

2018 Grantee

**Increasing Use of
Community-Based
Resources by Food-Insecure
Seniors in Illinois**

Summary:

To decrease the prevalence of food insecurity, Age Options designed their Closed Loop Referral System project. The project aimed to increase the likelihood that patients experiencing food insecurity and/or at nutrition risk would receive and act upon referrals to community-based resources.

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Health Care Professional Engagement Flyer

Handout for health care professionals encouraging patient referral to nutrition programs.



FOOD INSECURITY IMPACTS HEALTH

Are your patients 60 years of age or older . . .

- *Skipping meals?*
- *Concerned about their next meal?*
- *Running out of food before they have money to buy more?*
- *Eating the right foods for their health condition(s)?*

Did you know?

- *Older adults who are food insecure have higher rates of chronic conditions, higher prevalence of depression and diminished capacity. . .*
(Berkowitz, S., et al., 1993)
- *Providing short-term home delivered meals as part of a hospital discharge showed a 6.3% reduction of 30 day readmissions.* (Martin, S., et al. 2018)

As part of your overall screening of a patient's health, protocols are in place to screen for Social Determinants of Health, one of which is food insecurity.

OPPORTUNITIES FOR FOOD INSECURE PATIENTS

- o **Members of your health care team can address food insecurity by referring patients aged 60+ to AgeOptions, the Area Agency on Aging of suburban Cook County. By using NowPow, an on-line referral and resource system, referred patients may be eligible for home delivered meals where special medically tailored options are available. Patients will be connected to other appropriate food resources as needed.**
- o **Locate the designated NowPow user on your health care team to document the referral in the patient's medical record. AgeOptions will inform you via NowPow if the referred patient is receiving the home delivered meals and/or participating in any other food programs. AgeOptions will close the referral loop.**



nutrition.innovations@ageoptions.org

(708) 383-0258 (800) 699-9043

Health Fair Recruitment Handout

Flyer used to encourage health care professional participation in the study.





Connecting Older Adults with Community-based Resources and Options

AgeOptions is looking for referral partners who use **Aunt Bertha's** or **NowPow's** on-line resource, referral and closed-loop referral platforms.

In 2018, AgeOptions was awarded an Administration for Community Living Nutrition Innovations grant. The grant has the following objectives:

- Implement a closed-loop referral system between healthcare providers and nutrition services
- Increase referrals to nutrition programs
- Increase consumer access and the utilization of nutrition programs, government benefits programs and various evidence based health and wellness programs.

If you **make use of Aunt Bertha's** or **NowPow** and utilize their **closed-loop referral processes**, we are interested in having a conversation with you!

Contact information:

Paul H. Bennett
Manager of Community Initiatives
paul.bennett@ageoptions.org
(708) 383-0258

The Area Agency on Aging in Suburban Cook County, since 1974

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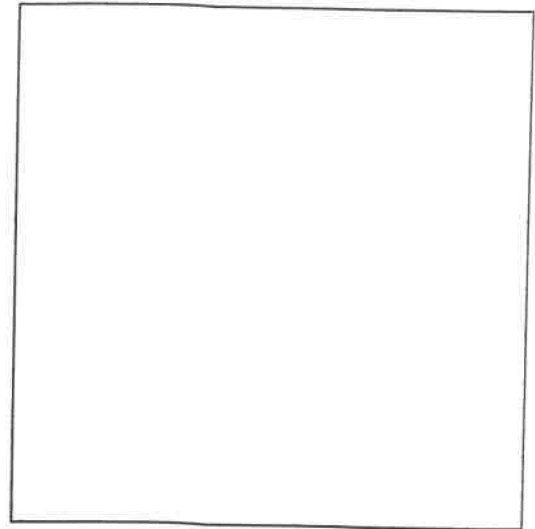
Informed Consent

Provides information about the study for potential participants to review and consider before agreeing to participate.



**EXHIBIT A – INFORMED CONSENT –
Nutrition Innovations Research Study (#19020802)**

Site principal Investigator: Paul H. Bennett, PhD, MSW and
Karen Mayer, PhD, RN
Department: ROP:H – Professional Nursing Practice
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Protocol Title: Nutrition Innovations Research Study
(#19020802)
Sponsor(s) AgeOptions



Key Information

You are being invited to participate in the research study of a program evaluation. Research studies answer important questions that might help change or improve the way we do things in the future.

