

Vermont's Senior Center Earmark Project
Evaluation of Project Outcomes

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Community Development Unit
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Living

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Introduction

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. The Senior Center Earmark (SCE) Project was designed to:

- Help strengthen Vermont's senior center and meal site delivery system; and,
- Promote successful aging and independent living.

Through a Request for Proposal (RFP) process, senior centers or related entities serving adults aged 60 years or over were selected to participate in the SCE project. These local projects were funded to develop and test new strategies and partnerships, implement innovative programs, strengthen existing programs and partnerships, evaluate existing programs and services, and develop marketing approaches to improve access to and increase participation in senior centers and meal sites across the State.

Local projects were designed to address one or more of the following Target Areas:

- Target Area 1: Improve delivery of Older Americans Act Nutrition Program nutrition services. This could include menu planning and meals to meet the most recent Dietary Reference Intakes (DRI) and Dietary Guidelines for Americans, nutrient analysis, creative meal services, nutrition screening, nutrition education, and nutrition counseling.
- Target Area 2: Develop new or strengthen existing innovative programs that promote successful aging and independent living. Possible programs could address health, wellness, physical activity, recreation, computer/Internet access, education, socialization opportunities, and chronic condition/disease management support groups.
- Target Area 3: Increase community support for and participation in senior centers. Projects could develop marketing strategies, promote volunteerism, or strengthen infrastructure.

To assess the impact of the SCE Project on achieving its goals, DAIL contracted with Flint Springs Associates (FSA) to design an evaluation. FSA worked with a Stakeholder Advisory Group, including consumer, Senior Center, and Area Agency on Aging representatives, to identify specific outcomes for the SCE project overall, and for each of the three target areas. FSA then identified specific indicators for each outcome, designed data collection tools and methods, and trained local projects to gather and report data. This report presents details on the evaluation methods and findings.

Methods

In March, 2006, prior to initiation of the local projects, an Evaluation Training session was held for all SCE project grantees. This full day training provided grantees with a thorough review of the evaluation purpose and methods. Participants received a *Workbook for SCE Project Grantees*, which included detailed data collection instructions and reporting forms. In addition, the contents of the workbook were provided on a CD to expedite electronic reporting. The workbook included both required and optional information to gather and report to provide grantees with a broader range of data they might want to collect and use. As nearly all grantees gathered and reported only required information, this report will not discuss optional data.

Detailed information about the evaluation methods can be found in Appendix A.

Overall SCE Project Outcomes

Overall, the SCE project was designed to strengthen Vermont's senior center and meal site delivery system and promote successful aging and independent living.

A Senior Survey was designed to gather information from senior center and meal site participants to assess achievement of these overall goals. The survey included questions to assess Target Areas 1 and 3 goals as well. Each grantee was asked to conduct a pre-survey in the week before the SCE project was introduced and a post-survey in the week after SCE Project funding concluded. It is important to note that the time between pre- and post-surveys was generally no more than six months.

Regardless of grantees' specific target areas, all were asked to use Senior Survey questions to assess:

- Senior Center participants' satisfaction with centers and meals
- Senior Center participants' physical, social, and emotional well-being

Target Area 1: Improved Delivery of Nutrition Services

Target Area 1 activities were designed to improve the delivery of nutrition services. Specifically, Target Area 1 grantees were asked to gather and report the following information:

- Menu content including food varieties, food groups offered, and any ethnic or culturally diverse food choices offered through nutrition programs
- Senior Survey items assessing:
 - Satisfaction with meals and service delivery
 - Nutritional health status
 - Socialization preferences met through nutrition programs

Target Area 2: Develop New or Strengthen Existing Innovative Programs

Target Area 2 programs were to promote successful aging and independent living. Grantees were asked to provide the following information:

- Strategies the grantee used to assess seniors' needs and preferences
- Ways in which grantees' programs were designed to be responsive to identified senior needs and preferences
- Attendance at center programs
- Senior Survey data on physical, social and emotional well-being

Target Area 3: Increasing Support for and Participation in Senior Centers

The desired outcome for activities in Target Area 3 was to increase support for and participation in Senior Centers. Grantees were asked to report:

- Grantee efforts to improve accessibility to center
- Attendance at center programs
- Centers' fiscal stability
- Senior Survey items assessing:
 - Accessibility of seamless service delivery system
 - Knowledge of community-based services

Summary of SCE Project Grantees

A total of 16 SCE local projects were funded which addressed the Target Areas as follows:

- Target Area 1 – five grantees
- Target Area 2 – seven grantees
- Target Area 3 – eight grantees.

