed (i.e. PPE, hand sanitizers, masks) to keep everyone safe in their home environments."
Maintained communication, contact, and/or engagement with seniors	"The ability to keep the communications ongoing with our seniors."

Collaboration	"We worked together as team, and provided for our seniors."
Dedication of staff and volunteers	"Employees! The center would not have operated the way it did during the Covid crisis without employees who were willing to go the extra mile to make sure congregates and homebound clients were served."
Adaptability/Creativity/Flexibility	"Flexibility and resiliency! The Senior Center Without Walls program is very resilient to the pandemic and other economic and workforce concerns, yet offers a variety of meals and activities for the clients."
Adherence to COVID safety guidelines	"When we opened we followed all of the protocols and took them very serious. We wore masks, did temperature checks, social distanced, etc. . . ."
Virtual/remote services and programming	"Connecting with our seniors via teleconferencing. Having exercise classes, chat and share time, a variety of presentations including our monthly nutrition class. We were very creative and flexible in what we programmed each day depending on who we had on the conference call."
Increase in number of clients and/or meals served	"The ability to serve 3x's the number of home delivered meals we are used to."
Other	"We still have a good amount of seniors attending the center. They are understanding, and are just grateful to be back."
COVID education and vaccine assistance	"Keeping up with the current offerings of where and when vaccines were being offered."

Table 4d: Supplemental Questions Greatest Strength Responses

What was your center's greatest strength in responding to the COVID crisis?
Kentucky
1. We took care of our seniors; 2. We worked together as a team.
We stood together as a team, we worked wherever needed; cooking, driving the vans, delivering HDM (home delivered meals).
Staff coming together and working to serve as many clients throughout the counties we serve.
We have amazing staff who are willing to do what is needed of them to complete all tasks and duties.
Staff and creativity
Being able to still prepare meals for seniors via drive up pick up
We worked together as team, and provided for our seniors.
Being prepared, and everyone following the guidelines
The Center attempted to stay in touch with all participants even though we had to be closed.
We continued to provide services to the very best of our ability! We made sure that all of our seniors had everything they needed without ever faltering.
To still being able to get meals to the seniors in the community.
Getting Meals out to all seniors
Making sure to physically talk to all participants and establish any needs
Starting a drive-up meal program so that seniors could have a hot meal at least once a day.
we keep contact with our seniors and check on them weekly via phone.
We make sure our seniors are educated by talking to them when they drive up for a meal and calling them. We hand out a lot of education and information on Covid.
Our greatest strength was to readjust and rearrange and remain open during COVID.
we were able to maintain kitchen staff for meals as needed
Teamwork. Our employees rose to the challenge and flexed to accomplish our tasks.
Moving to remote service delivery with accompanying policies and procedures. Ability to triage clients of greatest need.
Having the staff and resources to provide food.
We provide nutritious meals to seniors in our county

Our Meals on Wheels drivers and staff. They stepped up when our numbers quadrupled and worked with volunteers, Workforce Development drivers and GRITS drivers to ensure the seniors got their meals. I hope Gov. Beshear and the Government will consider the state's Meals on Wheels drivers as front-line, essential workers in his proposal to provide those workers with extra pay next year.
Still being able to deliver meals to the clients
Our Center's greatest strength in responding to the COVID crisis was in providing daily activities for our participants, even through the challenges of social distancing.
Feeding the congregates and home delivery
Offering curbside meals, telephone reassurance, information and assistance, provided commodities to seniors
Continuing to deliver meals at the same volume as before the prior to the COVID crisis.
Communication about availability and options for meals was our district's greatest strength in responding to COVID crisis.
We continued to serve our clients meals all the way through the pandemic, we never stopped. Making sur our senior population got their meal.
Having volunteers stepping up to help get meals out to seniors after losing staff members. We lost kitchen workers and receptionist who helped with data entry.
The ability to continue to provide meals. Information/Outreach for Curve Side Meals
Caution
Our greatest strength was being able to transition from a daily routine of congregate meals and manageable delivery routes to a large number of home-delivered meals and organize a drive through curbside service quickly. We were able to do this while responding to an excessive number of phone calls wanting to know when the center would reopen all while meeting the needs of both our existing participants and all of the new participants that needed services.
I was not here at the time Covid crisis hit. I think doing the curbside meals was a good idea.
Still providing information to clients, Providing curbside meals and more one on one contact.
Making sure all clients received meals in a safe way. While keeping ourselves safe from the virus. My greatest strength only comes from Jesus Christ and without Him I can't get though any day.

Focused on getting the meals to our seniors with following proper health process.
We were ready and willing to do whatever it took to keep our seniors taken care of.
Delivering meals and making sure the seniors had what they needed.
No one getting sick
Consistency, increased resources and assets
Staff. Our staff was able to change our way of operating without a hitch. All staff were able to think out of the box to provide the services that seniors needed when sheltering in place. The meal program amped up with no problems and every senior in our community was serve within 24 hours of their request to begin meals. We worked together to get the job done. Seniors received activities to do at home and were served meals, per their request. Our center also had a plan in place if an employee was placed in quarantine. We were able to operate that plan in a moment's notice. It went off without a hitch.
The flexibility of being able to provide delivered meals to congregate attendees who could not leave their homes. Also, our telephone reassurance to check on seniors to assure that they were ok during the pandemic. Providing homemaking services when they were absolutely needed. We also were able to provide weekend and extra home delivered meals.
Continuing to be able to deliver meals to seniors.
BGADD helped a lot keeping us informed on all the changes and helping getting all the extra meals funded and our community stepped up.
Checking on my seniors, giving them new information on updates. Taking food to them, sending items out for them to complete and send back in to the center. Calling and talking to them weekly.
We still have a good amount of seniors attending the center. They are understanding, and are just grateful to be back.
Being able to deliver HDM
Teamwork
That we could do the curbside meals for people that could get out
We have an awesome community that stepped up to help in any way we needed it. One of my strengths is organization, which I think helped us a lot. Our volunteers and temp workers were hard working and compassionate.

Offering services to clients while center was closed.
Keeping up with the current offerings of where and when vaccines were being offered.
Being able to provide a home delivered meal to any client over the age 60 who requested a meal.
Our greatest strength was putting out a lot of extra meals.
We were fortunate to have employees that teamed together and did what it took to get things done. TEAMING TOGETHER I'd say was our greatest strength.
Having the support of the community
We maintained consistent and were able to still provide many Seniors with meals who chose not to leave their home.
Our willingness and ability to keep getting meals out and providing activities to our clients.
Making sure EVERYONE that needed meals had them.
Our massive increase in our HDM program.
Providing HDM/Curbside Meals with no waiting list and also providing over 100 food boxes weekly.
Our organization and teamwork during the pandemic
Everyone coming together as a group to help get meals out to our seniors no matter what their job title was or what department they worked in.
Teamwork of the staff and volunteers. The open response that the seniors gave when asked to accept the changes that we faced.
Our staff's love for the seniors. Also being about to provide transportation to groceries and doctors. So many of our seniors have no other means of transportation.
Staying in contact and helping our clients remain healthy at home while providing them meals.
Georgia
Our greatest strength in responding to the COVID crisis was our ability to continue and expand our meals on wheels program. We were able to provide, at times, almost 200 meals per day during the pandemic in 2020.
Our greatest strength was we stayed in contact with our client's/members on a daily basis by phone and/or delivering meals in person following COVID-19 protocol. Our center sent each individual virtual activity/physical packets to help keep our senior active and engaged. We

also worked with outside resources that provided donations of extra food, water, paper towels toilet paper etc. during the pandemic.
We were able to provide meals for new clients and continue delivering to all the home delivered clients who were already receiving meals. We were able to provide our congregate with materials every day for a "virtual senior center" setting.
Bonding together as a team to make sure all seniors needs were met mentally and physically as well as providing food service deliveries to everyone.
The ability to keep communications ongoing with our seniors.
Clients can set up care on an hourly basis as needed. Our compassionate caregivers are ready to help with daily activities, transportation, shopping and meal preparation, and other tasks that support wellness and aging in place. Having care packages for the clients that couldn't get out, art projects, book where wonderful gifts for senior to reassure them we were thinking about them
Allowing senior participants to continue programming virtually and receive home delivered meals.
Our Center was able to pivot and provide meal deliveries and remote programming in a timely manner.
Providing continued programming through social media platforms along with transportation and meal delivery services.
Our greatest strength was our ability to continue providing meals during the crisis.
I feel that continuing to provide services, food, and activities to the seniors during and throughout the pandemic was one of the successes of this department. Despite the immense challenges with other services and organizations closing temporarily, the Aging Department is fortunate to have staff who are willing to invest their time and energy together in developing ways to continue providing services while minimizing health risks to themselves.
Being able to get the meals to the client.
Employees working together to feed the Clients
Providing transportation to the ones in need as well as meals.
The Center's staff is considered a strength. The staff continued to provide innovative solutions in response to the crisis.

Continue to provide meals to older adults in the community. Using CARES ACT FUNDING to assist participants with household needs, utility assistance.
Were able to use PPE equipment when delivering to seniors. It was free via the health department.
Staffing. By having Case Managers as part of the team we had easy access to resource experts if any participants had any needs.
Dedication/ Determination to get food to our clients. Our greatest strength is that the staff continue to serve the needs of our clients through this entire Covid 19 event to date. All of our volunteers quit. Our staff delivered frozen meals to our Home Delivery Meal clients. We opened a drive through car-rider line for Congregate clients and the general public to receive frozen meals or foodbank groceries.
Staff was able to continue working and serving the seniors meals and weekly activities by free conferencing or weekly activity sheets except for a couple of days out to quarantine. We also called the seniors daily.
We were able to continue to provide meals to all home delivered meals participants as well as regular congregate meals participants without interruption.
Continuing our meals on wheels program
Still being able to deliver the seniors their food and having the ability to keep the seniors engaged with one another through the buddy system and telephone reassurance calls.
Our center's greatest strength in responding to the COVID crisis was adjusting to the meals on wheels delivery services as well as opening the lines of communication with the seniors (calling them weekly, emailing them, providing teleconferences activities, mailing cards, delivering meals weekly, Et cetera)
Still making sure seniors received their meals
All Congregate Clients received 5 shelf meals per week, weekly senior welfare checks.
Adapting to the needs and demands by ensuring a continuity of service (i.e. meals to clients, creative ways to be together, such as virtually, driveway visits, etc).
We had faithful volunteers who delivered meals in the county.
Responding to the needs in new ways including going to completely Virtual classes.

Connecting with our seniors via teleconferencing. Having exercise classes, chat and share time, a variety of presentations including our monthly nutrition class. We were very creative and flexible in what we programmed each day depending on who we had on the conference call.
The center's greatest strength was making sure each client gets a meal as planned.
Network of centers sharing ideas and methods to help communicate with seniors during closures and have safe activities during opening.
Our willingness to keep working to make sure our Seniors had a meal each day.
Being able to provide food for the seniors if they needed.
We were lucky enough to have Family connection next door and they were able to supply boxed food and paper products for my seniors.
Good
Having meals prepared when needed.
Our greatest strength was being able to keep our program going, while implementing social distancing.
Being able to deliver meals to our Seniors
The greatest strength of Harris County Senior Center was to keep the members virtually involved in activities and interactions with each other.
All providers were able to convert so quickly to providing virtual programming that it was so impressive.
The board for the Gainesville-Hall County Community Council on Aging and other volunteers came out in force to ensure that services continued without interruption.
We keep great records for each of our seniors so we were prepared to service our seniors when we had to close our center without them missing out on any services
During the pandemic our center was closed
Being able to consistently provide meals to homebound and congregate clients
cooperation of all involved- clients and administration. communication
Coming together for the senior's needs.
Staying calm and in contact with our seniors! Still being able to provide their meals for them. As well as providing a safe place for them, once we opened back up!

Meal delivery was the center's greatest strength because even in the midst of the pandemic the seniors were able to continue receiving meals both homebound and congregate.
Reach out through Phone Calls. In our Rural area most Clients do not have Computers or email.
Feeding the seniors by delivering meals door to door service and some curb side services.
We added more clients and reached more people than before Covid, we also were able to have just activities start back just a few months after shutdown and added more fun and new activities that drew in more people than participated before
Ability to adapt quickly to changing needs; capacity to serve individual client needs; preparedness with food (shelf stable) to distribute
Delivering meals and activities so seniors could stay connected and not in total isolation.
Teamwork. Working to ensure all who needed meals received them whether through drive through or delivery
Continuation of service despite the obstacles presented by COVID.
Our seniors never went without their meals. We kept our seniors engaged and informed.
Being able to still provide meals and services even though we were closed to the public and clients.
Being able to serve all clients a meal 5 days a week including extra boxes of food from USDA and Second Harvest. We partnered with local churches and our EMA director
One of the greatest strengths was staying connected to the seniors during this COVID crisis. Making sure their nutritional needs were met, being there when needed.
The ability to serve 3x's the number of home delivered meals we are used to
The Facility was closed, but staff remained at work and available for all concerns of the seniors and Hancock citizens who needed assistance during the corvid crisis.
Receiving activities and lunch
When we opened we followed all of the protocols and took them very serious. We wore masks, did temperature checks, social distanced, etc. During the time when the center was closed, we provided emergency frozen meals. We also kept up with all of the members with weekly phone calls and provided them with "fun packets"(word searches, crafts to do at home)
continuing to stay open and serve meals daily.