It is hoped that the information we are about to share will tell you about the study and to help you decide whether you want to participate. We will be reading this consent to you; please ask any questions you have before telling us that you agree to be in the study.

Receiving help from AgeOptions is voluntary, as well as your participation in the research. You do not have to participate in this study portion of this program to receive our help. If you decide not to participate in this study today or in the future, again your ability to receive any assistance from AgeOptions or from your healthcare provider which could be Rush University Medical Center or Oak Street Health will not change or be affected.

Purpose of Study

The purpose of this study is to explore the value of what is called a closed loop referral system and the benefit of services provided to you. A closed-loop referral system is one where nurses, social workers and doctors who make referrals for programs for you such as meals will know if you received the food or actually went to a dining site. We also want to find-out if the services provided to you were helpful.

Funding of this Study

The study is funded by a grant from the United States Administration on Community Living.

Cost and Benefit

There is no cost to participate in this study and you will not receive anything from us regarding your participation in this study other than possibly services. However, while the help you may receive is free, you may be asked to donate towards the cost of some of the food services. Here again, contributions are voluntary.

Potential Risks

We have not identified any risks to you in answering our questions. However if at any time you feel uncomfortable answering a question, you can decide not to answer the question or just tell us to stop asking our questions. In addition, there is always a risk of loss of confidentiality or information about your identity. AgeOptions is taking precautions to secure your identity and will not be disclosing this information to anyone beyond the researchers at AgeOptions.

What you are Being Asked to Do

As a participant in the study portion of this program, you will be asked some questions now about your health and well-being and then we will contact you again in about eight (8) weeks to ask you many of the same and a few additional questions. Answering these questions may take between 10 to 15 minutes of your time. These questions will pertain to what you think about your health and well-being and your satisfaction with the services you may receive.

What about confidentiality of your medical information?

This authorization is voluntary. Rush University Medical Center and its affiliates ("Rush") will not withhold or refuse your treatment, payment, enrollment, or eligibility for benefits if you sign this authorization. You do not have to sign this authorization, but that means that you cannot be in the study or receive study-related treatment.

By signing this document, you voluntarily authorize (give permission to) Paul H. Bennett, PhD, Karen Mayer PhD and their study team, and other Rush personnel involved with the conduct and review of this study (which may include off-site personnel) to use or disclose (release) health information that identifies you for the study described in this document.

During the study, Paul H. Bennett, PhD, Karen Mayer PhD and their study team, will collect Protected Health Information (PHI) about you for the purposes of this research. PHI is your health information that includes your medical history and new information obtained as a result of this study. Some of this information will come from your medical record. The health information that Rush may use or disclose for this research includes: Name, Address, Gender, Contact information including Telephone Number and/Email Address and Age.

Paul H. Bennett, PhD, Karen Mayer PhD and their study team may share your health information and the results of your study-related procedures and tests with people outside of Rush who assist with the conduct and review of this study. The persons who receive your health information may not be required by Federal privacy laws to protect it and may share your information with others without your permission, but only if permitted by the laws governing them. Your health information described above may be used or disclosed to:

- To the Researcher, Paul H. Bennett, PhD at AgeOptions and Oak Street Health
- The study Sponsor, United States Administration on Community Living
- Monitoring agencies such as the Food and Drug Administration (FDA), the National Institutes of Health and the Rush Institutional Review Board (IRB).

While you participate in the study you will have access to your medical record, but Paul H. Bennett, PhD, and Karen Mayer PhD are not required to release your study information that is not part of your medical record. Rush is required by law to protect your health information, and study records that identify you will be kept confidential. The results of study tests/procedures performed as part of this study may become part of your medical record. Any study information in your medical record will be kept indefinitely. Your identity will not be revealed on any report, publication, or at scientific meetings.

You have a right to inspect and copy the information to be disclosed with this authorization and you may obtain a copy of the information by contacting the office listed above.

If you no longer want to be in the study and do not want your future health information to be used, you may change your mind and revoke (take back) this authorization at any time by writing to Paul H. Bennett, PhD at AgeOptions, 1048 Lake Street, #300, Oak Park, IL 60301. If the authorization is revoked, you will no longer be allowed to participate in the study and previously authorized individuals/entities may still use or disclose health information that they have already obtained about you as necessary to maintain the integrity or reliability of the current study.