Four of the sites included two Target Areas, but the majority (12) focused on one Target Area only. Table 1 summarizes the Target Areas, and types of activities included in the projects.

Table 1: Summary of SCE Projects by Target Area

SCE Grantee	Target Area 1	Target Area 2	Target Area 3
Barton Senior Center	Train staff on food handling; include local fresh foods; update kitchen to allow on-site meal preparation		
Brattleboro Senior Meals: More Food for Seniors	Salad bar; increase local produce; staff training on baking; meals combined with events		
Champlain Senior Center: Soup & Salad Bar Mealsite Enhancement Project	Salad bar; increase local produce; open new Café Wanderlust		
Island Pond Community Services: Sunrise Manor	Newsletter on nutrition program; cooking class; health & wellness classes; increase fruit & vegetables; regular social events		
Barre Housing Authority: Senior Wellness Nutrition Program (SWAN)	Menu-planning & on-site lunches at fitness center	Access to fitness center through underwriting fees & providing transportation	
Central Vermont Council on Aging: Holding Hands		8 week caregiver support class (develop curriculum, hold class)	
Senior Center at Covenant Church: Connections		New programming; internet café; coordinate transportation	
Franklin County Senior Center: Weigh to Good Health		20 week weight management program; plan & offer healthy meal alternative 1 day/week	

Table 1: Summary of SCE Projects by Target Area (continued)

SCE Grantee	Target Area 1	Target Area 2	Target Area 3
Champlain Islanders Developing Essential Resources (CIDER): Champlain Islands Elder Socialization Program		Establish older adult functional fitness program; develop "how do I..." programs	Conduct focus group, survey on needs
Heineberg Senior Center: Wit, Wisdom & Wanderlust Enrichment Program		Quarterly schedule of classes, activities & programs	Senior Ambassador Group for community outreach & PR
Rutland Area Visiting Nurse Association & Hospice: Menu for Healthy Living		On-site nurse support; service coordination; information & resource sheets on disease prevention & management; weekly programs; computer resource center	Market activities
Castleton Community Center: Reach Out			Leader training for Healthier Living Workshops; set up computer lab; conduct needs assessment for marketing plan
St. Johnsbury Senior Citizens: St. Johnsbury Senior Center			Establish advisory group; develop communication plan
Waterbury Area Senior Citizens Association: Waterbury Senior Market Analysis Project			Complete market analysis including survey, site-visits; develop marketing strategy
White River Council on Aging: Bugbee Senior Center			Develop video presentation & PSAs
Woodstock Area Council on Aging, Thompson Senior Center: Outreach to Underserved Communities			Publicize transportation; regional luncheons; upgrade kitchen for expanded on-site meal preparation

Overall SCE Project Outcomes: Senior Survey Results

Grantees were asked to distribute the Senior Survey at the start and end of the grant period; half of the grantees (n=8) asked seniors to complete both the pre- and post-survey. One of these sites, Barre, distributed the pre-survey widely and had the largest pre-survey sample (n=146); but the post-survey was only completed by 11 persons. Of the remaining six grantees, five asked seniors to complete the pre-survey only, and one collected only post-surveys (see Table 2).

Table 2: Number of Senior Survey Respondents by SCE Grantee

SCE Grantee	Pre test		Post test		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Barre	146	27%	11	4%	157	19%
Barton	20	4%	0	0%	20	2%
Brattleboro	62	12%	46	15%	108	13%
Castleton	65	12%	53	17%	118	14%
Champlain	25	5%	43	14%	68	8%
CIDER	13	2%	23	8%	36	4%
Connections (Jericho)	27	5%	0	0%	27	3%
CVCOA	6	1%	7	2%	13	2%
Franklin	50	9%	0	0%	50	6%
Heineberg	43	8%	0	0%	43	5%
Island Pond	35	7%	0	0%	35	4%
RAVNAH	18	3%	16	5%	34	4%
St. Johnsbury	0	0%	72	24%	72	9%
Woodstock	28	5%	32	11%	60	7%
Total	538	100%	303	100%	841	100%

Our data analysis includes all 841 survey respondents when examining information in aggregate. When we looked for possible differences between pre- and post-survey scores, we included the seven grantees with equivalent survey samples from pre- and post-surveys (which excluded Barre). We also examined potential differences between the pre-only (6 grantees, n=321), post-only (1 grantee, n=72), and pre- and post-survey groups (7 grantees, n=437). Since the Barre sample accounted for one-third of the pre-only group, we did analyses with and without that sample.