We were able to adapt and engage with the seniors in their homes with different activities, and providing them with an activity package as well as conducting weekly check-in calls and providing meals, food during the pandemic.
continued food deliveries, caring employees that went the extra step to check on and look after our clients
Providing meals for our seniors and for their pets.
No HOT meals ever stopped being served!
The dedication of our staff to get the seniors fed.
Employees! The center would not have operated the way it did during the Covid crisis without employees who were willing to go the extra mile to make sure congregates and homebound clients were served.
Our drivers stayed on and done anything it took to make meals possible, and kept the clients peace of mind about their health.
Staying in constant communication with our clients.
Continuing to serve all our Meals on Wheels clients daily and providing meals for home-bound Congregate clients as well as any items needed (i.e. PPE, hand sanitizers, masks) to keep everyone safe in their home environments.
Recognizing the need for uninterrupted meal service once the center closed to in-person activities. Also, providing essential items seniors needed so they are afforded the opportunity to avoid crowded public spaces.
Our staff! We have a wonderful team who were ready to do whatever they could to continue to serve our seniors.
Meals On Wheels
PARTICIPATION
Being able to continue providing the senior hot balance meals as well as shelf stable meals
The greatest strength was to keep everything wiped and sanitized down. Keeping the building cleaned and making sure that everyone had been registered to receive their booster shot.
In addition to our regular meals on wheels program, we delivered meals to our seniors who could not attend the senior center for congregate meals.
Hosting weekly drive-throughs and delivering toiletries and food boxes

Staff, community and Area Agency on Aging working together to provide services and staying connected for and with our senior adults.
The center's greatest strength in responding to the covid crisis was having access to the Chattanooga Area Food bank. Being able to supplement and have additional food on hand so our seniors could get extra food helped in so many ways.
Practicing social distance.
Continuing Meals on Wheels for our homebound and providing drive through meal pick up for our congregate. Kept personal contact with our Congregate.
We were able to remain at work and available to our seniors. We have a great working relationship with our Commissioners.
Being able to deliver meals to our clients and check on them weekly.
Being able to still hand out food and have virtual check ins with our clients.
Staff-Performing meal delivery, client calls, client conference calls, weekly videos on-line, etc.
The Dade Senior Center was closed for fifteen months, our greatest strength was staying in touch with our seniors, with homebound meals, phone calls, gifts, and a food grant with fresh fruits and vegetables.
Flexibility and resiliency! The Senior Center Without Walls program is very resilient to the pandemic and other economic and workforce concerns, yet offers a variety of meals and activities for the clients.
Continuing meals to our home bound clients, our congregate clients that needed as well as others in need due to the pandemic
Staff worked daily to provide on-going services to meet the needs of our elderly clients. Center continued to provide education information, meals, transportation and activities. No one went without services during covid-19.
They never missed any meals.
Communication with clients
Continuing to serve meals via frozen meals, Mom's Meals and starting up a drive through meal delivery pick-up at the Senior Center.

The willingness of the staff to do whatever it took to make sure the seniors had what they needed.
Feeding our seniors, wellness checks, outdoor games and festivals. Shopping is needed.
No State Reported
Helping our Seniors
During Covid Boone County Senior Centers assisted the Health Department by hosting 3 Moderna vaccine clinics giving out over 300 vaccines (both shots). We also assisted the ADRC with distributing emergency meals. Boone Senior Centers collected toilet paper, shampoo, lotion, toothpaste, deodorant, shelf staple food, pet food, kitty litter, puzzle books, word search, masks and other items. With these donations, we hand delivered these items to seniors who could not get out or were afraid to come out of their homes. We also continued to oversee and provide food commodities to those seniors who qualified. Boone County Senior Centers also created virtual activities through creating a Facebook page to keep our seniors informed and in touch with each other, Zoom activities such as Zoom Bingo and YouTube exercises that were filmed using our instructors the seniors were familiar with and missed. We created a virtual monthly calendar so our seniors knew when the next virtual activity was and we sent weekly emails. We also hosted 2 drive-through flu clinics, a Health Fair at the Ya'll baseball stadium where 500 seniors drove through and collected information from community agencies and collected give-a-way goodies and masks.
Thinking outside the box and coming up with virtual programming to engage our seniors.
Our greatest strength was in the staff who have a passion for serving the senior population. EVERYONE took on exponentially larger roles, caseloads, and responsibilities without hesitation. They are still doing that 19 months later. All without any extra compensation or many accolades or acknowledgment. Because of that, we were able, at the height of the pandemic, to serve 6 times our normal caseload and still serving three times the normal amount to date.
We were the emergency helpline center for the community. All donations of food, money, etc. We served over 200 individuals to help them stay in the home.

Center's Greatest Challenge in Responding to the COVID Crisis

Centers were asked what the greatest challenge was in responding to the COVID crisis. There was a total of 171 responses to this question, 68 from Kentucky, 98 from Georgia, and 5 did not report a state location. Each response could have more than one theme, and the analysis is based on the number of responses, not themes. The most common theme (29.82%) was communication, socialization, and/or in-person contact. This was followed by staff, volunteer, and/or driver shortage, and safety and health concerns which were both tied at 18.13%. The breakdown of the analysis can be found in Table 5d. Examples of the themes for this question can be found in Table 6d. All responses can be found in Table 7d.

Table 5d: Supplemental Questions Greatest Challenge Themes (n=171)

Theme	Frequency	Percentage
Communication, socialization, and/or in-person contact	51	29.82%
Staff, volunteer, and/or driver shortage	31	18.13%
Safety and health concerns	31	18.13%
Service continuity or adaptation	29	16.96%
Center closures and re-openings	18	10.53%
Number of clients and/or meals served	15	8.77%
Funding, food, and/or other supply shortages	13	7.60%
Physical and/or mental health of seniors	11	6.43%
Other	11	6.43%
Technology	10	5.85%
Being fearful, uncertainty, staying positive	8	4.68%
Transportation for seniors	4	2.34%

Table 6d: Supplemental Questions Greatest Challenge Examples

Theme	Examples
Communication, socialization, and/or in-person contact	"Socialization was the greatest challenge because we were unable to gather face to face so we had to be creative to reach

	our seniors so they could receive the socialization in some type of way."
Staff, volunteer, and/or driver shortage	"Having enough staff and volunteers."
Safety and health concerns	"The greatest challenge was trying to keep everybody safe and staying the six feet distance, wearing masks and keeping their hands sanitize."
Service continuity or adaptation	"Coordinating with multiple vendors to adapt our service delivery."
Center closures and re-openings	"Not being able to be open for our seniors."
Number of clients and/or meals served	"Providing services to all seniors in the community. When the pandemic hit, not only the seniors who attended the senior center was affected but the senior community as a whole. The number of seniors needing food and services tripled. Our staff was overwhelmed with request.
Funding, food, and/or other supply shortages	"Trying to create hot meals when the kitchen in Americus was shut down several times as we do NOT have a grocery store in our entire County!"
Physical and/or mental health of seniors	"Making sure the clients stay physically active while at home."
Other	"Having to use a lot more copy paper and ink than usual making the weekly activities sheets and getting forms signed."
Technology	"Technology. Not only the participants having a lack of technology, but also having a lack of knowledge about how to best use the technology they have."
Being fearful, uncertainty, staying positive	"Mainly trying to stay positive when not much seemed to look that way."

Transportation for seniors	"It was finding transportation for the homebound and or those who didn't drive. This issue did resolve itself in my county but is happening again with the booster shots."

Table 7d: Supplemental Questions Greatest Challenge Responses

What was your center's greatest challenge in responding to the COVID crisis?
Kentucky
1. Closing the center down. It has been hard on the seniors; 2. The kitchen getting the supplies that we all need; 3. Getting employees, no one wants to work, now
Closing the center for me, it was very hard on my seniors not to be able to come to the center and I could see it on their faces and hear it in their voices. It was very hard on our kitchen stuff to get the supplies that we all needed.
Increase in clients during the emergency
Funding, Enough Staff
Providing adequate services, dependency on other agencies and remining open.
In person meals
Our greatest challenge was getting supplies.
Helping the seniors to understand why we had to follow certain guidelines and making sure the guidelines were met each day.
Communication was the greatest challenge in responding to the COVID crisis. Not all seniors use email or Facebook. Many do not get the local paper and not all get the local cable access channel for information.
Staffing shortages and our meal provider having a difficult time keeping up with the high demand for meals.
Getting organized for the pandemic
Isolation
Getting home delivered meals started for seniors that where not able to use the drive-through service.
knowing the seniors are greatly suffering from no socialization at all through this covid.

Seniors not understanding why it is not safe for the center to open at this time, and how it is important to follow the Health Department guidelines when you are exposed to Covid.
Our greatest challenge was to readjust and rearrange and remain open.
Members getting out
Lack of employees, volunteers, and equipment
Lack of internet and skills to engage in online platforms. Direct service personnel needs.
Trying to help with the seniors getting personal care and household items.
not being able to do the exercise with the seniors
Ensuring our seniors were safe and engaged, as best as we could, despite the Senior Center being closed for 18 months. It was also a huge challenge to move from 150 MOW clients to nearly 600+ in a short order.
not being able to let our congregate clients to come to the center
how to still keep our seniors involved socially and active while not in the building.
Our Center's greatest challenge in responding to the COVID crisis was in keeping our protocols updated.
making sure that everyone was taken care of
Having enough staff and volunteers
Maintaining 100% staffing. It has been a challenge from several points: 1. reduced employee hours due to COVID protocols (COVID, contact, etc.); 2. additional unemployment funding (provided either to the employees, or their spouses. More money in the home minimizes the need to work); 3. Due to the demand for employers some of our employees have moved on to better paying jobs.
Our greatest challenge in responding to COVID crisis would have been losing contact with some of our seniors who did not want the frozen meal options.
So many client referrals, were added to our normal home delivery route, it was extremely overwhelming, but we somehow managed.
Finding people who could help on a regular basis and not just a day or two
Not enough staff
being safe

The greatest challenge was as the number of seniors needing meal delivery increased having enough drivers to deliver all of the meals. It was very difficult to recruit volunteers during this time due to the fear of contracting COVID. Many of our agency staff stepped up to assist with the delivery of meals.
Not letting the participants have a way to keep InTouch.
Having enough volunteers, better now since our county has RSVP.
Our greatest challenge was having enough people to help daily that where food service qualified.
Mainly trying to stay positive when not much seemed to look that way.
Making sure we had plenty of man power.
Being understaffed and delivering meals to seniors and keeping them safe. Also getting personal items and household item that seniors was having such a hard time getting.
manpower, enough employees
access to Oliver Trays, need to increase appliances and electric access to meet demand of meals, staffing
Outdoor activities. We have offered multiple activities in our outdoor space with little response. Activities have been advertised on Facebook and on our calendar of events. Our group prefers indoor activities, they always have. Before the quarantine they still preferred to be indoors.
I would say that providing home care services during the pandemic when there was a lot of fear from the participants and staff of being infected with COVID.
Finding enough drivers.
Keeping all our seniors fed while keeping them as safe as possible.
Not being able to be with my senior in a congregate setting. Not seeing them daily.
Not being able to "mingle" during congregate meeting. They love to be close and chatty.
keeping employees
Schedule juggling when an employee or employees were out sick
Getting everyone that signed up on the covid meal to get one
Being unprepared to have so many referrals at one time, we had no system set up for how to deal with the demand.

being closed and missing a lot of social interaction.
It was finding transportation for the homebound and or those who didn't drive. This issue did resolve itself in my county but is happening again with the booster shots.
Speaking to seniors who were depressed because they felt isolated due to COVID-19.
Our biggest challenge was doing the extra meals with only 2 employees.
With limited number of workers when one got sick or had to be off**,** we had to adjust to the need. Also, getting the needed supplies and food items was another big challenge.
Trying to provide services and stay safe
The unknown of this virus.
The number of meals we had to get out daily
There were so many that needed meals.
Unexpected expenses relating to the expansion of HDM service, as well as the duration of the crisis.
Staffing/Funding
Making sure we had freezer space for the meals we were sending out
Getting the number of meals needed and having freezer space to store the extra meals we needed.
keeping the food chain going with the different types of meal programs
Seeing the congregate seniors decline since not being able to come to the center for socialization during the pandemic.
Not being able allow seniors to gather/socialize/visit when they want to. Telling them they cannot attend the center when that is all they look forward to is saddening.
Georgia
Our greatest challenge was deciding when/how to re-open for daily operations while keeping our Seniors as safe as possible.
One of our greatest challenges was watching our members not being able to participate in being with one another at the center, having to be isolated at home for so long, and hoping for a response from us that the center was reopening.
Our greatest challenge at the beginning of COVID was not having volunteers to help deliver meals to our home delivered clients. Many of our volunteers were worried about catching

COVID and did not want to deliver. As time went on a few of the volunteers started coming back to deliver and this was a great relief. We were serving the home delivered and our congregate and our small staff was handling all the meals at that time. We handled it well.
Greatest challenge was conquering fear of the unknown and making sure we kept safe while providing service to others.
The loss of volunteers.
Because seniors are more likely to experience serious consequences after contracting COVID-19, many must stay in their homes or retirement communities, without seeing friends, family, or even neighbors for weeks at a time. Loneliness and fear have a huge impact on mental health, which in turn has a big impact on physical health.
Technology constraints. Wi-fi not working properly. Senior participants had difficulty using technology.
Coordinating with multiple vendors to adapt our service delivery.
Addressing issues of capacity in serving the needs of older adults while maintaining a safe environment for staff.
Our greatest challenge was trying to think of ways to address the boredom our seniors were dealing with.
One of the greatest challenges would have to be increasing the number of clients we provide services to. With the restriction of limiting in-house services to only 30 occupants daily, we will not only have to plan services at other sites and organizations, but also delegate the responsibilities to the staff who are able to implement them – we will need to factor the hours we will investing in the activities, as well as our abilities to meet deadlines and complete other tasks on a weekly basis.
Not having the congregate client coming to the center.
Getting Client safely feed
Getting people to come back that are afraid.
The greatest challenge was introducing new ways of providing socialization while the center was closed. Activities were limited to outside, drive-up programs.
Decrease in member participation, lack of transportation for participants to get to the center.
Having to switch serving daily hot meals, to weekly frozen meals

Technology. Not only the participants having a lack of technology, but also having a lack of knowledge about how to best use the technology they have.
Knowing When to Close. Oglethorpe closed immediately for ten days when a staff member or family/ friend tested positive with having Covid 19. All staff had to test negative to return to work.
Having to use a lot more copy paper and ink than usual making the weekly activities sheets and getting forms signed.
The transition from in-person interactions to a virtual senior center.
The same… meals on wheels program
Find innovative ways to keep the seniors engaged while being separated. In addition, being able to communicate local and national COVID updates
Our greatest challenge in responding to the COVID crisis was providing/teaching new tools of communication. A lot of our seniors were either not open to using video conference/teleconference or did not have the resources to attend the platform.
Socializing with seniors
The greatest challenge at this senior center was delivering meals to clients, we didn't have a vehicle when COVID started we had to get volunteers to deliver meals. Social distancing was a challenge, trying to stay safe from the seniors and coworkers.
The greatest challenge in the beginning was how to ensure everyone's safety while continuing to serve clients, which often required in person contact.
Paperwork
Due to our very international group of seniors, removing sight (in-person) programming was very difficult for them since their English is limited.
Many of our seniors do not have computers or did not want to try using Zoom if they did. It would have been better to have engaged via Zoom**,** but teleconferencing worked very well.
The greatest challenge was getting seniors to return to the center on a regular basis.
Not being able to meet face to face with our seniors.
Making sure to keep everyone healthy.
Communication with the clients. A lot of them do not have social media or smart phones. Most of the time they would answer the phone, but not always.