This authorization is valid for the entirety of this research study. It will expire upon completion of the study or if you revoke (take back) the authorization.

If you withdraw from this study, the data already collected from you may not be removed from the study records. The study doctors and/or study team may ask you whether they can continue to collect follow-up data on you. If follow-up information will be requested, you will be asked to sign a separate consent form before this information can be collected.

Records of participation in this study will be maintained and kept confidential as required by law. You will be assigned a participant identifier. A password and encrypted document will be maintained with your name and assigned identifier. In a separate password and encrypted document will be your responses to questionnaires. Both of these documents will be stored in password and encrypted protected files in Microsoft Office 365 which maintains the files in the Cloud

Sharing of Results of the Study

AgeOptions intends to publish the results of our study findings. However, it is important that you know, that no personal information about you will ever be shared regarding your participation in this study.

Questions

Do you have any questions? Can you tell me in your own words, what you are agreeing to do?

If you have any questions in the future, you can reach the Manager of this program and coordinator of this project, Paul Bennett at 800-699-9043. In addition, we will be happy to send you a copy of what I am reading to you.

Consent

Do you agree to participate in this study by answering some questions now and that we may contact you again in approximately eight weeks from now?

If yes, the name of individual and NowPow Identifier number will be recorded in an Excel Spreadsheet with the columns to record the following:

- Name: _____
- Date: _____ NowPow Identifier #: _____

If yes, would you like us to send you a copy of the statement which we just read to you? If yes, a column in the same Excel Spreadsheet will record that a copy was sent to the individual

- Enter date only if request is made for a copy: _____

For those that give consent, a column in the same Excel Spreadsheet will record the name of the AgeOptions staff who obtained consent and the date of consent.

I have received consent from this individual to participate in the Nutrition Innovations Research Study (#19020802).

- Name of AgeOptions Staff Who Obtained Consent: _____
- Date Consent was obtained: _____

Participant Recruitment Brochure

Pamphlet to let people know they may be eligible for nutrition programs and services.



Programs funded by Area Agencies on Aging such as AgeOptions are paid for using Older Americans Act funds, plus state and local monies and donations. **Your health care team can send a referral to AgeOptions which will promptly call you to discuss your opportunities.**



If you do not have a health care professional you can talk to, call us directly:

Call AgeOptions at:

**(800) 699-9043 or
(708) 383-0258**

This brochure is prepared and printed in part with federal Older Americans Act, Administration for Community Living, State of Illinois General Revenue and AgeOptions funds. The Illinois Department on Aging and U.S. Administration on Aging are recognized for their support of AgeOptions. Neither is responsible for the content of this brochure.

Food & Your Health

Did you know that what you eat or not eat can impact your health?

Talk to Your Health Care Team

Your health care team may not always ask you about food. But, help may be available to you.

You should ask them about nutritional services in your community. Your health care team can make a referral to AgeOptions to help you get the food you need.



Connecting Older Adults with Community-based Resources and Options

The Area Agency on Aging of Suburban Cook County



- ***Are you skipping meals?***
- ***Concerned about your next meal?***
- ***Worried your food will run out before you have money to buy more?***
- ***Are you eating the right foods for your health condition(s)?***



If you are 60 or older and answered “yes” to any of these questions, talk to your doctor, nurse, social worker, care coordinator or other member of your health care team. They can tell you about community programs to help you get the nutrition you need to stay healthy! Other resources are available too.



Connecting Older Adults with Community-based Resources and Options
The Area Agency on Aging of Suburban Cook County

Programs & Services

There are programs and services to help everyone, but especially for persons **60 years of age and over**. Many of these programs are right in the community where you live.

AgeOptions or your local **Area Agency on Aging** can link you with community resources aimed at food. They can also help you obtain other government programs, benefits and health education.

Possible Options for Food & Information

- Meals near where you live and where you can also talk with neighbors and learn about nutrition
- Meals delivered to your home
- Local food pantries in your neighborhood
- Farmer’s markets
- Groceries delivered to your home
- Education & wellness programs
- SNAP (Supplemental Nutrition Assistance Program – Food Stamps)

Post-Intervention Questions

Survey given to participants at the end of the study.



EXHIBIT D: POST INTERVENTION QUESTIONS

IDENTIFIERS

1. Code Name #: _____
2. Interviewer: _____
3. Date of Post Interview/Decision to Close: mm/dd/yyyy
4. Study Participant?