Survey Respondents' Demographics

The majority of persons completing the survey were women (78%), averaging 75 years of age. The majority of respondents had completed at least a high school diploma (see Table 3).

Table 3: Highest level of education reported by survey respondents

Highest level of education	Total	
	Frequency	Percent
Less than HS diploma	139	18%
HS diploma	334	42%
Some college	148	19%
Bachelor's	74	9%
Post-grad or advanced degree	95	12%
Total	792	100%

Participant Satisfaction with Centers and Meals

The Senior Survey asked respondents “overall, how would you rate the programs and services at (their center)?” Most seniors gave centers high overall ratings; 90% of respondents rated programs and services at their center “excellent” or “very good.” Ratings did not change from the pre- to post-surveys.

Next, the survey asked if seniors were “satisfied that the staff and volunteers are friendly and respectful?” Nearly all seniors (99%), on both pre- and post-surveys, said that staff and volunteers were friendly and respectful all or most of the time.

Finally, the survey asked, “do you feel that the (center) has had a positive effect on your life?” The majority of seniors (89%) felt their center had a positive effect all or most of the time; this proportion did not change from pre- to post-survey.

Participant Physical, Social and Emotional Well-being

Physical Activity

To assess physical activity, the survey asked three questions. The first asked respondents to check a statement that best described them (see Table 4). The level of physical activity for seniors completing both pre- and post-surveys was high at the outset of the program and remained so: 69% of seniors reported that they had been “doing regular physical activity 6 months or more.” Only one center with pre- and post-surveys had introduced physical activity programming through SCE funding; there were no changes in activity level from pre- to post-survey at this site with 66% of respondents reporting regularly activity for 6 months or more.

Physical activity levels were significantly¹ lower among seniors who completed only pre-surveys; 42% of these seniors had been engaged in regular physical activity for six months or more (see Table 4). Three of these grantees introduced physical fitness programs with SCE funding; unfortunately, we do not have post-survey data to determine if activity levels increased as a result of this new programming.

Table 4: Respondents Reported Level of Physical Activity by Surveys Completed

Level of Physical Activity	Pre-and Post-Survey		Pre-Survey only		Post-Survey only	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Regular activity 6 months or more	289	69%	131	42%	46	68%
Regular activity less than 6 months	30	7%	41	13%	5	7%
No regular activity, intend to begin within next 6 months	50	12%	70	23%	8	12%
No activity, do not intend to begin	51	12%	68	22%	9	13%
Total	420	100%	310	100%	68	100%

¹ $\chi^2_{(df=6)} = 54.5, p < .001$. This significant difference held with or without the Barre sample.

The second question on physical activity asked respondents to select a statement that best represented their view of their activity levels (see Table 5). Seniors responding to both pre- and post-surveys did not change in their assessment of their level of physical activity: across both surveys 55% felt they were “doing enough physical activity to keep healthy.”

While it appears that fewer seniors responding to the pre-survey only feel they do enough physical activity, this difference did not prove significant when the Barre sample was removed.

Table 5: Respondents Reported View on Amount of Physical Activity by Surveys Completed

View on amount of activity	Pre-and Post-Survey		Pre-Survey only		Post-Survey only	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
I do enough	236	55%	136	43%	47	66%
Ought to be more active	171	40%	149	47%	20	28%
Don't know	23	5%	31	10%	4	6%
Total	430	100%	316	100%	71	100%

The third physical activity question asked: “At least once a week, do you engage in physical activity such as brisk walking, jogging, bicycling, or swimming long enough to work up a sweat, get your heart thumping, or get out of breath?” On average, seniors reported vigorous physical activity 3.7 times a week.

More survey respondents responding to both pre- and post-surveys than those responding to the pre-survey only said they were engaged in weekly physical activity (see Table 6). This difference was only statistically significant with the Barre sample included. However, with or without the Barre sample, pre- and post- survey respondents were active significantly² more often than pre-survey respondents (see Table 7).