Making connection with seniors while the center was closed for covid.
Good
Trying to get the seniors to use technology.
Our greatest challenge was trying to keep the seniors apart and trying to make them feel more comfortable with coming back to the center during the COVID Crisis.
Trying to help our Seniors with the isolation, and not being able to attend the Center in person.
To entertain their cries of how they missed coming to the center and their wishes that it would soon re-open.
providing the meals to congregate clients at home because of the lack of volunteers and the addition of more clients to receive meals at home.
While we understood that the entire county was experiencing supply chain issues with food and paper products, the lack of clear communication from Trio/Valley Foods was very frustrating.
Our greatest challenge was to keep our seniors from being depressed because they weren't able to meet
To be honest I'm not entirely sure. I just started as director in August
Keeping up with the demands of supplying the clients
communicating with clients in a timely manner. Not sure
Getting transportation
Not being able to be open for our seniors.
Socialization was the greatest challenge because we were unable to gather face to face so we had to be creative to reach our seniors so they could receive the socialization in some type of way.
Virtual programming and social distancing programming.
we really did not have any challenges; the seniors were eager to get back to join us and we implemented lots of new ideas for them to be able to join
Access to PPE supplies for staff and seniors
Socialization
Keeping staff present to meet the needs. Some had Covid and/or exposures limiting our ability to serve without doubling up

In-person activities and mental well-being for our clients.
making sure everyone remained safe
Not knowing if we were going to be able to receive all the meals we needed. Some of the kitchens were closed during this time, but we all worked together and got it done.
Keeping the staff safe and healthy so they could deliver the meals. Making sure seniors had PPE as well
Seniors wearing masks for a couple hours.
There are several...but one of the greatest is helping people stay mentally, physically and socially active when only getting to spend less than a minute with them whether it be deliver**ing** a meal to them or handing them one in a pick-up line.
The greatest challenge with responding to the COVID crisis was maintaining a positive mindset when speaking with concerned seniors. Because so little was known about COVID there was concerns as to the outcome and future of reopening of the senior center.
Not open to attend
Not being open. For a lot of my members, this is the only socialization they have. That's why it was so important for us to stay in touch and make sure mentally and emotionally they were ok, as well.
None
Seeking dedicated volunteers
depression/loneliness that clients and employees felt when we couldn't open our center to clients to visit
Not being able to reach the seniors that was part of the transit service and couldn't get to the center for meals.
Trying to create hot meals when the kitchen in Americus was shut down several times as we do NOT have a grocery store in our entire County!
Enough staff to deliver all the meals. When we had to create 2 new routes.
None to my knowledge
Getting congregate members to call into the chat line.
Making sure the clients stay physically active while at home.
Keeping positive while remaining at work serving the community.

Getting updated and accurate information on safely protocols.
Reaching all of our members remotely. We tried many different formats, fb live, zoom, MS teams, telephone based, home delivery of crafts/activities etc. We had the most success with telephone-based programming and plan to keep some form of that moving forward.
Product availability
NONE - WE WAS ABLE TO DO WHAT WE HAVE TO DO
Being able to communicate with our seniors there are several that's not technology friendly and some don't have phones or not using their usage wisely
The greatest challenge was trying to keep everybody safe and staying the six feet distance, wearing masks and keeping their hands sanitize.
Staying in contact with our congregate members weekly to ensure them that they were not forgotten. We purchased personal care and cleaning items for members and delivered to their homes at least twice during the pandemic. They really appreciated it.
Mandate/requiring masks in the center--some don't want to wear them
Short staffed, volunteers were afraid to be out.
Our Center's greatest Challenge was having staff and volunteers to help lift and move the additional donated food. Somehow, we made it through and got the food moved to help our seniors.
Delivering meals during the pandemic and risking possible exposure.
Trying to stay well ourselves to be able to continue serving our Seniors. Being Quarantined.
Making sure we were safe and keeping the Seniors safe.
The mental strain for our seniors and them not having any socialization.
Not being able to meet everyone's needs and be here for the ones who were struggling with depression from being cut off from their friends and activities.
Not being able to meet with clients when the center was closed.
Keeping our clients feeling that everything will be OK, they are not forgotten, keeping the fellowship by phone calls, cards and newsletters.
Creating change. People do not like change, even when it is necessary. We have worked closely with our clients, counties, cities, and local partners to develop an understanding of the program and to strengthen our partnerships during this time.

ensuring staff remained safe in order to continue to serve our community
To obtain food items for their meal boxes that provided meals for our MOW and C1 clients. Staff overcame that obstacle and went forward to provide the food needed.
Makin sure all employees stayed safe and not getting COVID.
Keeping everyone engaged and excited.
Trying to get everyone the help and resources that they need.
Providing services to all seniors in the community. When the pandemic hit, not only the seniors who attended the senior center was affected but the senior community as a whole. The number of seniors needing food and services tripled. Our staff was overwhelmed with request.
It was getting reopened. Now it's just a new way of life. So**,** we change up daily whatever needs to be adjusted
No State Reported
Trying to stay open
The center's greatest challenge was hearing about our seniors who were sick or passed during Covid and unable to see them or attend their funerals.
Not being to have in person interaction with our participants.
The greatest challenge has come probably in the last three months. The sheer exhaustion and pandemic fatigue is real. There is no end in sight either. To go from you have to be completely closed and the state will shut you down if you're caught having activities to free and wide open has been very disheartening. To know that the second wave came through and there was not any guidance on being open while in the red zone has caused extreme division between the seniors because neighboring counties may be open, having EVERY activity known, no masking requirements have made the closed counties look like the bad guy and that we "don't want them here" because I am putting safety first. It is my mission to keep them fed and safe, not entertained, but they are not seeing it that way. It at times, feels very "thrown under the bus" because we are trying to keep seniors ALIVE. We have lost TOO many and I can't have that on my conscience that because I hosted a dance or card game because they wanted one, that someone contracted COVID and was extremely sick or passed away.
People were afraid and needed reassurance. Health Department was slow to meet the seniors in their home request for vaccine. Trying to reassure them.

Preparation for the Next Big Emergency

Centers were asked what they need to do or change to better prepare to respond to the next big emergency. There was a total of 163 responses to this question, 65 from Kentucky, 93 from Georgia, and 5 did not report a state location. Each response could have more than one theme, and the analysis is based on the number of responses, not themes. The most common theme (31.92%) was resources (staff, volunteers, supplies, storage, funding, etc.), closely followed by nothing, unsure, or feel adequately prepared (28.83%). The breakdown of the analysis can be found in Table 8d. Examples of the themes for this question can be found in Table 9d. All responses can be found in Table 10d.

Table 8d: Supplemental Questions Changes or Improvement Themes (n=163)

Theme	Frequency	Percentage
Resources (staff, volunteers, supplies, storage, funding, etc.)	51	31.29%
Nothing, unsure, or feel adequately prepared	47	28.83%
Plans, procedures, or policies	27	16.56%
Other	12	7.36%
Technology	12	7.36%
Training, education, or information	11	6.75%
Client records	10	6.13%
Communication	10	6.13%

Table 9d: Supplemental Questions Changes or Improvement Examples

Theme	Example
Resources (staff, volunteers, supplies, storage, funding, etc.)	"A larger facility with adequate space for storage, freezers, warmers, in-house equipment, staff & vehicles to provide frozen meals for clients. This facility does not have enough warmers, needs freezer."
Nothing, unsure, or feel adequately prepared	"I feel that we are in a good position to handle another big emergency. I can't think of anything that we need to do or change."

Plans, procedures, or policies	"Have a game plan in advance for if/when a shutdown occurs so we aren't having to make tough decisions on the fly."
Other	"Have other alternative options ready for physical exercise. For example, using canned goods as an alternate weightlifting option."
Technology	"We lacked the technology to accomplish some of our goals."
Training, education, or information	"Continue to educate our staff on emergency procedures to provide on-going training in case of another big emergency."
Client records	"Update all contact information from each of our members."
Communication	"Figure out a way to communicate with the clients who do not have computers, smart phones, and social media."

Table 10d: Supplemental Questions Changes or Improvement Responses

What does your center need to do or change to be better prepared to respond to the next big emergency?
Kentucky
I believe that we were prepared to meet this challenge. No, it has not been easy, we have worked many long hours and worked wherever we were needed; cooking, driving the van, delivering HDM (home delivered meals), cleaning and whatever else that needed to be done to provide for our seniors. We have learned a lot during this past year and half.
I believe that we stepped up and met this challenge head on. As a whole we worked very long hours to make sure our seniors were taking care of and we would doing it again because they are worth it.
Have a strategic plan to put into place when emergencies happen
Take time to strategize instead of implementing things and changing them weekly and daily.
I feel we responded well. Increased self-reliance would be beneficial. Depending on other agencies who also are struggling and been a huge challenge.
Nothing we could have done any differently I don't think

I feel that as a whole we are prepared as much as we could, and now we are equipped more to be prepared for crisis.
Communication is key, as long as we are given the right information so that we know what is needed.
The Center could possibly work on educating seniors in regard to other avenues of communication and technology.
Increase staff and resources.
Prepare stronger Emergency plan.
With the learning that came from the Covid crisis I feel our center is ready to handle the next big emergency.
Getting the seniors prepared and realize that it can happen.
we responded accordingly.
Make sure we have everyone's correct phone numbers or mailing address to keep in communication. Have everything on the computer backed up because we had one extreme from another with our building being flooded and losing everything while dealing with rising Covid cases.
To have the resources to get to those who are hungry, have transportation issues, and have technology concerns.
depends on the type of emergency each would be different what would work for one might not work for another etc.
We now have the equipment and processes in place as we are still operating under pandemic numbers.
The current policies and procedures have provided a blueprint for the future. We need to capture and plan for contingencies.
We could use more options for resources.
we need more resources to be able to reach more people
We need to improve our staff training, as well as that for seniors and volunteers. And to provide the training on a regular basis.
I think we handled everything good due to the timing and everything
Disaster plans

To be better prepared to respond to the next big emergency, the center needs to keep a more extensive emergency plan in place.
nothing
Having emergency meals on hand to give to seniors that don't drive to pick u**p** curbside meals.
1. Educate our seniors on how important it is for them to establish/build/maintain personal contacts with their loved ones, churches, etc. Unfortunately lack of funding makes this a challenge to increase the number of clients that can be served.
Aowing for a delivery system to reach current, active participates and/or those who are unable to utilize our services due to transportation, ect., would allow us to reach more seniors in the community during our next emergency with a hot meal.
Have more help, volunteers provided to our centers, so we won'**t** be so overwhelmed, it wouold be so very less stressful
Having supplies on hand to cover increased number of home delivered meal clients and curbside service instead of walk-in
Hiring a delivery route substitute driver. Emergency meals on hand.
have more shelve meals in stock at center so we can take out to home bound
We have certainly gained a lot of knowledge from this experience and know that we can survive even when there were days**,** we were not sure. We will be able to take the experience of COVID 19 and build upon it for future emergency situations. A few things that stand out is thank staff and volunteers daily and recognition along the way to keep morale up. We need to accept any help offered, don't be afraid to ask for help or donations and continue to recruit dependable volunteers.
Just depends on what it will be**,** but I think we can always find a way to regroup.
we need a cart utility tray to help transport meals from kitchen to outside for pick-up to help out
Have enough staff.
have more resources.
We are ready
more volunteers and back up/prn help

Emergency Shelf Meals. If we were able to pre-order shelf stable meals that we could store for emergencies, we could have handed these meals out to seniors as they exited our building on March 13. Shelf stable meals are helpful in any emergency and can be handed out immediately after any community emergency (flood, tornado, etc.)
I am not sure exactly, I thought we adapted well and were flexible. Maybe have more PPE equipment and procedures prepared in advance.
We should be aware of the more vulnerable seniors in the area.
We need to be on top of being prepared by having some sort of disaster plan and supplies to help our seniors.
All together I really thought our program work well and done great. We prepared food and sent Home delivery's out and had seniors to drive by to pick up food. I keep in touch with the seniors, and thru this I met other people. Just needed more protecting items at the beginning of the COVID 19 was hard to get.
I honestly think we have done a good job with what has been thrown at us. I think we learn as we go, and if any other emergency comes up, we will get through that too.
have more employees that will work
Utilizing community volunteers
More staff that can help with meal routes and one more van so it want be so rough on the other two meal deliveries cause we had alot on the covid meals
I think we have already done that, as our eyes were opened to our weaknesses with this pandemic. In the future we need to take note of individual strengths and weaknesses, and utilize each employees' strengths (ie: organization, excel skills to make clear routes, communication, etc)
find a way to remain open during emergencies, seniors thrive on socialization
Have one agency and one website to refer to. It should have concise, accurate, up to date information.
unsure, but I would like to see a plan in place to remain open for seniors.
We need more employees.
Have an Emergency Plan prepared and have emergency supplies already on hand.
have more funds