 1 Yes 0 No 2 Unable to locate

Hello, I am from AgeOptions, the Suburban Area Agency on Aging. As you may remember about eight (8) weeks ago, you agreed to answer some follow-up questions regarding food. Is this a good time for us to ask you these questions? Many of these questions may sound familiar to you, but we would like to ask them again.

At this time,

(Food Insecurity Trigger Questions)

1. **Are you worried that your food will run out before you have money to buy more?**

1 Yes 0 No 2 Declined to Answer

2. **In the last 2 months, have you run out of food that you bought, and didn't have money to get more?**

1 Yes 0 No 2 Declined to Answer

3. **I am not always physically able to:**

1. Shop 3 Cook 4 Feed Myself 5
2. 0 No difficulty with these ADL/IADLs
3. 2 Declined to Answer

4. **Do you have enough money to pay for food each month?**

1 Yes 0 No

5. **Thinking about what money you have for food, what applies?**

- 1 I ask family for food
- 2 I ask friends for food
- 3 I ask strangers for money for food
- 4 I go to the food pantry for food
- 5 Other, please specify: _____ *

6. **Have you eaten today or last evening in the last 12 hours?**

1 Yes 0 No

6a. If No, how many hours is it since you last ate? _____ # hours

6b. If Yes or No?

Where did you obtain food for you most recent meal?

- 1 I bought it at a grocery
- 2 I bought it at a convenience store
- 3 I was given this food at a food pantry
- 4 My family provided me with food
- 5 A friend provided me with food
- 6 I attended a group congregate meal site
- 7 I receive home delivered meals
- 8 Other, Please Specify _____ *

6d. If No, how many hours is it since you last ate? _____ hours

6e. Where did you obtain food for your most recent meal?

7. **If food obtained in grocery or convenience or food pantry, did someone help you?**

1 Yes 0 No – I was able to get it myself

7a. If yes, who helped you? _____

8. **Regarding the food that you do eat, which of the following statements is most true:**

1. ___ I can eat whatever I want, I am not on any special kind of diet
2. ___ My doctor has told me that there are things that I should not eat and I **am able** to keep the diet that my doctor wants me to be on
3. ___ My doctor has told me that there are things that I should not eat, but I **am unable** to be keep the diet that my doctor wants me to be on.
4. ___ I do not know what I should or should not eat

9. **As to shopping for food, which of the following statements is most true:**

1. ___ I am able to go to the store or food pantry and obtain my food
2. ___ Sometimes, I can go to the store or food pantry and other times, I must rely on others to shop for my food
3. ___ I am not able to go to the store or food pantry and obtain my food and must rely on others to shop for my food

10. **As to cooking food, which of the following statements is most true:**

1. ___ I am able to cook food
2. ___ Sometimes, I am able to cook food and other times, I must rely on others to cook my food
3. ___ I am not able to cook food and must rely on others to cook my food

11. **When we last spoke to help determine what types of food programs you might be eligible to participate or receive, we needed to know about your living situation. Has there been a change in the last six to eight weeks in your living situation?**

1___ Yes 0___ No

Ask only if (YES) there has been a change,

12. **Since there has been a change, please tell me which of the following describes where you live.**

- 1___ I live in a home or apartment
 2___ I live in an apartment in a senior building
 3___ I live in a supportive or assisted living residence
 4___ I live with friends
 5___ I stay with friends
 6___ I live with family
 7___ I do not have a permanent place to stay
 8___ I am homeless
 9___ Other, specify: _____*

These next set of questions focus on your feelings about your health.

(Questions taken from the PROMIS Global Health Tool)

13. **In general, would you say your health is:**

5___ Excellent 4___ Very Good 3___ Good 2___ Fair 1___ Poor

14. **In general, how would you rate your physical health?**

5___ Excellent 4___ Very Good 3___ Good 2___ Fair 1___ Poor

15. **In general, how would you rate your mood and your ability to think?**

5___ Excellent 4___ Very Good 3___ Good 2___ Fair 1___ Poor

(Question from the UCLA Loneliness Scale (R-UCLA) – Three Item Loneliness Scale)

16. **How often do you feel that you lack companionship?**

1___ Hardly ever 2___ Some of the Time 3___ Often

17. **How often do you feel left out?**

1___ Hardly ever 2___ Some of the Time 3___ Often

18. How often do you feel isolated from others?

1 ___ Hardly ever 2 ___ Some of the Time 3 ___ Often

(N-4-A Questions)

19. On a weekly basis do you participate in social activities or attend organized groups, such as choirs, support groups, cultural performances, group meals, exercise classes?

1 ___ Yes 0 ___ No 2 ___ Declined to answer

19a. If Yes, what activity (ies) do you participate? _____

20. Would you say that you often feel ~~that~~ a lack of companionship?

0 ___ Yes 1 ___ No 2 ___ Declined to answer

21. Is it difficult or impossible for you to leave your home without assistance?

0 ___ Yes 1 ___ No 2 ___ Declined to answer

22. Do you see or talk to friends at least once a week?

1 ___ Yes 0 ___ No 2 ___ Declined to answer

(Question from the Diener Satisfaction with Life Scale)

For these next three (3) statements, think about a scale of one (1) to seven (7), with one (1) being that you strongly agree and seven (7) being that you strongly disagree with the statement. I will now read each of these statements and tell me a number between one (1) to seven (7).

23. The conditions of my life are excellent

What number would you give it? _____

1 ___ Strongly Agree 2 ___ Somewhat Strongly Agree 3 ___ Agree 4 ___ Neither Agree or Disagree
5 ___ Disagree 6 ___ Somewhat Strongly Disagree 7 ___ Strongly Disagree

24. I am satisfied with my life

What number would you give it? _____

1 ___ Strongly Agree 2 ___ Somewhat Strongly Agree 3 ___ Agree 4 ___ Neither Agree or Disagree
5 ___ Disagree 6 ___ Somewhat Strongly Disagree 7 ___ Strongly Disagree

25. So far, I have gotten the important things I want in life

What number would you give it? _____

1_____Strongly Agree 2_____ Somewhat Strongly Agree 3_____Agree 4_____Neither Agree
or Disagree

5_____Disagree 6_____Somewhat Strongly Disagree 7_____ Strongly Disagree

26. Approximately eight (8) weeks ago, we asked you how many appointments you had scheduled with your primary care physician or doctor, clinic or with a specialist or with a physical or occupational therapist or for counseling. At that time, you stated that you had # _____ appointments scheduled. (Interviewer: Look to pre-test question #25 for # of appointments.)

- How many of those appointments did you attend? # _____

27. Of the appointment(s) you were unable to attend, what were the reasons for not attending your appointment(s)?

1___ I was a patient in the hospital

2___ I was a patient the Emergency Room or urgent care center

3___ I was unable to obtain a ride to go to my appointment

4___ I was not feeling well enough to go to go to my appointment

5___ I needed to take care of someone else, so I could not go

6___ Other, please specify: _____ *

28. If you were in a patient in the hospital or an Emergency Room or urgent care center, what did the doctor tell you what was wrong with you? Please Specify: _____

In checking our records, AgeOptions referred or provided you with information. Depending upon what services or programs, ask one or more of the following questions. (Interviewer: See pre-test question #26 to determine type(s) of referral received. Ask only about those referrals.)

29. Did you visit the food pantry?

1__ Yes 2__ No

29a. If No, why not?

- 1__ I no longer need help with obtaining food
- 2__ I no longer need help with cooking food
- 3__ I was in the hospital
- 4__ I was unable to obtain a ride
- 5__ I was not feeling well enough to go
- 6__ I needed to take care of someone else, so I could not go to the appointment
- 7__ Other, please specify: _____ *

30. Are you attending a group congregate dining site?

1__ Yes 0__ No

30a. If No, why not?

- 1__ I no longer need help with obtaining food
- 2__ I no longer need help with cooking food
- 3__ I was in the hospital
- 4__ I was unable to obtain a ride
- 5__ I was not feeling well enough to go
- 6__ I needed to take care of someone else, so I could not go to the appointment
- 7__ Other: _____ *

31. **Did you receive or are you currently receiving home delivered meals?**

1__ Yes 0__ No

31a. If No, why not?

- 1__ Not found eligible
- 2__ No longer need home delivered meals
- 3__ Did not like the food
- 4__ Other, please specify: _____ *

32. Have you participated in MatherLifeWays Telephone Topics where you call-in and listen to a conversation on the telephone?