Table 6: Respondents Report Weekly Physical Activity by Surveys Completed

Once a week engage in physical activity	Pre-and Post-Survey		Pre-Survey only		Post-Survey only	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No	144	34%	164	52%	30	43%
Yes	279	66%	150	48%	39	57%
Total	423	100%	314	100%	69	100%

Table 7: Average Number of Times per Week Respondents Report Physical Activity by Surveys Completed

Surveys completed	Mean	N	Std. Deviation
Both pre/post	4.1	220	1.95
Pre only	3.1	160	2.29
Post only	4.0	29	2.00
Total	3.7	409	2.14

² F (df =2,406) = 9.2, p<.001

Physical Health Status

Physical health status was assessed through a question on overall health, as well as questions about health conditions and screenings.

Survey respondents were asked “in general, would you say your health is...” and given a five point scale with 1 = “excellent” to 5 = “poor.” Ratings did not change from pre- to post-surveys among seniors completed both surveys. While health status was reported as poorer among the pre-survey only seniors (see Table 8), this difference was not significant when the Barre sample was removed.

Table 8: Respondents Report of Health Status by Surveys Completed

Overall health status	Pre-and Post-Survey		Pre-Survey only		Post-Survey only	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Excellent or very good	216	50%	105	32%	39	57%
Good	162	38%	146	45%	18	26%
Fair or poor	52	12%	73	23%	11	16%
Total	430	100%	324	100%	68	100%

Not surprisingly, there were no significant differences from pre- to post-survey in respondents’ reported health conditions, as these are chronic conditions. About half of the respondents had arthritis and nearly half had high blood pressure (see Table 9).

Table 9: Health Conditions Senior Survey Respondents Report

Health Conditions Present	Frequency	Percent
Diabetes	131	16%
High blood pressure	393	47%
Arthritis	422	50%
Heart disease	149	18%
Osteoporosis	156	19%
Cancer	47	6%
Fall within past year requiring doctor visit	96	11%

The Senior Survey asked if respondents had received a range of health screenings on an annual basis. Since the pre- and post-surveys were done within a six month period, changes were not expected. Generally, it appears that seniors attending center programs receive recommended annual immunizations and health screenings for cholesterol, high blood pressure and, for women, breast cancer (mammograms). Fewer seniors received annual screenings for diabetes, prostate cancer for men, and uterine cancer (pap tests) for women (see Table 10). The low percent of women receiving pap tests is likely due to recommendations that pap tests occur every three years for women who have had three consecutive normal pap tests; and, women with hysterectomies do not receive pap tests.

Table 10: Senior Survey Respondents Reporting Annual Health Screenings and Immunizations

Annual Health Screenings	Frequency	Percent
Cholesterol	613	73%
Diabetes	420	50%
Blood Pressure	705	84%
Pap test	239	38%*
Mammogram	425	68%*
Prostate	99	56%**
Flu shot	639	76%

* Percent of female respondents; ** Percent of male respondents

Social Well-Being

Survey respondents were asked several questions to evaluate social-well being. First, they were asked “during the past four weeks, how much of the time has your physical health or mental health interfered with your social activities like visiting friends or relatives?” Most respondents (83%) said that their physical or mental health had not interfered at all with their ability to be socially active. There were no differences from the pre- to post-survey.

Respondents were also asked “how many days in the past two weeks did you leave your home for any reason?” On average, seniors left their homes 9.1 days out of the previous two-week period; again there were no differences from pre- to post-survey.

The survey also asked how many times in the past two weeks the respondent had gotten together socially with friends or neighbors, gotten together with any relatives, spoken on the telephone with friends or relatives, or gone to a place of worship for services or other activities. Seniors reported spending the most time talking on the telephone with friends and relatives (see Table 11). The frequency of social activity did not change from pre- to post-survey.

Table 11: Average Number of Times Senior Engaged in Social Activity over the Past Two Weeks

Social activity within past 2 weeks	Average # of Times
Get together with friends or neighbors	5.4
Talk with friends or neighbors on the phone	7.1
Get together with relatives	3.5
Talk with relatives on the phone	6.1
Go to place of worship for service or activities	1.8

The survey asked “are you involved in doing volunteer work?” Half of all the respondents (50%) reported that they did volunteer work. This proportion did not change from pre- to post-survey.

The final social well-being question asked “are you satisfied with how you spend your free time?” Most respondents (85%) were satisfied with how they spent their free time all or most of the time; again with no changes from pre- to post-survey.

Emotional Well-Being

Emotional well-being questions began with a question that asked during the past 30 days, for how many days the respondent (1) felt “sad, blue or depressed,” (2) felt “worried, tense or anxious,” (3) “did not get enough rest or sleep,” and (4) felt “very healthy and full of energy.”