I feel we handled the emergency quite well. Even at times it was stressful we continued to deliver meals and provide what the to the Seniors needs.
Just keep pushing like we have been
more contact with the community
Our response was swift, appropriate, and efficient. An established emergency fund designed to offset expenses incurred by unexpected and/or crisis events could be established by either the Commonwealth or the Federal Government. This fund should be easily accessible to impacted agencies.
Setting up outside areas that can be utilized for activities. Create a**n** "As Needed" volunteer roster.
More freezer space (working on a grant)
we need to get through this emergency before look toward the next one. Each emergency will bring its own types of situations. Hopefully we will learn how to be better prepared after this pandemic.
More part time staff to help deliver more meals.
Have plenty of volunteers and their contact info on hand.
Georgia
Help prepare our seniors in computer skills to be able to participate in zoom activities, although a lot of the seniors do not have access to internet.
I cannot think of anything we would need to change to respond to an emergency such as we have had during the pandemic, except having a program already in place where we could hire an employee to deliver groceries and medications or drive the clients to medical appointments. We responded well to the seniors needs for food and other essential items even with our limited staff.
I believe getting pertinent information asap is always important.
Our seniors need to have the ability to, and the knowledge of how to communicate in a virtual world. Our county remains an internet desert.
Have list in place of contact list of family members and schedule of more virtual and more visits and phone calls. Check with clients about any underlying medical condition to help them make plans if they live along and need extra help. Facetime, Skype calls, or other virtual visits

that you share can prove invaluable. Consider setting up scheduled days and times to connect so the visits don't fall through the cracks, and so seniors have something to look forward to during the pandemic. Multiple family members can join using video conferencing tools such as Zoom, and nursing home staff can help the residents set up the call. Even a quick phone calls a few times per week can help reduce feelings of social isolation for seniors who are sheltering in place.
Have a contingency plan and uniform protocols in place.
Work in concert with vendors to develop policies to minimize service disruptions.
Revise our disaster preparedness plan to address catastrophe pandemics such as COVID.
At present, we can't think of anything else to enhance what we have already been doing and has seemingly worked.
We (CPACS) will need to design and establish a protocol in the cases of emergency situations – before they are to occur. I feel that there are many protocols not properly made ahead of time to provide guidance to staff in regards to the situation – examples include COVID-19 safety protocol, intruder situations, fire and safety drills, power outage, internal data security breaches.
A safe way of giving meals to Client when get to the home.
Get not only Client Contacts but member's of the family contacts
Our Center needs to think in terms of providing meals & socialization to congregate clients in new ways. Outdoor activities should be planned and implemented. Changes to the Center's outdoor venues may be added or improved. Partnerships with local food distribution outlets might be forged now for the future.
Continue to be proactive.
put emergency funding in budget
We have learned so much about what works and what does not work virtually. We are trying to educate participants while they are in the centers so that they can better understand what is available to them and how to use it. Before COVID we had many seniors that would not participate in classes about technology when offered, that are now motivated to learn so that will also help us.

Oglethorpe had battled bed bugs in the past and now the Covid virus. One Needs Absolute Facts about a situation to know how to deal with it.
We have already made a good many changes since the pandemic to make our seniors and staff much safer. We have installed plexiglass dividers on all the dining tables, have signs up throughout the buildings for proper hand washing procedures, social distancing masking. We have hand sanitizing machines at each entrance. Also temperature stand for checking temps and masks available for everyone when entering the building. Along with finding program procedures and working closely with AAA and our county, we feel we're prepared as much as possible but I'm sure other changes can be added along the way.
We lacked the technology to accomplish some of our goals.
Be more flexible
Technology and another Van to be able to quickly respond to a crisis.
Since the COVID crisis we realized that changes needed to be made in order to prepare for the next big emergency. As a result, we have been focusing on teaching the seniors how to use technology to benefit them whether with the center or with their personal endeavors. We have not only showed them how to video conference but also how to find art project, exercises, nutritional contents, support groups, and many others.
Robot calls to reach all Senior quickly
A larger facility with adequate space for storage, freezers, warmers, in house equipment, staff & vehicles to provide frozen meals for clients. This facility does not have enough warmers, needs freezer.
I think we met the challenge and adapted very well, and now we have that infrastructure and platform to get up and running in an emergency situation next time.
We have a comprehensive plan to serve our clients in case of hurricane, ice storms, and pandemics.
I think we did well and learned a lot. Having worked overseas with Internationals in various ways, I knew immediately what would be required to get participation - our seniors had to have the materials in their hands for each class. I ran with that knowledge with our initial rollout of classes early last year.

I feel we are well prepared to handle another situation like Covid with the understanding of how to virtually connect with the participants.
The center can be monitored daily by law enforcement or periodic check throughout the day,
Update all contact information from each of our members.
Keep supplies on hand such as shelf staple meals, gloves, masks, disinfecting spray/wipesand hand sanitizers.
Figure out a way to communicate with the clients who do not have computers, smart phones, and social media.
Have a list and phone numbers of all seniors HDM and Congregate clients. Have a supply of SS on hand for both.
wear masks
nothing at the moment.
Our center needs to be more prepared and create back up plans just in case we have a next big emergency.
Being able to put in place the delivery of meals at home sooner.
Our center needs to remain abreast of current media, news, issues and warnings of predicted and upcoming crisis and important data that relates to addressing, dealing with, or avoiding negative results.
Document this process and create a lessons learned and how to do it better hopefully never.
To prepare for the next big emergency, our staff must maintain client records, retain extra supplies and continue to nurture relationships with volunteers, government agencies, nonprofit organizations and other helpful entities as these relationships help us to respond effectively and efficiently to whatever issues we face.
Nothing. We handled it well
Now that we have experienced this situation we will be better prepared to handle this type of situation in the future
not sure what we could change. feel we are better prepared because we've lived it.
I wouldn't change anything
I think for the most we did an excellent job!
We have our emergency plan in place with the pandemic included.

Plan different Styles of programs.
I feel like we handles well and we don't really have anything to change
Having a remote work plan; This plan now exists
Always room for improvement but we did all that was allowed by governing agencies.
Build a volunteer base who can fill in when needed.
Have a game plan in advance for if/when a shutdown occurs so we aren't having to make tough decisions on the fly.
I believe our organization is well informed and remain on top what we need to do in case of emergency
We are doing all we can.
Partner with law enforcement and churches for more delivery staff
Create an emergency supply kit and also have a phone tree. Checking on one another.
Undecided.
Nothing. They handled everything just fine and I am sure they will handle fine the next time. They did a great job.
we are ready
Have a plan B in place and an outline of expectations of the center responsibility during an emergency
Unsure
Provide resources for ALL center participates including those that do not drive.
We are prepared
Nothing...this is the worse thing that has ever happened or we expect to happen.
We think we have made enough changes that we will be prepared in the future.
We will now have a better idea how to provide other items to our seniors besides their food.
More technology.
Have other alternative options ready for physical exercise. For example using canned goods as a alternate weight lifting option.
Resources for food products that deliver.
I feel that our center/county responded quickly and appropriately to the situation

We need to continue to working on effective remote programming and adding it to our regular in -person activities so that our members can be familiar with how it works so that in the chance we need to shift again we will have more participation.
Have supplies on hand
I FEEL THAT WE DID THE BEST THAT WE CAN DO DURING THE PANDEMIC. WE NEVER STOP DELIVERING MEALS TO OUR CLIENTS THE WHOLE TIME EVEN WHEN WE ARE CLOSED
Transportation is very limited in order to come to the center most of them having to awake and be ready by 7am for the bus to pick them up
It needs to keep doing the social distance and wearing mask and washing our hands and sanitizing everywhere.
I think that we responded well. We picked up groceries and medicines for members who needed that assistance and provided transportation which was essential during the crisis.
Have more experience in virtual programming in order to keep home bound clients engaged while at home.
Training, continued funding for services
Having ready boxes of needed items in the homes ASAP. It is to late after the centers are shut down and the staff quarantined. Some of the staff at the centers are older or retired and are unable to move a large number of boxes at a time. We were able to get emergency food boxes from our local food bank and these were very heavy. However, giving out over a period of time help. We need food boxes in the homes as early as possible not waiting til its to late. We need to move the food ASAP as soon as we know to be prepared in advance when we have plenty of staff and volunteers on hand. This would also help getting the seniors to come pick up in advance also
order more supplies and PPE
I think we handled things good
I don't know. We were able to respond to this pretty well.
Collaborate with other centers to ceate a action plans combining all positive actions from each center into a action plan.

Have a better way to communicate virtually with our seniors so they don't feel so isolated again.
Internally, update phone numbers and contact information.
The Dade Senior Center is doing all that we can at this time to better serve our seniors. We are trying to be prepared for any and all emergencies.
We have a strong emergency plan in place and the nature of the program can withstand various emergencies because we have multiple providers (22 restaurants) throughout the region, they could cover for one-another or deliver to other areas if certain areas are down; however, depending on the emergency, communication, organization, and access to records could be a concern. (If there were possible long term power outages or internet and cell tower interruptions)
Continue to educate our staff on emergency procedures to provide on-going training in case of another big emergency.
We are doing fine right now.
We need better service from our "kitchen"
Have access to client lists at home- meals on wheels, transportation, phone numbers, etc. Have shelf stable meals on hand as well as give out to clients.
Since we never experience such a challenge, the community has now set up a partnership of resources to deal with emergencies of this magnitude.
More funding
State Not Reported
Having all the supplies
In my opinion, Boone County Senior Centers were ready to jump into action. We all put our minds together and came up with great ideas to help our community.
I feel that we are in a good position to handle another big emergency. I can't think of anything that we need to do or change.
Our center fell in to step very easily during this emergency. We took on A LOT of extra responsibility that many other facilities did not do during this time. We had a large local business that is a residential facility for over 1000 students have to close. They had to get rid of every bit of food that they had on-site. Literally tons and tons of food and pallets. We

served at the distribution center for that. We got lots of great food into the homes of seniors and food banks, but it was a lot of physically exhausting added work. It would be nice for us to have more cold storage should we have to increase the number we feed so quickly like that again as well.
Us having the first case the department heads several community services and the judge and mayor met and we developed a plan that all calls would go through the senior center because we had the phone line and personnel to help meet the needs of the community. We had issues with addicts wanting help daily. We need to improve in that area.

Center's Plan to Appeal to Seniors

Data shows that COVID exacerbated the already devastating issue of social isolation for seniors. Centers were asked "How can senior centers make themselves more appealing to seniors looking for socialization, now and in the future?" There were a total of 159 responses to this question, 64 from Kentucky, 90 from Georgia, and 5 did not report a state location. Each response could have more than one theme, and the analysis is based on the number of responses, not themes. The top three themes were programming, activities, and/or events (54.09%), communication or interaction with others (27.67%), and advertising or outreach (23.27%). The breakdown of the analysis can be found in Table 11d. Examples of the themes for this question can be found in Table 12d. All responses can be found in Table 13d.

Table 11d: Supplemental Questions Improve Appeal Themes (n=159)

Theme	Frequency	Percentage
Programming, Activities, and/or Events	86	54.09%
Communication or interaction with others	44	27.67%
Advertising or Outreach	37	23.27%
Safety	24	15.09%
Technology	23	14.47%
Meals	19	11.95%
Other	10	6.29%
Collaboration	9	5.66%
Center Opening/Restrictions	9	5.66%

Funding	7	4.40%

Table 12d: Supplemental Questions Improve Appeal Themes

Theme	Example
Programming, Activities, and/or Events	"Add programming that is appealing to the seniors find out their needs and wants. We have to have fun and interesting things that they enjoy."
Communication or Interaction with others	"Encourage the seniors to build their network among themselves. It is great to communicate/associate with peers."
Advertising or Outreach	"More outreach. We are looking into sending out flyers to churches. I think most of the issue is that people don't realize that Seniors Centers exist or don't understand what we offer."
Safety	"Continued efforts to consistently provide a safe atmosphere for the seniors."
Technology	"I believe the region should have invest in improved technology resources for seniors. Many seniors are overwhelmed with technology as it is always evolving. I believe we should maintain virtual programming in some capacity and have tools (like Claris) available for clients."
Meals	". . . More in-house dining opportunities because a meal and good conversation are still key."
Other	"I would love the responses to this question! I honestly wish we could come up with some ideas."
Collaboration or Partnerships	". . . We also started our pilot program initiating programs with local entities and non-profits which has resulted in creative programming available to our clients such as water aerobics at the YMCA, creating legacy books at the local library, and gardening at the local community garden. All of these activities are hosted by other agencies yet funded through our agency. It is amazing to see the partnerships grow due to this and the seniors get the opportunity

	to do activities and truly be included in their community in this manner."
Center Opening/Restrictions	"I do believe we need to figure out something about letting them come to the centers no matter what, some of them the centers is all they have for socialization."
Funding	"I think if we had more Grants out there to fix up things more."

Table 13d: Supplemental Questions Improve Appeal Responses

Data shows that COVID exacerbated the already devastating issue of social isolation for seniors. How can senior centers make themselves more appealing to seniors looking for socialization, now and in the future?
Kentucky
We can offer more activities and work more with the community.
We can offer more activities for the seniors.
To get our information across the counties we serve, many seniors do not know about our services.
Have a monthly budget put in place for new activities, crafts, and eventually trips.
Currently we can provide support and information. In the future offer more engaging services and recreational activities.
More trips, activities, etc.
By getting the word out more letting senior know that big part of the senior center is about socialization.
We just need to reassure anyone who is interested in coming to the center or families wanting information about our center to feel comfortable in knowing we are going to do all we can to ensure their safety and wellbeing and let them know the importance of socialization for the seniors.
The Senior Centers need to get back to normal. With going back into the "Red Zone" so soon after we reopened, many do not want to come in because the things they liked aren't being done. They want to play cards and go on field trips.
Provide more activities that are all appealing to seniors of all ages.