1__ Yes 0__ No

32a. If yes, how satisfied were you with the information you received? Would you say you were:

5__ Highly Satisfied 4__ Satisfied 3__ Neither Satisfied or Not Satisfied

2__ Not Satisfied 1__ Highly Unsatisfied

32b. If you were less than satisfied, can you tell us why? Please be specific:

33. Similarly, when we last spoke, to determine if you were eligible for various programs from AgeOptions. Have you participated in any programs from AgeOptions?

1__ Yes 0__ No

Ask only if a participant responses with a "yes"

33a. Of the following, what programs or services did you receive from AgeOptions?

1__ Accessing Information and Resources

2__ Caring Together, Living Better

3__ Illinois Financial Abuse

4__ Make Medicare Work

5__ Senior Medicare Patrol

6__ Take Charge of your Health

7__ Other, please specify: _____ *

34. Have you applied for any government programs besides a program helping you with food?

1__ Yes 0__ No

34a. If yes, of the following, what programs or services did you apply?

1__ LHEAP

2__ Medicaid

3__ Medicare

4__ SNAP, Food Stamps

5__ Other, please specify: _____ *

Thank you very much. Please do not hesitate to give us a call here at AgeOptions at 800-699-9043 if you have any questions.

Post-Intervention Referral Survey

Survey given to health care professionals at the end of the study.



NowPow Nutrition Post-Intervention Referral Survey

Q1_w

Tell us your role:

Primary Care Physician	
Physician's Assistant	
Primary Nurse Practitioner	
Nurse	
Social Worker	
Unit Clerk	

Q2_w

If you are not the professional who identified food insecurity, tell us who asks or asked you to make referrals for patients who are food insecure?

%

ANSWER CHOICES	
Primary Care Physician	
Physician's Assistant	
Primary Nurse Practitioner	
Nurse	
Social Worker	
Unit Clerk	

Q3_w

Tell us the primary setting in which you see your patients and make referrals for patients who are food insecure.

Inpatient hospital setting	
Outpatient clinic or primary care office	
Emergency Room	
In-home Health Risk Assessment	

How do you decide if a patient might benefit from a referral to address their food insecurity?

A conversation with the patient	
The result of a screening tool	
Both a conversation and use of a screening tool	

Q5_w

Thinking about the past month, what percent of time do you refer older adult patients who present with food insecurity to community based resources?

ANSWER CHOICES

Zero Percent	
One Percent to 30 Percent	
31 Percent to 60 Percent	
61 Percent to 90 Percent	4

91 Percent or more

Thinking again about the past month, when you refer a patient for community-based resources for food insecurity, what percent of the time do you know if your older adult patients obtain or follow-up on these referrals?

Zero Percent

One Percent to 30 Percent

31 Percent to 60 Percent

61 Percent to 90 Percent

91 Percent or more

TOTAL

Q7_w

When the older adult patient has connected with a community-based resource for food insecurity, how do you find out that this occurred? (Check all that apply)

ANSWER CHOICES

Patient or Significant Other tells me

Patient or Significant Other tells another professional at my office who tells me

Information is included in my patient's Electronic Medical Record (EHR)

Information is identified directly from NowPow

Thinking back in time before referral information was available directly from NowPow or found in the Electronic Health

Record, what percent of the time did you know if your older adult patients followed-up with community-based resources?

Zero Percent	
One Percent to 30 Percent	
31 Percent to 90 Percent	
91 Percent or more	

Q9_w

Now that information is available from NowPow or found in the Electronic Health Record what percent of the time do you know if your older adult patients followed-up with community-based resources?

ANSWER CHOICES

Zero Percent	
One Percent to 30 Percent	
31 Percent to 90 Percent	
91 Percent or more	

Q10_w

Which statements are true regarding your Electronic Health Record? (Check all that apply)

ANSWER CHOICES

I routinely check on the status of referrals for home and community-based resources addressing food insecurity in the Electronic Health Record	
I am more apt to refer my patients for community-based resources addressing food insecurity because information is available in the Electronic Health Record	

I do not routinely check on the status of referrals for home and community-based

I did not know that status of whether or not a patient who was referred for food insecurity could be found in the Electronic Health Record

Total Respondents: 15

Q11_w

Which statements are true regarding NowPow? (Check all that apply)

ANSWER CHOICES

I routinely check on the status of referrals for home and community-based resources including food insecurity in NowPow

I am more apt to refer my patients for community-based resources addressing food insecurity because information is available in the NowPow

I do not routinely check on the status of referrals for home and community-based resources addressing food insecurity in NowPow

I did not know that status of whether or not a patient who was referred for food insecurity could be found in NowPow

Q12_w

How helpful is the closed loop system between your healthcare organization and AgeOptions in letting you know the outcome that your patient followed-up with the referral for community-based resources for food insecurity?

ANSWER CHOICES

Highly Helpful

Moderately Helpful

Neither Helpful or Unhelpful

Moderately Unhelpful

Highly Unhelpful

Q13w

What benefits have you observed in your patients who received a referral for community-based resources to mitigate their food insecurity? (Check all that apply)

ANSWER CHOICES Improved health status Improved emotional or mental health status More stable health No change[Responses](#) Other (please specify)

Q14w

Since NowPow has been available to you, how likely are you to refer your patients to community-based resources for food insecurity?

ANSWER CHOICES Highly Likely Moderately Likely Neither Likely or Unlikely Moderately Unlikely Highly Unlikely

Q15w

Since NowPow has been available to you, how connected do you feel to community-based resources for food insecurity as a treatment option for your older adult patient's non-medical needs?

ANSWER CHOICES

Highly Connected

Moderately Connected

Neither Connected or Not Connected

Moderately Not Connected

Highly Not Connected

Q16_w

How satisfied are you with NowPow and/or the information that you find in your Electronic Health Record pertaining to being informed of the outcome of your referral for your patients identified as food insecure.

ANSWER CHOICES

Highly Satisfied

Moderately Satisfied

Neither Satisfied or Not Satisfied

Moderately Not Satisfied

Highly Not Satisfied

Q17_w

Are there any changes/ improvements, in the system or the information that would be helpful in communicating the result of a community-based resource referral addressing food insecurity?

[Redacted area]



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SurveyMonkey[®]

Check out our [sample surveys](#) and create your own now!

Pre-Intervention Questions

Health and wellness questions participants were asked at the beginning of the study.



EXHIBIT C: PRE-INTERVENTION QUESTIONS (HEALTH AND WELLNESS)

1. Coded Name of Patient # _____
2. Interviewer: _____
3. Date of Pre-Intervention Interview: _____ mm/dd/yyyy
4. Read Informed Consent
1 Yes 0 No
5. Agreed to Informed Consent
1 Yes 0 No
6. Study Participant
1 Yes 0 No

Thank you for agreeing to answer these questions. It is likely that you were asked these first three questions before, but we would like to ask them to you again.

(Food Insecurity Trigger Questions)

1. **Are you worried that your food will run out before you have money to buy more?**
1 Yes 0 No 2 Declined to Answer
2. **In the last 2 months, have you run out of food that you bought, and didn't have money to get more?**
1 Yes 0 No 2 Declined to Answer
3. **I am not always physically able to:**
 1. Shop 3 Cook 4 Feed Myself 5
 2. 0 No difficulty with these ADL/IADLs
 3. 2 Declined to Answer
4. **Thinking about money for food, do you have enough money to pay for food each month?**
1 Yes 0 No
5. **Thinking about what money you have for food, what applies?**
 - 1 I ask family for food
 - 2 I ask friends for food
 - 3 I ask strangers for money for food
 - 4 I go to the food pantry for food
 - 5 Other, please specify: _____ *

6. Have you eaten today or last evening in the last 12 hours?1 Yes 0 No

6a. If No, how many hours is it since you last ate? ____ # hours

6b. If Yes or No?

Where did you obtain food for you most recent meal?

1 I bought it at a grocery2 I bought it at a convenience store3 I was given this food at a food pantry4 My family provided me with food5 A friend provided me with food6 I attended a group congregated meal site7 I receive home delivered meals8 Other, Please specify _____ ***7. If food obtained in grocery or convenience or food pantry, did someone help you?**1 Yes 0 No – I was able to get it myself

7a. If yes, who helped you? _____

8. Regarding the food that you do eat, which of the following statements is most true:

1 ___ I can eat whatever I want, I am not on any special kind of diet

2 ___ My doctor has told me that there are things that I should not eat and I **am able** to keep the diet that my doctor wants me to be on3 ___ My doctor has told me that there are things that I should not eat, but I **am unable** to be keep the diet that my doctor wants me to be on.

4 ___ I do not know what I should or should not eat

9. As to shopping for food, which of the following statements is most true:

1 ___ I am able to go to the store or food pantry and obtain my food

2 ___ Sometimes, I can go to the store or food pantry and other times, I must rely on others to shop for my food

3 ___ I am not able to go to the store or food pantry and obtain my food and must rely on others to shop for my food

10. As to cooking food, which of the following statements is most true:

1 ___ I am able to cook food

2 ___ Sometimes, I am able to cook food and other times, I must rely on others to cook my food

3 ___ I am not able to cook food and must rely on others to cook my food

11. I would like to ask you about where you live, please tell me which of the following describes where you live.

- 1__ I live in a home or apartment
 2__ I live in an apartment in a senior building
 3__ I live in a supportive or assisted living residence
 4__ I live with friends
 5__ I stay with friends
 6__ I live with family
 7__ I do not have a permanent place to stay
 8__ I am homeless
 9__ Other, specify: _____*

These next set of questions focus on your feelings about your health.

(Questions taken from the PROMIS Global Health Tool)

12. In general, would you say your health is:

- 5__ Excellent 4__ Very Good 3__ Good 2__ Fair 1__ Poor

13. In general, how would you rate your physical health?

- 5__ Excellent 4__ Very Good 3__ Good 2__ Fair 1__ Poor

14. In general, how would you rate your mood and your ability to think?

- 5__ Excellent 4__ Very Good 3__ Good 2__ Fair 1__ Poor

(Question from the UCLA Loneliness Scale (R-UCLA) – Three Item Loneliness Scale)

15. How often do you feel that you lack companionship?

- 1__ Hardly ever 2__ Some of the Time 3__ Often

16. How often do you feel left out?

- 1__ Hardly ever 2__ Some of the Time 3__ Often

17. How often do you feel isolated from others?

- 1__ Hardly ever 2__ Some of the Time 3__ Often

(N-4-A Questions)

18. On a weekly basis do you participate in social activities or attend organized groups, such as choirs, support groups, cultural performances, group meals, exercise classes?

- 1__ Yes 0__ No 2__ Declined to answer

18a. If Yes, what activity (ies) do you participate? _____

19. Would you say that you often feel ~~that~~ a lack of companionship?

- 0__ Yes 1__ No 2__ Declined to answer

20. Is it difficult or impossible for you to leave your home without assistance?

0 ___ Yes 1 ___ No 2 ___ Declined to answer

21. Do you see or talk to friends at least once a week?

1 ___ Yes 0 ___ No 2 ___ Declined to answer

(Question from the Diener Satisfaction with Life Scale)

For these next three (3) statements, think about a scale of one (1) to seven (7), with one (1) being that you strongly agree and seven (7) being that you strongly disagree with the statement.

22. The conditions of my life are excellent

What number would you give it? _____

1 ___ Strongly Agree 2 ___ Somewhat Strongly Agree 3 ___ Agree 4 ___ Neither Agree or Disagree
5 ___ Disagree 6 ___ Somewhat Strongly Disagree 7 ___ Strongly Disagree

23. I am satisfied with my life

What number would you give it? _____

1 ___ Strongly Agree 2 ___ Somewhat Strongly Agree 3 ___ Agree 4 ___ Neither Agree or Disagree
5 ___ Disagree 6 ___ Somewhat Strongly Disagree 7 ___ Strongly Disagree

24. So far, I have gotten the important things I want in life

What number would you give it? _____

1 ___ Strongly Agree 2 ___ Somewhat Strongly Agree 3 ___ Agree 4 ___ Neither Agree or Disagree
5 ___ Disagree 6 ___ Somewhat Strongly Disagree 7 ___ Strongly Disagree

Now for my last question today

25. Within the next six (6) weeks, how many appointments do you have scheduled with either your primary care physician, doctor or clinic or with a specialist or for physical or occupational therapy or counseling? Enter number of appointments: # _____

Thank you very much. We will be calling you soon to find-out what programs and services you are receiving. We will also be calling you again in about eight (8) weeks to ask you some very similar questions as part of this study. Please do not hesitate to give us here at AgeOptions a call at 800-699-9043 if you have any questions.

Interviewer: Indicate below where this participant was referred. This information will be part of the post-intervention survey.

26. Where was the participant referred for nutrition related services (check all that apply):

1 Food Pantry 2 Congregate Dining Site 3 Home Delivered Meals
4 Mather Lifeways Telephone Topics 5 AgeOptions Program 6 Government Programs