

[INTRODUCTION TEXT FOR LANDING PAGE]

Welcome! This brief survey is designed to gather your input about experiences with the Administration for Community Living (ACL) related to diversity, equity, and inclusion (DEI). The questions pertain specifically to your organizational experiences in partnership with ACL. We expect this survey will take no more than 10 minutes of your time.

[SCREENING QUESTIONS]

S1. Please indicate the most appropriate category to describe your organization. [CHECK ALL THAT APPLY; REQUIRE RESPONSE]

<input type="checkbox"/>	Community-based organization	
<input type="checkbox"/>	National advocacy group	
<input type="checkbox"/>	Nonprofit organization	
<input type="checkbox"/>	Area Agency on Aging	
<input type="checkbox"/>	State or local government	
<input type="checkbox"/>	Higher education entity	
<input type="checkbox"/>	Tribal Organization	
<input type="checkbox"/>	Other: _____	[IF CHECKED, REQUIRE RESPONSE WITHIN 50 CHARACTER TEXT FIELD]

S2. Please describe your role within your organization. [CHECK ALL THAT APPLY; REQUIRE RESPONSE]

<input type="checkbox"/>	Administrator/organization leader	
<input type="checkbox"/>	Manager/team leader	
<input type="checkbox"/>	Clinician	
<input type="checkbox"/>	Service coordinator	
<input type="checkbox"/>	Other: _____	[IF CHECKED, REQUIRE RESPONSE WITHIN 50 CHARACTER TEXT FIELD]

S3. What population does your organization primarily serve? [CHECK ALL THAT APPLY; REQUIRE RESPONSE]

<input type="checkbox"/>	Older adults	
<input type="checkbox"/>	Older adults with disabilities (age 65+)	
<input type="checkbox"/>	People with disabilities (between ages 18 and 64)	
<input type="checkbox"/>	Children with disabilities (under age 18)	

<input type="checkbox"/>	Caregivers/families	
<input type="checkbox"/>	Other: _____	[IF CHECKED, REQUIRE RESPONSE WITHIN 50 CHARACTER TEXT FIELD]

S4. Please specify how long your organization has worked with ACL. [CHECK ONLY ONE; REQUIRE RESPONSE]

<input type="checkbox"/>		<1 year
<input type="checkbox"/>		1-2 years
<input type="checkbox"/>		3-5 years
<input type="checkbox"/>		6-10 years
<input type="checkbox"/>		More than 10 years

S5. What has your organization’s role been in working with ACL? [CHECK ALL THAT APPLY; REQUIRE RESPONSE]

<input type="checkbox"/>	Current grantee/sub-grantee	
<input type="checkbox"/>	Previous grantee/sub-grantee	
<input type="checkbox"/>	Other: _____	[IF CHECKED, REQUIRE RESPONSE WITHIN 50 CHARACTER TEXT FIELD]

S6. Has your organization engaged in any diversity, equity, and inclusion activities (e.g., language support, cultural competence training, diverse hiring practices) in the past two years? [ALLOW ONLY ONE ANSWER; REQUIRE RESPONSE]

<input type="checkbox"/>	Yes	[IF YES, PROCEED TO MAIN SURVEY]
<input type="checkbox"/>	No	[IF NO, DISCONTINUE AND THANK PARTICIPANT]

[SURVEY QUESTIONS]

The following questions explore the types of diversity, equity, and inclusion (DEI) activities in which your organization may have engaged.

DEI PRIORITIES

Q1.	Thinking about diversity, equity, and inclusion (DEI), what marginalized populations does your organization serve? [CHECK ALL THAT APPLY]	
	<input type="checkbox"/>	Older adults

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		<input type="checkbox"/> People with disabilities or functional impairments <input type="checkbox"/> People with diverse gender identity <input type="checkbox"/> Sexual orientation minorities <input type="checkbox"/> Immigrants <input type="checkbox"/> Non-native English speakers <input type="checkbox"/> Racial or ethnic minority populations <input type="checkbox"/> Religious minority populations <input type="checkbox"/> Low-income/people living in poverty <input type="checkbox"/> People with diverse learning needs or low literacy <input type="checkbox"/> People living in rural communities <input type="checkbox"/> Veterans <input type="checkbox"/> Other: _____	 [IF CHECKED, REQUIRE RESPONSE WITHIN 50 CHARACTER TEXT FIELD]	
Q2.		How have you identified that your program serves marginalized populations? [CHECK ALL THAT APPLY]		
		<input type="checkbox"/> Participants are asked demographic questions at intake/program enrollment <input type="checkbox"/> Program location only serves a specific population (e.g., everyone in service area is rural)		

		<input type="checkbox"/> Evaluation findings from prior research effort		
		<input type="checkbox"/> Evaluation of data collected through program Needs Assessment		
		<input type="checkbox"/> Other: _____	[IF CHECKED, REQUIRE RESPONSE WITHIN 500 CHARACTER TEXT FIELD]	
Q3.		In which ways have you identified needs among the population you serve? [CHECK ALL THAT APPLY]		
		<input type="checkbox"/> Participant interview, focus group, or survey		
		<input type="checkbox"/> Observation		
		<input type="checkbox"/> Evaluation findings from prior research effort		
		<input type="checkbox"/> Review of Needs Assessment data		
		<input type="checkbox"/> Feedback from program enrollees		
		<input type="checkbox"/> Other: _____	[IF CHECKED, REQUIRE RESPONSE WITHIN 500 CHARACTER TEXT FIELD]	
Q4.		In what types of DEI activities has your organization been engaged in the past two years? [CHECK ALL THAT APPLY]		
		Organizational Structure, Hiring, and Training		
		<input type="checkbox"/> Organizational leaders promote DEI priorities		
		<input type="checkbox"/> Recruit diverse organizational leadership and/or staff		

	<input type="checkbox"/>	Host cultural competence or other DEI-focused training for organizational leadership and/or staff	
	<input type="checkbox"/>	Translate written documents	
	<input type="checkbox"/>	Use professional interpreters (including CART services)	
	<input type="checkbox"/>	Establish organizational policy or practice to assess preferred language of service recipients at intake	
	<input type="checkbox"/>	Establish organizational accountability process to ensure adherence to DEI priorities	
	<input type="checkbox"/>	Reassess existing DEI trainings toward continuous improvement	
	Service Provision		
	<input type="checkbox"/>	Language assistance (e.g., interpreters) for non-native English speaker service recipients	
	<input type="checkbox"/>	Language assistance for service recipients with low vision (e.g., Braille)	
	<input type="checkbox"/>	Language assistance for service recipients with hearing impairment (e.g., American Sign Language)	
	<input type="checkbox"/>	Translated materials for non-native English speaker service recipients	
	<input type="checkbox"/>	Plain language materials for service recipients	
	Data Management		
	<input type="checkbox"/>	Collect demographic data among organization's service recipients to understand population	[IF CHECKED, REQUIRE Q2a]

		<input type="checkbox"/> Analyze demographic data collected to determine whether services are aligned to population needs	
		<input type="checkbox"/> Conduct community assessments to understand local service needs	
		<input type="checkbox"/> Report findings of data collection and assessments to the public	
		Community and Individual Partners	
		<input type="checkbox"/> Establish community partnerships with diverse populations and/or local organizations	
		<input type="checkbox"/> Create conflict resolution or grievance process for service recipients who need to report when services do not align with their cultural or linguistic needs	
		<input type="checkbox"/> Communicate organization’s commitment to DEI through media or other public-facing channels	
		<input type="checkbox"/> Other: _____	[IF CHECKED, REQUIRE RESPONSE WITHIN 250 CHARACTER TEXT FIELD]
Q5.		Please list the types of demographic data you collect among your service recipients.	[RESPONSE WITHIN 1000 CHARACTER TEXT FIELD]
Q6.		In what ways is your organization measuring success with addressing your DEI priorities? [CHECK ALL THAT APPLY]	