Offer Well check calls to seniors.
by making the gathering as safe of an environment within our control and continuing to offer programming that allows for socialization to take place.
1. more staff. 2. more of what they want to do and less of what we want them to do (education programs are great but should not take up most of their time).
advertise more.
We have a safe and happy environment, also we offer a lot of activities, recreation, exercises, and evidence-based classes and we offer these with Covid guidelines in mind.
To focus less on recreational activities and have more seated classes to discuss and council. More in-house dining opportunities because a meal and good conversation are still key.
for those who have computers. and the knowledge to comply with protocol they could share e mails with each other or other events taking place in their county
Senior centers have to be flexible and think outside the box. Our center utilized our parking lot for outdoor events and pulled in community partners to accomplish events with social distancing outside.
Offering a mix of in-person and virtual experiences. Maintaining practices that promote health and well-being.
With COVID it has opened the door to all seniors. Providing HDM to all and not having to go by the wait list.
welcome them in a family atmosphere
We have increased our telephone reassurance program to make sure we are in regular contact with those that can't get out of the house. When it's safe, we are re-starting friendly visits. And we also need to increase our virtual programs, for those that can access online.
I do believe we need to figure out something about letting them come to the centers no matter what, some of them the centers is all they have for socialization
advertise!!! Show what you’r**e** doing so others will be interested.
To make themselves more appealing to seniors looking for socialization, senior centers can offer drive-in events, such as "movie nights" and outdoor concerts.
open back up and let senior come back

Encourage the seniors to build their network among themselves. It is great to communicate/associate with peers.
Transportation and someone to drive the bus would go to great lengths to make my center more appealing to this community. I have so many seniors say they just don't have travel options.
By continuing to serve our senior population as we have been, were always there to hear them and their suggestions
Have a variety of activities for a wide range of clients. This would encourage attendance and introduce them to something new
Initiate small groups with common interest. Interest based clubs.
more educate seniors on the vaccine
Currently it is still difficult to make our centers appealing due to the need for social distancing and the recommendation to wear mask. Those who really want to come are attending but there are still those who don't feel comfortable or do not want to follow the recommendations. We must continue to maintain contact and concern for those who are choosing to shelter in place regardless of their reason why. Under normal circumstances providing interesting and exciting activities and a pleasant environment are very important. Seniors also long to be needed and having opportunities for participants to share their talents, knowledge, and interest is vital to decrease the social isolation many of them experience.
I hope to bring in more activities and guest speakers. I feel like the seniors just need more variety. They are bored.
IDK's
I reached out by phone a lot and it seemed to really help keep my seniors to stay in touch and have someone outside to talk to.
The senior centers need to let the community know that they are not just for the poverty level people. The seniors tend to think that someone else might need the services more than themselves.
Make sure they know that we take all precautions to make sure they have a safe environment to come to. Also**,** resources for them
I'm not real sure

we sent out crafts through meal routes, health**,** and nutrition education, invites to outdoor events, and held phone conference calls to keep seniors engaged and participating in Bingocize.
Unsure. I am search for this answer every da**y** as we try to build our program. The one thing I am sure of is that it has to be FREE, whatever it is.
Providing wellness checks and staying connected to Seniors and providing them with the resources and referrals needed to have the socialization that they need. Provide flexible, diverse activities and programming.
Being able to interact with the seniors if we are unable to open the centers. Using our delivery drivers to drop off activities. Offering small contests to return the activities.
By advertising all the activities and things the center does.
change the name of the center, need more exercise and better menus,
I would love the responses to this question! I honestly wish we could come up with some ideas.
do advertisin**g**
Funds to go beyond just serving a lunch. Informative workshops would bring a breath of fresh air**,** but the funds are just not there to sustain bringing workshops etc**.** into the centers.
We have been sending out activity packs and information packs to all active clients, and as able talking about what we can do when we open back up. Our goal is to stay connected to our clients**,** so they are aware of what we offer. This has been a big obstacle in the past- awareness of what we can offer.
advertisements.
Our calls discuss health, safety, and welfare of our members but if they could get friendly calls from approved agencies like the AARP friendly telephone volunteers. Upon reopening have technical support to offer new members on 2021st technology on email, skype, phone texting, and have the centers equipped to encourage people to visit and learn something new with people their age.
If seniors would just come in and see the smiling faces here, they are sure to make a friend. Activities such as pool playing and BINGO often bring in seniors.

Really cannot do anything until centers open back up. If the seniors all had iPads and knew how to use them**,** we could do virtual meetings.
Planning outdoor events that would allow seniors to be together while using Social Distancing. Forming small group activities would also help. Providing our seniors an opportunity to exchange addresses and phone numbers so they can correspond with each other would be very helpful. Receiving a letter, card or phone call would assure them that they'**re** not forgotten!
Get rid of the stigma that the centers are only for low-income seniors
We can always ensure a clean and safe environment for our Seniors. Friendly faces and a caring environment.
By offering more to do
We provide everything they need to social distance and be as sanitized as possible
Continued education and marketing about the importance of social interaction to help assuage concerns created by uncertainty and fear.
More online/telephone activities. Create outside covered areas for activities, eating, and gathering.
More Advertising when open. Do more things in public, like set up at grocery store and give people info on our center personally
The restrictions that the senior centers are under is not really an inviting situation.
Have instructors to do a class on smart phones/computers, teaching seniors how to use other means of communication.
By offering more activities, better meals, and a warm and safe friendly environment.
Georgia
More outreach. We are looking into sending out flyers to churches. I think most of the issue is that people don't realize that Seniors Centers exist or don't understand what we offer.
Senior Centers can use different types of media and advertising outlets to inform the community of events and activities held at the center, volunteering is a wonderful opportunity for socialization!
Isolation was the most destructive issue due to the pandemic. Many of our seniors who were vital, active members of the center went into assisted living, nursing homes and several passed away. Meeting with their friends at the center, sharing a meal, playing Bingo, exercising was

so important to all of our members and when they did not have this opportunity, the impact was devastating. We are open now, and providing all our programming for seniors and have had a great response. There are still a few members who are afraid to venture out due to the second wave of the virus coming through, but many are here every day and enjoying their lives.
Since isolation of seniors**,** I have found that they want to be a part of making a difference and giving back. So**,** I include give back activities that help seniors feel included in making a difference to someone else.
Try to be more visible. Not everyone gets a local newspaper, listens to local radio, or watches local TV.
Have the needed space, extra activities, packages for home activity and, outside activities.
Word of mouth from current members. Outreach.
Continue to educate the community, and partner with individuals, groups**,** and businesses to help raise awareness about senior centers.
Serve as focal points for older adults and their families via social media platforms and assistive technology, ie, Claris tablets and Trualta software in addition to expanding education, health**,** and outdoor programming.
By conducting consistent communication and/or interaction with them in a positive, creative**,** and safe way.
We could include more activities that incorporate both learning (practical) and interactive engagement with others, or personal electronic devices. We could also include activities which later generations partake in, such as recording fun videos/messages to send or show to family and friends, or even ways to use apps for group video calls.
By getting the covid vaccine.
Get more input from Seniors as to what kind of activities they would like to see at the center
I think if we had more Grants out there to fix up things more.
We will continue to promote activities and a healthy mid-day meal. The social isolation experienced by the seniors was heart-breaking during the time the Center was closed to congregate participants.

Advertisement, sending out newsletters with program activities and possible open house in the future
use zoom programming, distribute tablets
I find our biggest issue is stigma, with more physically active seniors there can be a sense of the centers being for old people**,** so we tend to attract seniors for which the recreation centers or multipurpose centers are no longer appropriate. So**,** we are trying to have programs for young seniors, while the majority of current participants are older seniors and so center often have to balance two activity tracts in places with limited staff and space.
Practice the protocol of wearing a mask, social distance, take your temperature, wash**,** or sanitize hands after using the bathroom or touching a handle, table, steering wheel... Eat outside when possible and wear a mask when preparing food besides gloves and a hair net.
Have a variety of programs and activities that interest the seniors from different diversities
We need to provide more activities and programs related to the desires and interests of the seniors which demand more funding.
Offer a variety of activities, maybe advertise more what we have to offer.
By promoting the Senior Center's visibility within the community, partnering with the Department of Mental Health and Social Services. Finally, educating our seniors regarding social media and other social platforms like zoom, and facetime as ways of safe guarding against social isolation.
A way that senior centers can make themselves more appealing to seniors looking for socialization, now and in the future is by making the public aware that we exist. During the COVID crisis many people called inquiring about our center. They stated that they did not know until they felt lonely that we were within their community. If we brought more exposure to our centers**,** I feel as if the COVID crisis would not have felt as isolated as it did.
More activities
In the situation here most seniors are computer literate, we have a computer lab, we need a computer instructor to teach seniors computer classes to seniors daily. Organize a Senior Telephone Reassurance as a resource.
Because of COVID we created a virtual platform for online social, educational**,** and recreational activities and classes. We continue to offer a hybrid format for clients to choose

how they want to engage with us. Many seniors still prefer to meet outside, so utilizing outdoor spaces as much as possible. Our Walking Group is very popular now, and we encourage activities and meals to be enjoyed outside as well, weather permitting.
We make sure our seniors are engaged with others through phone calls, cards**,** and home visits. To make centers more appealing, we have a staff member that writes a monthly newsletter**,** and it is posted in the lobby and in the newspaper.
Continue to demonstrate that safety measures are being taken at the center and provide the best programming possible to entice them to come.
I feel we already successfully appeal to the seniors in this community. As many seniors have recently moved to the area to live with their children in the past year or so, I believe we will have a lot of folks interested in attending the center when we fully reopen.
Advertise with more activities and provide more food choices.
Ensure nutritious meals are available on site and quality programming that peak the interest and challenge our members.
To keep a phone circle of outreach going to make sure they all know someone cares and is there no matter what the situation.
Planning fun and exciting activities to encourage seniors to want to come to our center. That way it will encourage socialization.
I've had several new seniors to come to center and when they come a couple of times it seems not to suit them. Not sure but I believe they are still not sure about getting out and around other people.
Being in newspapers, on radio station, and social media about programs, events, and nutrition that we offer on a daily basis.
by teaching them about social media, how to use video chat (facetime, skype, etc.) to keep in contact with each other.
Making sure we keep the Seniors distanced in the Center, but at the same time, feeling like they are back and part of the Center family.
Senior Centers can survey the interests of seniors as it relates to activities of their choice and incorporate them in activity planning.

I think they should keep the virtual program in place and offer it to recipients of HDM who are at home and already lack socialization. They could make more phone connectedness or access to internet access easier for those who are low income.
Generally speaking, senior center facilities must be updated to become more appealing to younger retirees. We also need to shift the staff model of interacting with seniors from "adult sitter and caregiver" to "event facilitator and personal coach".
Have activities that seniors want to participate in
Continued efforts to consistently provide a safe atmosphere for the seniors
continue to utilize technology.
Have some kind of funding, so that we can do more activities for our seniors. Improve the meals.
Add programming that is appealing to the seniors find out their needs and wants. We have to have fun and interesting things that they enjoy.
by using the amazing resources that are easily available, there are so many great ideas on websites and other internet outlets, use the network around you and be sure to get ideas from social media
I believe the region should have invest in improved technology resources for seniors. Many seniors are overwhelmed with technology as it is always evolving. I believe we should maintain virtual programming in some capacity and have tools (like Claris) available for clients.
More Youtube and social media channels that offer full episodes for seniors to watch and interact.
meeting seniors where they are; things like a drive-through with a friendly face; making home delivered to congregate when needed in emergencies. Having varied hours
Marketing and social media. Getting the word out there about our services and being a presence in our community.
By keeping seniors engaged planned activities they enjoy being a part of. Remaining open for the seniors to come in and socialize with others
Offer more programs.

Let Seniors know that it'**s** safe to come back and the center will be doing temp. checks sanitizing the building. We need to put photos and activities in newspaper and flyers to senior apartment complexes. Let people know the centers are here for them to have fun and fellowship.
Senior centers can advertise more.
Socialization within senior centers during social isolation can be improved by providing weekly, bi-weekly conference calls. Drive through events can also alleviate the feeling of being isolated.
N/a
Advertise that not only do we incorporate fun activities, provide meals but that our group is a great place to make friends.
ADVERTISE locally; radio, newspaper, mailings
Centers can be more involved in the community for different activities within the centers. Partnering with different organizations, businesses, and agencies. Having more open-door policy relating to age limit/disability.
opening the doors- remember that our seniors are adults and can make their own decisions on their health and safety
Make sure the seniors have a safe environment to socialize with their friends and provide resources for activities and supplies for Covid friendly programming.
Just open their doors again and follow rules, use sanitizing precautions.
I think seniors need to learn to utilize social media to visit with and make friends.
We are using a lot of social media to increase awareness of the center and the meals on wheels program
Offer socialization parties, be better equipped with activities for the seniors.
Continue to promote various activities that engage the seniors. Phone tree is a good example. Have each senior call the next on the roster to check in for those that aren't ready to return to the centers. Plan events inside the center that were originally planne**d** for outside the center. Example we had planned to go to the cheesecake factory, now we will have different flavor cheesecakes to sample here at the center.

Our center was highly valued in the community and overwhelming appealing to the community's older adult population. Because we updated and modernized our building and services, we have been able to serve in all aspects. Our meals are cooked in-house and that is a plus for attendees. Educating the public and seeking support of local officials to support expanding services would be helpful especially in the way of public transportation.
Advertise events
To have access to supplies for COVID
FRIENDSHIP IS CRITICAL DURING THESE TIMES. SENIORS WHO ARE FRIENDS AT THE CENTER CONTINUE TO STAY IN TOUCH WITH EACH OTHER.
If possible maybe twice a day offering serving breakfast for the ones that arrive early and lunch to the second group
They can call and talk to one another over the phone,
We have different events at the center and always make outsiders welcome. We encourage members to bring neighbors or family members with them to the center for special events or anytime that they want a guest.
Continue to host activities and events as we are now and continue to get more experience with virtual programming and our tablet program.
Provide training and needed equipment for activities that they can do at home as well as at the senior center. Better food choices and selections. Transportation, special day trips.
85% of my seniors cannot afford the internet. Most do not even like the iPhone with apps. They really like the curbside pickup some liked the walk in the parks. This is something that is a great big challenge for all centers. We all have tried different ideas. We gave out activity packs and painted bird houses and treasure hunts. These help with interactions. They were a really big hit.
More advertisement and mandate masks
Provide multiple small group activities so that the seniors are able to have socialization without as much risk as large group activities.
More community outreach, more mental health resources. We are failing in the mental health department. We need more programs like the farmer's market to reach people and share our programs with the community.

more communication with available resources to help seniors get meals/household items without going out.
The Dade Senior Center is closed at this time, but making our center a more friendly, active, center, more educational projects, letting our seniors know we are a safe area for them to come and enjoy.
Think outside of the box. We have initiated outdoor walking clubs, drive through health fairs, and other "in-person" programming safe for seniors to attend. Some activities could be in the senior center, but it is important to create and promote a safe environment (clean, masks, etc.) When people know you are keeping their health and safety in mind, they feel more comfortable. In addition, we are using the Claris Companion tablets for evidence-based programs, wellness classes, and a variety of activities, which allows seniors to easily join classes from the comfort of their home, they can also join local zoom calls and meet other seniors from their region. We have had very positive feedback on the tablets! We also started our pilot program initiating programs with local entities and non-profits which has resulted in creative programming available to our clients such as water aerobics at the YMCA, creating legacy books at the local library, and gardening at the local community garden. All of these activities are hosted by other agencies yet funded through our agency. It is amazing to see the partnerships grow due to this and the seniors get the opportunity to do activities and truly be included in their community in this manner.
word of mouth from other seniors and advertising all that is offered
The center had outside gatherings of our clients with activities, hot meal**,** and shelf staple meals. The center did outreach and telephone reassurance.
We are still providing meal to Seniors that are not coming to the center at this time.
funding for activities outside of the center.
Look for new activities to enjoy at the Senior Center as well as think of more ideas in case of another shut down. When we were closed**,** we did over the phone BINGO, chair exercises over the phone, Art in the Park, a drive through meal program, etc.
Senior Centers need to make sure they are offering resources, activities and events that are needed and appealing to the senior population. You need to know your senior population because every community is not the same. Go out into the community and provide services beyond the walls of the Senior Center.

Looking for new innovative ways to keep them engaged and bring in new members. At this time**,** it's impossible because of space. Limited space is a hardship
No State Reported
More activities
In my opinion, senior centers need to be a fun and exciting place. Senior centers should offer desired activities that seniors enjoy, small day trips, lunch and learns, exercise classes, educational and nutrition classes. Also providing a safe and clean environment where all is treated equal is important.
Senior Centers have to offer good programming (wide variety) and have a friendly welcoming staff. Also, listen to what the seniors want and are interested in.
I think first and foremost, we have to keep safety in mind. I think we need to continue to focus on virtual options and meeting their needs where they are. I think we will need to work more with community partners who may have more conducive spaces for activities as team partners.
We sent it weekly activities for the ones without Internet service and the ones with Internet service we FaceTime and use Facebook. Meal delivery was a time for someone to visit. Many of our seniors do not use iPads or iPhones and they do not have Wi-Fi in the home.

Center's Plan to Better Target Nutrition Program to Reach Seniors in the Greatest Social or Economic Need

Data also shows that there is a significant level of hunger among seniors in greatest social or economic need who do not attend senior centers. Centers were asked, "How can senior centers better target their nutrition programs to reach seniors in the greatest social or economic need?" There were a total of 153 responses to this question, 64 from Kentucky, 84 from Georgia, and 5 did not report a state location. Each response could have more than one theme, and the analysis is based on the number of responses, not themes. The most common theme was Advertising, Outreach, Word of Mouth, and/or Referrals found in 54.24% of responses. The rest of the themes include Collaboration, Partnerships, Community Involvement (32.03%), Meals or Food (26.14%), Other (10.46%), Education (5.88%), Transportation (5.23%), and Funding (4.58%). The breakdown of the analysis can be found in Table 14d. Examples of the themes for this question can be found in Table 15d. All responses can be found in Table 16d.

Table 14d: Supplemental Questions Better Target Themes (n=153)

Theme	Frequency	Percentage
Advertising, Outreach, Word of Mouth, and/or Referrals	83	54.25%
Collaboration, Partnerships, Community Involvement	49	32.03%
Meals or Food	40	26.14%
Other	16	10.46%
Education	9	5.88%
Transportation	8	5.23%
Funding	7	4.58%

Table 15d: Supplemental Questions Better Target Examples

Theme	Examples
Advertising, Outreach, Word of Mouth, and/or Referrals	"Use local newspaper, social media, contact churches and other social groups as well as word of mouth from the seniors themselves."
Collaboration, Partnerships, Community Involvement	"We can work with local food pantries, DFCS, United Way and other helping agencies to identify individuals who have presented themselves for supplemental food and other aid."
Meals or Food	"We have a Home Delivered Meal service that we provide weekdays to seniors that qualify for free meals."
Other	"More support for older adults that live in a rural isolated community."
Education	". . . We conduct nutrition sessions here and that information can be disseminated into the communities in several ways as well."
Transportation	". . . I feel that most seniors with greatest economic need do not have transportation to the senior centers and therefore aren't able to come."
Funding	"First of all we need more funding for Nutrition Program."

Table 16d: Supplemental Questions Better Target Responses

Data also shows that there is a significant level of hunger among seniors in greatest social or economic need who do not attend senior centers. How can senior centers better target their nutrition programs to reach seniors in the greatest social or economic need?
Kentucky
I believe that working with other program in your community like the food bank, farmer market, the LIHEAP program and the Extension office helps us reach out to the seniors in our community.
We work with other groups in our community like the foodbank, farmer market and this help to get the word out about the senior center.
Continued outreach for all seniors to participate
Flyers at the grocery store, news paper, maybe even the local news chanel.
Continued education, promotion and destigmatizing senior services.
Daily hot meal delivery. My home bound seniors are tired of the Mom's meals
Word of mouth! Getting the word out that the senior centers serve hot meals and also do other programs that help seniors get food delivered to there homes if not able to attend centers.
We first need to them know we are here and available by getting the word out via newspaper,tv radio,fliers etc... get out into the community and talk to people,listen to people who may know of someone who could use some help.
This Senior Center offers the congregate meal for those who come in. There is a monthly nutrition education class for seniors. The Center also receives donations from Starbucks and distributes in to those in need. Word is shared monthly about senior commodity distribution and other free food distributions.
Increase Advertisement through all media sites. Also, reach out to churches, doctors offices, etc.
Offer more nutrition resources that are available such as commodities, farmer market and food pantries.
By partnering with local agency that have access to those with the need.
Hot home delivered meals
during covid non of our seniors are denied food services MOMSMEALS or pull up hot meals daily

We call everyone several times a month, advertise on Social Media, Newspapers, mail, and word of mouth.
In some way connecting with the people or agencies that visit daily such as a ride-along with the mailman. Post office connection of some kind.
a lot of seniors who claim need really don't need. better organization and targeting to really help those who are in need. the center probably knows who is really bad off concerning meals for those who really need them. also the weekends are a wash. one is still hungry Saturday and Sunday not just Monday thru Friday
Marketing is key. Seniors need to know what our centers do.
Deepen the network of referral sources and work with community health centers.
Flyers to MD offices Local Media
do more outreach
In addition to Meals on Wheels, we also provide frozen meals for the weekends for the neediest of our clients. We partner with our local hospital system and MOW food provider to use leftover food to prepare frozen meals that are delivered on Thursdays or Fridays for that weekend.
the centers need more attention brought to them, some of the seniors in some areas don't even know that the centers exist or what they offer to the seniors
Social Media has helped us bring in clients. Grandchildren will call to apply for their grandparents.
To better target their nutrition programs to reach seniors in the greatest social or economic need, senior centers can bring back the meals-on-wheels program.
we offer curbside meals
More community support such as working with fire departments in each district. More community support
1. Make the community more informed of about the what our centers can do; (location, who qualifies, center hours, etc.).
Again, transportation and someone to drive the bus would help meet the needs of this community.

Sendthem nutritional information out to them with their meals, as we have been dong, including activities
So many of the seniors don’t have computer skills or even a computer. Have interesting classes at centers instead of asking them to go online or watch zoom classes
More support for older adults that live in a rural isolated community
have more lunches provided for seniors
It is said that something good can always come out of a bad experience. The one good thing that has come out of the COVID crisis is the fact that our senior centers and the services we provide have been recognized as an essential need in our communities. For those seniors with the greatest social or economic need we need to meet them where they are. Make contact with members or ministers of rural churches, have current participants hand out flyers, brochures, and event calendars. Make contact with age eligible individuals who take advantage of low income programs within our agency.
I think a more variety of food would help. I hear that they get tired of the same thing every week or so.
make the assessments more about the clients health and not so much on there income because they don't like to give out information. They tell me I'm asking to much personal information and that makes them not want to attend. At first we wasn't required to ask all this information now I am having to go back and ask each clients ADL's & IADL's from SAM's assessment clients don't want to give me the information. They think was next you will be asking for reimbursement on the food they have received. This has caused clients not to return to my center for food or any other kind of help. To be honest also makes me feel like I don't know how to do my job! I'm the face they see and its me who they are trying to trust cant when I come back and say well now I do need this information sorry
I feel there is not enough social media advertising or program events in the local areas to reach many seniors, and let them know all the benefits from our centers.
Get information out to dr. offices. Use local media such as newspaper. And also social media for seniors with computers
Sorry, I don't have people in this need we are taking care of all those needs.
Partner with other agencies that serve this population and offer flyers/referrals such as Community Action Agencies that have heating and transportation assistance, food banks, etc.

Drive thru meals. Our drive thru program has been very successful. There are people who are not social but they are food insecure. These people deserve a meal without being forced to socialize. I am a huge supporter of our drive thru program and would love to see it continue. This has been a huge part of navigating the pandemic for our center.
Good Question! Maybe look at how we assess for Meal programs and see if there a better way or revamped way or just making sure that we are looking at all possibilities.
Putting phone numbers on the vans where people can call for help. Getting individual mailing lists of the counties we serve and sending out flyers of what PACS offers, what it stands for and how to access the food resources.
By reaching out to social media and newspapers so we can reach everyone
Cross community collaboration? We are located beside the food bank, if they would be willing to give out information about the center.
adertsing would help alot so they know what is offered
Networking with nursing homes, home health agencies and primary care offices
To put things at doctor offices about our meals and let them know if they don't have a way that Pacs can get them to the center
One thing we have started doing since COVID is to offer 1 hot meal and 4 frozens on a weekly basis in drive thru. This has reached clients that live farther out and do not want to/cannot drive here every day. It also reaches clients that do not want to come inside for personal reasons -for some anxiety in crowds is an issue, or they are embarrassed of using a walker, etc. While that isn't what we would like for them, continuing contact in this manner keeps us in contact with them and enables us to hand out information, and sometimes getting to know staff makes it easier for them to try coming inside. At least that is our hope, besides that we are still able to feed them.
advertise in newspaper and social media.
Provide dry shelf stable meals available for pick up monthly.
Newspaper
Just get the news out by mouth.

With the large number of seniors having economic needs it is virtually impossible to reach out to all in need. With the number of workers, the hours in a day, and a limited budget we can only reach out so far. But we are willing to do all we can!
Advertise with other agencies that are providing services to these individuals
Making sure family neighbors are checking on the Seniors also surveys can also help with the Seniors in our area.
Buy having local agencies refer people in the community to the center
radio, newspaper etc
Increased communication and information dissemination among stakeholder health and human service agencies.
We created a food pantry about 6 years ago. This pantry is for anyone 18+ but mainly is utilized by those 60+. We never turn anyone away. I would encourage senior centers to reach out to God's Pantry and contract with them to set up a pantry in their centers. Volunteers oversee our pantry.
Surveys, calls, reach out to doctors office or home health to see if they have any clients or patients that may need support
Make the menus more appealing. Also not so repetitive. They have no choices, it's eat the meal or don't come if you don't like the meal that day
More meal money when and if the pandemic ends to continue serving more seniors.
By joining forces with local food pantries, churches, and other community resources. Advertising our services with local businesses and social media.
Georgia
Again, more outreach. Also, hire more employees/volunteers so that we can deliver to more seniors in need.
Place flyers at doctors office, grocery stores, around in the community. Senior centers can partner with other local agencies and be an advocate for our elderly in our community.
I think we could reach more seniors through their doctor's office. If we could get all the doctor's in the county to provide the seniors who come in with information about our meal program and activities, we would reach so many needy seniors. Several of our physician's

already refer their clients for meals and for our exercise programs. If we could get all the offices to refer seniors, we would definitely make a larger impact on senior hunger.
We have a Home Delivered Meal service that we provide weekdays to seniors that qualify for free meals.
We don't have an inability to notify the seniors in our county of what we have to offer. We have a severe lack of volunteers that can get the meals to them.
More outreach in the community, newspaper, and radio
Reach out to senior living communities in underserved neighborhoods. Connect with community partners that serve the senior population as well.
Continue to partner with hospitals and other agencies to raise awareness and reach those most in need.
Create and expand partnerships with non-profits, food banks, restaurants, churches and other organizations to address food insecurity to develop innovative ways to provide nutrition services (ie., food trucks and farmers markets)
By engaging the entire community in their overall efforts to address the crisis/concern regarding senior hunger particularly being creative in the efforts to do so....pass out flyers, visit churches or community events and communicate with housing developments.
A way we could try to uncover more underserved seniors is by reaching out to other organizations/departments who have collected data on the demographics and regions (e.g. Census, or other survey data) of them. Once we can establish a connection with an organization/department that is willing to share this data with us, we would need to create a method of "delivering" meals or produce to them – ways could include establishing "pick-up spots" at designated locations, or possibly partnering with other organization's efforts to provide meals alongside their activities (joint efforts).
Our center do social media, word of mouth, churches, and news paper
word of mouth will reach a lot of them in our area.
We will provide outreach to the local community regarding meals & activities.
advertise and market
I think that we need to keep expanding on what we are doing. Our agency has forged relationships with the local food banks and emergency assistance programs, subsidized

housing managers, and work on building relationships with religious organizations. We have relationships with local first responders. We need to continue to work on building relationships with these types of groups to help educate the community about what is available.
Talk with different church organizations or doctor offices to reach out to families. Know who operates your social programs within your county.
Use local newspaper, social media, contact churches and other social groups as well as word of mouth from the seniors themselves.
Transportation to and from senior centers is a great hurdle.
We help our senior community by offering meals on wheels. Doctors, home healths and hospice make referrals to us also.
Senior centers can better target their nutrition programs to reach senior that are in the greatest social and economic need by partnering with local food banks, local churches, health providers, AARP Chapters, Non-Profits like SC Thrive, USDA, farmer's markets, volunteers and transportation services to help us reach those person in hard-to-reach areas as well as provide assistance with outreach and education about food insecurity among seniors.
Senior centers can better target their nutrition programs to reach seniors in the greatest social or economic need by creating exposure. The more that the senior centers engage with the community by having events and other programming activities that get the community involved the better they will be able to reach their/our target market.
Flyers with info mailed
First of all we need more funding for Nutrition Program.
Transportation is often the first barrier to meal and activity participation, so ensuring robust transportation services is vital. Being able to offer a client both home delivery and on site congregate meals might be a way to build that bridge.
We collaborate with other agencies, such as EOA, United Way and Community Collaborative to ensure we meet the needs of our seniors.
Our seniors come from HUD housing apartments. Our members share the good news! They tell others, in need, and then the seniors contact us to help meet their needs. We also continue to advertise as an organization to encourage those in need to contact us for assistance.

Through outreach - speaking to churches, local communities, greeting seniors at grocery stores and pharmacies.
We feel a great source for getting information out to our community is through other seniors. We have also used public access television, facebook, radio and local paper to announce our opening.
MORE FUNDING FOR SENIOR CENTERS TO BE ABLE TO FEED MORE PEOPLE. Make the funding where you have and/or able to feed the congregate seniors, the home delivered meals for seniors, and have food that we're able to pass out to seniors that are on our waiting list, seniors in the community that just need a helping hand sometimes instead og having to choose between food and medicines.
Mail out information to seniors in our area that may not have computer access and is unaware of what we have to offer.
Trying to spread the word around more asking others in the communities about the ones that are in need.
Keep the emergency/ shelf staple meals going and also give them tips on cost efficient meal plans.
Connect with local DFACs, checking with our Seniors about other Seniors they may know who need a meal or help with their gas/electric bill, also contacting our area Churches.
Senior Centers can advertise in numerous ways, including word of mouth, what they offe in relation to nutrition and food. We conduct nutrition sessions here and that information can be disseminated into the communities in several ways as well.
The outreach has to be at a grass roots level where individuals dont have access to internet. The problem is that there is little staffing time at the county level to go out and do outreach. The main ways involve access to the internet and social media and county websites.
We can work with local food pantries, DFCS, United Way and other helping agencies to identify individuals who have presented themselves for supplemental food and other aid.
Make them aware of the center and what it provides
continue to reach out and get meals to them. continue to lobby for increased funding.
More public out reach. Advertisement....
Offer hot meals, advertise, and reach out to the senior population.

By offering Drive through services for all senior citizens even if they do not attend the Center.
we have started working alongside the local homeless shelter with their outreach program, we have worked out to be part of a coalition here in our county that reaches out to the hungry community by passing along our information when they deliver to them, we have used the radio stations to promote, and we , including the seniors talk about our program everywhere we go
I believe a transition in funding should occur to give Senior Services better flexibility to serve people in need. This would look different in each county but could be accomplished in a yearly plan. DDS and the rules relating to funding are many times barriers to service.
Fliers that go in with energy assistance applications, community papers, etc.
Awareness! Ensure health departments, doctors' offices etc. are aware of services we provide
Home delivered meal programs and community partnerships to spread the word about our programs and services for homebound/food insecure clients.
By offering different types of meals and a variety
Before Covid we held a community Bingo for all Seniors 55 and older and will do again when we open. Also Senior dance. Churches , Community center which helps people with light bill .Civic groups
If we knew about the seniors that need help we would help them or find someone that can.
Mailing out flyers to all citizens of the county providing resource information of organizations that could assists with fighting hunger; such as, food bank locations, food drives, and meals on wheels program. Posting the same information on social media, radio advertisement and newspaper.
Partner with a Community Ministry. This senior center is part of a community ministry that has an Individual Family Assistance Program for all individuals in need of food; money to pay rent, utilities.
By advertising and word of mouth.
working with various agencies in the community. Staying visible to the public
Partnership/Involvement and open communication within the community in which you reside. , volunteers know demographic of the community.

working with food banks and delivering food to homebound and seniors that are not on the program
Send out communications that reaches more than just the seniors at the senior center. Information can be sent in mail, internet, social media, etc.
Our rural town is just word of mouth, postings in the Post Office or letting all churches know about the benefits of the Senior Centers.
Need to be able to get more transportation to the meal sites.
As stated above the use a social media is huge but we must bear in mind that a lot of seniors do not have access to computers or internet. Newspapers and flyers are a must
Mail fliers to all homes in the county.
Continue to partner with the local farmers market, help to be able to provide delivery services to those without transportation, we can be host centers for food trucks, and be knowledgeable about the various food banks in our areas.
Better advertising campaigns that require larger funding resources, social media, and outreach to community organizations. Our community is very supportive to the point where churches and educational institutions provide programs for older adults.
I think this is covered well now.
Communicate with seniors about the meals on wheels program. Flyers, word of mouth etc.
REFERALS FROM OTHER SENIORS WHEN THEY HEAR OR KNOW ANYONE THAT NEEDED THE SERVICE.
Those that can drive can pick up their meals daily or bi-weekly. Transportation can transport the other twice weekly to pick up and that could be an outing for them as well
Try to encourage them to attend the center.
Unsure
Rely on referrals and outreach programs we host at low income areas. We also host farmer's markets throughout the county to get more interest in the MOWs program.
Better marketing and community support in reaching those food deserts, more food choices and better quality of food, more farmer's markets.

Mobile pantry's set up out side center hours evenings and weekends. The school buses deliver meals to students when they are closed due to covid and summer feeding programs have this same system set up for those seniors with the greatest need
We encourage our Seniors that know friends/neighbors that need help to come and visit us or call us to get something set up.
increase number of meals on wheels, as well as food and grocery delivery services for our seniors.
More community programs and outreach, more advertising, health fairs in the demographic areas that need it most.
One way that seems to be effective is current members referring neighbors.
The Dade Senior Center has for the past four years had a vegetable garden that we furnished our seniors both homebound and congregate with fresh vegetables. We received a grant during the month of May 2021 and we furnish 70 plus seniors with fresh fruits and vegetables. We have a total of (17) raised beds.
The physical facility may make it challenging since centers can only hold a certain number of individuals. Due to COVID, those numbers may be even fewer to allow for social distancing. Often times, seniors never get into the senior center program because it is "full". Finding a way to serve more people is key and will require creativity. We have had success with this in the without walls program by using local restaurants and removing the overhead expense of senior centers, allowing us to serve more seniors as a result. This could also remove the stigma that a senior center may have for someone, not everyone is comfortable attending a center, but they would be willing to get a meal at a local restaurant or even through a pick-up line at the center.
word of mouth from other seniors and advertising all that is offered
The center sends nutrition information sheets several times a month along with their meals on wheel meals. Local outlets have been contacted to help provide for the needs of the seniors in our area. When information was relayed to us about a shortage of food this was addressed immediately to insure that we helped the isolated seniors.
We have programs that help target the most needy in our area.
Publicize meal programs, deliver meal commodity boxes and shelf stable meals.

I think Senior Centers without Walls is a great program and should be used especially for seniors at this point who are not comfortable meeting outside their established bubbles. Programs such as these allows you to not only bring activities but meals as well to the seniors who participate in the program. The program also gives you a better understanding of the needs of seniors outside your Senior Center.
Honestly this takes the entire village. The veneers need other agencies to reach out with the people in need. Ie: family connections. They have a list but won't provide it
No State Reported
Partnering with other business that have access to seniors
In my opinion, information about senior centers need to be publicized often. Word of mouth is a senior center's greatest advertisement.
Tough question. I feel that most seniors with greatest economic need do not have transportation to the senior centers and therefore aren't able to come.
We need to be able to work more closely with DCBS and those that help with Medicaid and the SNAP program. They need to be more easily accessible for us to contact and communicate with these at-risk seniors. In small, rural towns, I feel like we try our best with local newspapers and radio announcements. We need more access to help connect with out-of-town families that are looking for resources for their families still in the area as well.
Us being the emergency hotline during this time we found many seniors that needed our services that were not receiving. We have tried to plug them in to the home and community based waiver program or community action and continue serving them meals until we get them ample services

Present and Future of Programs

Socialization Program Status

Senior Centers were asked which socialization programs they currently offer or plan to offer in the future. Socialization programs most often (62.94%) to be “Currently offer/Plan to improve” was “Volunteer opportunities” and “Arts and Crafts”. Refer to Table 17d for overall results, Table 18d for the results from Georgia, and Table 19d for the results from Kentucky. The open response answers for this question can be found in Table 20d.

Table 17d: Present and Future of Socialization Programs

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips (n=171)	44.44%	10.53%	0.58%	38.01%	6.43%
Volunteer opportunities (n=170)	62.94%	18.24%	0.00%	18.82%	0.00%
Multi-generational opportunities (n=153)	39.87%	13.73%	0.00%	35.29%	11.11%
Gardening (n=166)	37.35%	10.24%	0.60%	31.93%	19.88%
Arts and crafts (n=170)	62.94%	20.59%	0.59%	14.12%	1.76%
Interest-based clubs (n=163)	36.20%	10.43%	0.61%	39.26%	13.50%
Parties and/or dances (n=169)	42.01%	16.57%	0.59%	35.50%	5.33%
Discussion groups (n=166)	46.99%	16.87%	0.60%	28.92%	6.63%
Singing groups (n=162)	35.80%	13.58%	0.00%	37.65%	12.96%

Table 18d: Georgia Present and Future of Socialization Programs

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips (n=98)	59.18%	10.20%	1.02%	27.55%	2.04%
Volunteer opportunities (n=96)	60.42%	19.79%	0.00%	19.79%	0.00%
Multi-generational opportunities (n=89)	46.07%	12.36%	0.00%	30.34%	11.24%
Gardening (n=95)	52.63%	8.42%	1.05%	23.16%	14.74%
Arts and crafts (n=98)	69.39%	20.41%	0.00%	8.16%	2.04%
Interest-based clubs (n=89)	42.70%	14.61%	1.12%	32.58%	8.99%
Parties and/or dances (n=96)	48.96%	14.58%	0.00%	31.25%	5.21%
Discussion groups (n=94)	53.19%	17.02%	0.00%	23.40%	6.38%
Singing groups (n=93)	38.71%	15.05%	0.00%	35.48%	10.75%

Table 19d: Kentucky Present and Future of Socialization Programs

Which of these socialization programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Field trips (n=68)	25.00%	10.29%	0.00%	52.94%	11.76%
Volunteer opportunities (n=69)	66.67%	14.49%	0.00%	18.84%	0.00%
Multi-generational opportunities (n=59)	33.90%	11.86%	0.00%	44.07%	10.17%
Gardening (n=66)	16.67%	12.12%	0.00%	46.97%	24.24%
Arts and crafts (n=67)	56.72%	17.91%	1.49%	22.39%	1.49%
Interest-based clubs (n=69)	26.09%	5.80%	0.00%	47.83%	20.29%
Parties and/or dances (n=68)	33.82%	17.65%	1.47%	41.18%	5.88%
Discussion groups (n=67)	40.30%	16.42%	1.49%	37.31%	4.48%
Singing groups (n=64)	34.38%	12.50%	0.00%	39.06%	14.06%

Table 20d: Present and Future of Socialization Programs Responses

State	Which of these socialization programs do you currently offer or plan to offer in the future?
Georgia	Drumming
	N/A
	Increased virtual and outdoor programming in partnership with outside organizations.
	Drumming group - offer now and plan to improve

	I am answering this based upon our pre-COVID activities that we hope to reinstate as safety restrictions lessen.
	Movies and book clubs
	Swimming pool groups and classes… offer 15 classes each week
	On-Site Food Bank and Partnership with AARP.
	We currently involve our seniors in mind and exercise activities for whole self-improvement and involvement.
	We want to increase the number of healthy meal preparation classes
	We have several large games of bingo, bean auction, fall festival, celebrating national days of different things.
	Note: Presently Center is not open to public-virtual programming; answers would be different if we were open
	We are thinking about planning to create a social media account to reach citizens for our county and surrounding counties. This will provide current and future event listing. It will also provide important information to families who may be interested in receiving services for their love ones.
	This senior center offers health promotion: Tao Chi and other activities that promote wellness
	Right now we are limited to 10 participants a day isolated in 1 area, we are waiting til some of the restrictions lift so we can provide more for our seniors. It is really tough trying to provide programing with very, very limited program income.
	Travel Groups, Respite support, evening opportunities for programs and support groups
	We have three exercise classes weekly when we are opening.
	We are looking at getting our drumming classes going again, these can be done socially distanced indoor or outdoor.
	Exercise, line dancing, water aerobics, bible study
	More trips to help those seniors to broaden their horizons.
Kentucky	We try to do what our seniors want.

	We try to do what our seniors want.
	Line dancing
	More exercise programs to keep seniors moving, i.e, SAIL, tai chi, body groove. Also, arts classes and exhibits.
	BIngocize, walk with ease programs to help keep our seniors active.
	basic computer class
	Exercise, Cards, Reading, Health promotions, Education, many Games, bowling, mind games.
	Our exercise programs-unable to do while center is closed, plan to start when center opens
	Always looking to improve anything we have going on..
	More outdoor activities.
Unknown	We are closed next time because of our county being in the red zone

Wellness Program Status

Senior Centers were asked which wellness program they currently offer or plan to offer in the future. The highest (69.19%) rate was for the currently offered and planned for improvement on fitness/exercise programs. Refer to Table 21d for overall results, Tables 22d for Georgia, and 23d for Kentucky. Refer to Table 24d for open response answers.

Table 21d: Present and Future of Wellness Programs

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization, medication management) (n=160)	39.38%	16.88%	0.00%	22.50%	21.25%

Health screenings (blood pressure, hearing, vision) (n=168)	48.81%	15.48%	0.00%	29.17%	6.55%
Health fairs (n=165)	35.76%	16.36%	0.00%	40.00%	7.88%
Fitness/exercise programs (n=172)	69.19%	13.95%	0.00%	16.28%	0.58%
Fall prevention (n=166)	57.23%	15.66%	0.00%	25.30%	1.81%
Dancing (n=164)	40.85%	12.20%	0.00%	32.93%	14.02%
Yoga/tai chi (n=161)	31.68%	17.39%	0.00%	41.61%	9.32%
Spiritual/religious offerings (n=160)	32.50%	19.38%	0.63%	28.75%	18.75%
Life skills education (reading, shopping, cooking, etc) (n=166)	44.58%	15.06%	0.00%	34.94%	5.42%
Healthy living programs (stop smoking, reduce alcohol, etc) (n=165)	33.33%	8.48%	0.61%	37.58%	20.00%
Chronic disease self-management (diabetes, high blood pressure, etc) (n=167)	49.10%	13.17%	0.00%	29.94%	7.78%

Table 22d: Georgia Present and Future of Wellness Programs

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization, medication management) (n=91)	43.96%	13.19%	0.00%	18.68%	24.18%
Health screenings (blood pressure, hearing, vision) (n=94)	54.26%	17.02%	0.00%	22.34%	6.38%
Health fairs (n=93)	32.26%	17.20%	0.00%	40.86%	9.68%
Fitness/exercise programs (n=98)	79.59%	14.29%	0.00%	5.10%	1.02%
Fall prevention (n=92)	63.04%	17.39%	0.00%	18.48%	1.09%
Dancing (n=94)	50.00%	12.77%	0.00%	26.60%	10.64%
Yoga/tai chi (n=92)	36.96%	16.30%	0.00%	42.39%	4.35%
Spiritual/religious offerings (n=92)	40.22%	23.91%	1.09%	21.74%	13.04%
Life skills education (reading, shopping, cooking, etc) (n=95)	51.58%	13.68%	0.00%	29.47%	5.26%
Healthy living programs (stop smoking, reduce alcohol, etc) (n=95)	36.84%	8.42%	1.05%	30.53%	23.16%

Chronic disease self-management (diabetes, high blood pressure, etc) (n=96)	53.13%	16.67%	0.00%	21.88%	8.33%

Table 23d: Kentucky Present and Future of Wellness Programs

Which of these wellness programs do you currently offer or plan to offer in the future?	Currently offer/Plan to improve	Currently offer/No plans to improve	Currently offer/Plan to discontinue	Do not offer now/Plan to offer in the future	Do not offer now/Do not plan to offer in the future
Health services (immunization, medication management) (n=64)	32.81%	20.31%	0.00%	28.13%	18.75%
Health screenings (blood pressure, hearing, vision) (n=69)	42.03%	13.04%	0.00%	37.68%	7.25%
Health fairs (n=67)	41.79%	13.43%	0.00%	38.81%	5.97%
Fitness/exercise programs (n=69)	56.52%	11.59%	0.00%	31.88%	0.00%
Fall prevention (n=69)	52.17%	13.04%	0.00%	31.88%	2.90%
Dancing (n=65)	29.23%	9.23%	0.00%	41.54%	20.00%
Yoga/tai chi (n=64)	25.00%	15.63%	0.00%	42.19%	17.19%
Spiritual/religious offerings (n=63)	22.22%	12.70%	0.00%	38.10%	26.98%

Life skills education (reading, shopping, cooking, etc) (n=66)	36.36%	16.67%	0.00%	40.91%	6.06%
Healthy living programs (stop smoking, reduce alcohol, etc) (n=65)	29.23%	9.23%	0.00%	46.15%	15.38%
Chronic disease self-management (diabetes, high blood pressure, etc) (n=66)	45.45%	9.09%	0.00%	37.88%	7.58%

Table 24d: Present and Future of Wellness Programs Responses

State	Which of these wellness programs do you currently offer or plan to offer in the future?
Georgia	Silver Sneakers and Chair Exercises and plan to add Bingocize in the future
	pre-diabetes self management program; increased community outreach regarding health advocacy conducted by a nurse.
	Drumming - Offer now, plan to improve
	Our current participants made our zumba teacher tone things down as they thought the movements were inappropriate. We base offerings on the needs of participants, so some things there is not enough need/interest in so we educate about and try to encourage they to take advantage in the community. As for healthy living we regularly bring in presenters educators but don't have specific program at this time.
	Insurance Counseling for seniors. Unbiased information only.
	We have a goal of the Seniors doing a computer letter to their children/grandchildren to be opened later in life

	We invite speakers/professionals into our center to share their knowledge and understanding with our members. We conduct first hand question and answer sessions for clear understanding and expanded opportunities.
	Note: Presently Center is not open to the public - virtual programming; answers would be different if open
	Once we open back up without so all the restrictions and receive programming funds or resources, we plan on doing more programming with the seniors
	Working on a Yoga class being offered and introducing new fruits and veggies program
	Bingosize, DSMP, MOB, AMP, technology classes, tax prep, etc....we add classes as needs arise.
	Update our exercise room with new equipment.
Kentucky	Educational classes on grandchildren with autism, working with a local provider.
	I wasn't sure how to answer (currently with the center closed; or how prior to closing), so I elected to answer 'currently, with the center closed, because we have been closed for over a year.
	Noted plan to in future, because our congregate site is closed due to COVD right now

Future Changes to Senior Center Facility

Plans to Change Senior Center Facility

Centers were asked if they planned to make any changes to your senior center facility in the future. There were 171 responses when the senior centers from Georgia and Kentucky were asked if their facility had plans to make any changes to their facility in the future. Of these 171 responses, 70.76% said “Yes” and 29.24% said “No”. There were 97 responses from Georgia, 69 responses from Kentucky, and 5 responses were unknown. Refer to Table 25d for breakdown for a complete breakdown of responses.

Table 25d: Plans for Changes to Senior Center

Do you plan to make any changes to your senior center facility in the future?	Yes		No	
	Frequency	%	Frequency	%
Overall (n=171)	**121**	**70.76%**	**50**	**29.24%**
Georgia (n=97)	65	67.01%	32	32.99%
Kentucky (n=69)	52	75.36%	17	24.64%

Types of Planned Changes to Senior Center's Community Presence

Centers were asked which changes they planned to make to their senior center facility. The most common planned change (62.50%) to be made to the senior center facilities were to improve the appearance (paint, decorating, etc.). The least common planned change (8.04%) to be made to the senior center facilities were the move to a new location. The respondents had the option to check more than one change. Refer to Table 26d for the overall responses, Table 27d for Georgia responses, and 28d for Kentucky responses. Refer to Table 29d for the specifications for the "Other" responses.

Table 26d: Changes to Facility (n=112)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	26	23.21%
Improve the appearance (paint, decorating, etc)	70	62.50%
Improve safety (lighting, alarms, etc)	32	28.57%
Upgrade technology (computers, telephone system, etc)	56	50.00%
Upgrade the kitchen or foodservice space	32	28.57%
Move to a new location	9	8.04%
Other (please specify)	30	26.79%

Table 27d: Georgia Changes to Facility (n=67)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	13	19.40%

Improve the appearance (paint, decorating, etc)	39	58.21%
Improve safety (lighting, alarms, etc)	17	25.37%
Upgrade technology (computers, telephone system, etc)	33	49.25%
Upgrade the kitchen or foodservice space	22	32.84%
Move to a new location	4	5.97%
Other (please specify)	21	31.34%

Table 28d: Kentucky Changes to Facility (n=43)

Which of these changes do you plan to make to the senior center facility? (check all that apply)	Frequency	%
Improve physical accessibility (ramps, hand rails, etc)	13	30.23%
Improve the appearance (paint, decorating, etc)	30	69.77%
Improve safety (lighting, alarms, etc)	14	32.56%
Upgrade technology (computers, telephone system, etc)	22	51.16%
Upgrade the kitchen or foodservice space	10	23.26%
Move to a new location	5	11.63%
Other (please specify)	8	18.60%

Table 29d: Changes to Facility Other Responses

State	Which of these changes do you plan to make to enhance the senior center's presence in the community?
Georgia	Expand current or open a second Center
	We are adding more restrooms and one room for exercise equipment
	renovations to three existing senior centers
	The paint and carpeting were just replaced, a announcement screen was put in lobby and sign was upgraded outside.
	The senior center needs to improve the parking lot by repairing water damaged areas and making it a one way to park at an angle not straight in.
	Hopefully on more covered outdor
	Fulton County has to improve any facility changes

	None of the above, I do not have the authority.
	We recently renovated the kitchen and center with new decor, paint, flooring, lighting, etc.
	Fulton County is making all improvements needed
	We are always working on making sure our Center stays improving in all that we do.
	Need more space
	One center has received funding to completely upgrade the entire center
	Create outdoor seating and gardening areas
	These changes have been completed
	Add more physical activity and games
	One site is in hopes of a new facility
	Need more technology classes
	Received a CDBG and will be building on a wellness/fitness center
	Expand in-door and out-door facilities
	Add a satellite center
Kentucky	We did upgrade our technology
	After our building was flooded all these have been done in the last 6 months
	With COVID we alternate days
	add/replace/upgrade: TVs, computer access, piano, pictures, etc.
	more seniors to attend our center
	Na
	learn new technology to keep up with the times and pass it along to the seniors
	while building was closed we upgraded kitchen and improved appearance in dining and bath rooms with new paint and decor
Unknown	We plan to add more programs.

Plans to Enhance Senior Center's Community Presence

Centers were asked which types of changes they planned to make to enhance the senior center's presence in the community. There were 167 responses when the senior centers from Georgia and

Kentucky were asked if their facility had plans to make any changes to enhance their senior center's presence in the community. Of these 167 responses, 83.83% said "Yes" and 16.17% said "No". There were 97 responses from Georgia, 66 responses from Kentucky, and 4 responses were unknown. Refer to Table 30d for a complete breakdown of responses.

Table 30d: Changes to Enhance

Do you plan to make any changes to enhance the senior center's presence in the community?	Yes		No	
	Frequency	%	Frequency	%
Overall (n=167)	**140**	**83.83%**	**27**	**16.17%**
Georgia (n=97)	79	81.44%	18	18.56%
Kentucky (n=66)	58	87.88%	8	12.12%

Types of Plans to Enhance Senior Center's Community Presence

Centers were asked, "Which of these changes do you plan to make to enhance the senior center's presence in the community?" The most common plan (75.52%) made to enhance the senior center's presence in the community was to create/enhance programs with other community organizations. The least common plan (8.39%) was Other. The respondents had the option to check more than one change. Refer to Table 31d for the overall responses, Table 32d for Georgia responses, and 33d for Kentucky responses. Refer to Table 34d for the specifications for the "Other" responses.

Table 31d: Planned Changes to Enhance (n=143)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	65	45.45%
Create/enhance programs with other community organizations	108	75.52%
Create/enhance programs with health care organizations	104	72.73%
Bring more community "experts" to the senior center	98	68.53%
Create/enhance a multi-generational program	63	44.06%
Other (please specify)	12	8.39%

Table 32d: Georgia Planned Changes to Enhance (n=79)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	31	39.24%
Create/enhance programs with other community organizations	62	78.48%
Create/enhance programs with health care organizations	58	73.42%
Bring more community "experts" to the senior center	57	72.15%
Create/enhance a multi-generational program	36	45.57%
Other (please specify)	6	7.59%

Table 33d: Kentucky Planned Changes to Enhance (n=61)

Which of these changes do you plan to make to enhance the senior center's presence in the community? (check all that apply)	Frequency	%
Improve transportation of seniors to and from the center	34	54.10%
Create/enhance programs with other community organizations	44	72.13%
Create/enhance programs with health care organizations	45	73.77%
Bring more community "experts" to the senior center	40	65.57%
Create/enhance a multi-generational program	26	42.62%
Other (please specify)	3	4.92%

Table 34d: Planned Changes to Enhance Other Responses

State	Which of these changes do you plan to make to enhance the senior center's presence in the community?
Georgia	Provide instructional training programs for phones, computers and iPads
	increase community partnerships; community wide health education and advocacy.
	working w/ Bibb Parks & Recreation providing Programs / activities for seniors.
	Continue to target and refine our marketing and messaging campaigns
	Build a new facility

	With the limited resources, we are only able to offer programming for the seniors that are a part of the center. Hopefully in the future when we are granted more resources, we will reach out into the community.
	Expand our vegetable garden to help feed our seniors. We are reaching out to our community by face book, TV and radio.
	Our centers are the "community" and our main facility in Albany. We plan to market the Albany facility as a regional hub for education, resources, etc. IN addition, we hope to continue to grow our community partnerships through our pilot program with hopes that it could continue beyond SFY2022.
	Add a Next Step Program to include those in their first stages of Dementia
Kentucky	Newsletters
	Would like to make changes if funds were available.
	Put in place a bigger bulletin board that people can see

Overall Key Finding

This report details the responses to the Pandemic Preparedness Supplemental Questions NFESH survey by the Georgia and Kentucky Senior Centers. A total of 178 Georgia and Kentucky Senior Centers responded to the survey. Over half (56.74%) of the respondents were from Georgia, a little over two-fifths (40.45%) were from Kentucky, and 5 could not be determined.

Covid Crisis Response

Overall, the centers' greatest strength in response to the COVID crisis was continuation of meals and/or services at 43.60%, followed by meal, food, or commodity provision through home delivery, drive-through, and/or curbside pick-up (34.30%), and maintained communication, contact, and/or engagement with seniors (25%). In contrast, the centers' greatest challenge in response to the COVID crisis, was communication, socialization, and/or in-person contact at 29.82%. This was followed by staff, volunteer, and/or driver shortage, and safety and health concerns, which were both tied at 18.13%.

To be more prepared to respond to the next big emergency, most centers need an increase in resources (staff, volunteers, supplies, storage, funding, etc.) at 31.92%, closely followed by nothing, unsure, or feel adequately prepared (28.83%).

The top three themes in making the centers more appealing to seniors were programming, activities, and/or events (54.09%), communication or interaction with others (27.67%), and advertising or outreach (23.27%).

The top themes in how the centers better target their nutrition programs to reach seniors in the greatest social or economic need, were Advertising, Outreach, Word of Mouth, and/or Referrals (54.24%) Collaboration, Partnerships, Community Involvement (32.03%), Meals or Food (26.14%), Other (10.46%), Education (5.88%), Transportation (5.23%), and Funding (4.58%).

Present and Future of Programs

Centers were asked which socialization programs they currently offer or plan to offer in the future. Socialization programs most often (62.94%) to be "Currently offer/Plan to improve" was "Volunteer opportunities" and "Arts and Crafts". For the wellness programs, the highest (69.19%) rate was for the currently offered and planned for improvement fitness/exercise programs.

Future Changes to Senior Center Facility

A majority (70.67%) of centers reported they planned to make changes to their senior center facility in the future. The most common planned change (62.50%) to be made to the senior center facilities were to improve the appearance (paint, decorating, etc.). A majority (83.83%) of centers plan to make changes to enhance the senior center's presence in the community. The most common plan (75.52%) made to enhance the senior center's presence in the community was to create/enhance programs with other community organizations.