Across the complete survey sample, seniors reported feeling sad or depressed an average of 2.6 days a month; worried or anxious 3.5 days a month; without enough rest 5.1 days a month; and, feeling healthy and full of energy 12.7 days a month.

While there were no statistically significant differences in emotional well-being from pre- to post-survey, it is worth noting that changes did occur in the desired direction. In particular, on the post-survey seniors reported fewer days feeling worried and without enough rest; while more days feeling healthy and full of energy (see Table 12).

Table 12: Respondents Report of Emotional Well-Being by Pre- and Post-Survey
(Includes only respondents to both pre- and post-survey)

Number of Days within Past 30 days felt ...	Pre test		Post test		Total	
	Mean	St. Dev.	Mean	St. Dev.	Mean	St. Dev.
Sad, blue or depressed	2.4	5.3	2.2	5.2	2.3	5.2
Worried, tense or anxious	4.2	7.7	2.9	5.0	3.5	6.5
Not enough rest or sleep	5.7	8.4	4.3	6.9	5.0	7.7
Very healthy and full of energy	13.7	11.8	14.2	12.4	14.0	12.1

The survey also asked respondents “in general, how would you describe your emotional well-being;” and, provided a five point scale where 1 = “excellent” and 5 = “poor.” As shown in Table 13, the majority of respondents rated their emotional well-being as very good to excellent. This rating did not change from pre- to post-survey.

Table 13: Survey Respondents’ Reported Emotional Well-Being

Emotional Well-Being	Frequency	Percent
Excellent to very good	470	58%
Good	229	28%
Fair to poor	111	14%
Total	810	100%

Target Area 1: Improving Delivery of Nutrition Services

Availability of Nutritious Foods

Projects were asked to complete a Nutrition Tracking Form which outlined menu offerings including the number of servings in specific food groups through one week of meals at the start and end of the funding period. Four of the five sites focused on Target Area 1 completed the forms.

Two grantees planned to add salad bars as SCE funded Target 1 activities. Both of these two grantees reported large increases in their offerings of fruits, vegetables, and whole grains. One of the grantees added a salad bar one day in its five day weekly program, while the other grantee added the salad bar four of the five days of weekly operation. This second grantee also added legumes/beans and products and nuts/seeds, as well as additional daily servings of low-fat dairy products and a vegetarian main course four days of the week. This site added five new ethnic dishes (including: Indian, Greek, and Italian).

The other two Target Area 1 grantees that completed Nutrition Tracking Forms did not report notable changes in offerings. One grantee only reported weekly menu offerings for the two last weeks of the funding period, without providing information on offerings at the start of funding, so it was not possible to assess changes over six months. This site offered fruits, vegetables, fish, whole grains, nuts & seeds. The other site introduced a nutritional program along with fitness training at a local gym using SCE funding. The program provided lunches three days a week with the SCE funds; the variety of foods did not change over the six months. This site offered a minimum of fruits and vegetables, whole grains and low-fat dairy products.

Seniors' satisfaction with meals and service delivery

Satisfaction with meals and service delivery was assessed through several questions on the Senior Survey. These items asked respondents how often they were satisfied (1 = "all the time" to 5 = "never") with the way food tastes, smells, looks, as well as the variety of food and whether hot foods were hot, cold foods cold. Seniors' level of satisfaction in the nutrition programs was high at the start of the SCE funding, and remained so through the six month period. Most seniors were satisfied all or most of the time with the way food tastes (89%), smells (94%), and looks (92%). They were satisfied with the variety of foods (88%), and that hot food was hot, cold food was cold (93%).

Seniors socialization preferences were met through nutrition programs

The Senior Survey also asked if respondents were "satisfied with the opportunity to socialize with others during meals;" again, using the same five point scale from "all the time" to "never." Most seniors (93%) were satisfied all or most of the time with the opportunity to socialize during meals provided through nutrition programs. This level of satisfaction did not change from pre- to post-survey.

Seniors' nutrition status

To evaluate the risk of malnutrition, the Senior Survey included 11 items from the Nutrition Screening Initiative (NSI) DETERMINE Your Nutritional Health Checklist. These items asked respondents if they:

- Made changes in lifelong eating habits because of health problems
- Ate fewer than two complete meals a day
- Ate fewer than five servings (1/2 cup each) of fruit or vegetables each day
- Ate fewer than two servings of dairy products (such as milk, yogurt, cheese) or tofu every day
- Had any problems with biting, chewing or swallowing that made it difficult to eat
- