

Vermont's Senior Center Earmark Project  
Evaluation of Project Outcomes  
Executive Summary  
4/19/07

In early 2006, the Vermont Department of Disabilities, Aging and Independent Living (DAIL) received a grant from the U.S. Administration on Aging to fund senior centers, senior meal sites and other related entities providing similar services. Local projects received this funding to address one or more of the following Target Areas:

- Target Area 1: Improve delivery of Older Americans Act Nutrition Program nutrition services.
- Target Area 2: Develop new or strengthen existing innovative programs that promote successful aging and independent living.
- Target Area 3: Increase community support for and participation in senior centers.

To assess the impact of the SCE Project on achieving its goals, grantees were asked to conduct a survey of seniors at the start of the SCE funding and again, six months later, at the end of SCE funding. Sites gathered additional information on their activities and outcomes. The full report presents details on the evaluation methods and findings.

Overall Impact of SCE Projects on Physical and Emotional Well-Being:

Since the SCE project funding was only for six months, it is not surprising that there were no significant changes in physical and emotional well-being among seniors. Nevertheless, the findings provide basic information about senior center participants' health and well-being.

About half of the 841 seniors surveyed feel they do enough physical activity to keep healthy. On average, survey respondents said they do vigorous physical activity 3 to 4 times a week. Seniors completing the survey generally rated their overall health as good to excellent; few survey respondents said they were in fair to poor health. The most common chronic health conditions seniors reported were arthritis and high blood pressure. Only half of seniors reported that they received annual screenings for diabetes; and, just over half of the men reported annual screenings for prostate cancer.

Survey respondents reported that they were socially active and satisfied with how they spend their free time. On average, seniors left their homes 9.1 days out of the previous two-week period. Half of the respondents said they were involved in doing volunteer work.

When asked to rate their emotional well-being, the majority of survey respondents rated their emotional health as very good to excellent. On average, they reported feeling "very healthy and full of energy" 14 of the past 30 days; and feeling "sad, blue or depressed" 2.3 days of the past 30. While the differences were not statistically significant, seniors reported fewer days feeling "worried, tense or anxious" at the end of the SCE program funding than at the beginning.

### Target Area 1: Improving Delivery of Nutrition Services

Five grantees used SCE funding to improve their nutrition programs. Two of these grantees added salad bars to their five day program: one added a salad bar one day a week and the other added a salad bar four days a week. The salad bars increased offerings of fruit, vegetables and whole grains. Among the other three grantees, there were no notable improvements in the nutrition of menu offerings.

Using the Nutrition Screening Initiative (NSI) DETERMINE Your Nutritional Health Checklist, we found that three-quarters of seniors were at moderate to high risk of malnutrition.

### Target Area 2: Developing and Strengthening Programs

Of the seven grantees using SCE funds to develop and strengthen programs, only one was able to systematically gather input from seniors to design the funded project. Most grantees were smaller programs with fewer resources and thus unable to conduct a systematic needs assessment. This meant that most programs were not able to use needs assessment information to design their SCE funded program. Two of the grantees used SCE funding to assess needs and then developed programs based on the results; these two grantees reported increased attendance as a result of the SCE project, the remaining five programs reported no changes in program attendance.

### Target Area 3: Increasing Community Support and Participation

Eight grantees developed projects to address community support and program participation. Four sites reported increased program attendance as a result of SCE funding; these grantees all introduced new programs including Healthier Living Workshops (an evidence-based chronic disease self-management program), computer labs, and regional luncheon programs.

Seniors reported high levels of knowledge about community services and ease of using those services. Exceptions, however, were notable: seniors were least knowledgeable about where to find counseling and support groups, help with housing, and help getting benefits. While most seniors did not have difficulty accessing services, 20% of the respondents did have difficulty. The two most significant barriers to accessing services: services were too costly and information about services was confusing.

At the end of the project period, significantly fewer seniors reported using health care services than at the start of the project. While this is only one significant difference in service use, it may represent the potential for similar activities of longer duration to improve seniors' health.

### Conclusions

In just six months, the SCE grantees appear to have made important inroads toward promoting successful aging and independent living while strengthening the senior center and meal site delivery system. Taken together the results suggest that longer-term investment might yield even more significant impact on both delivery systems and the lives of seniors served.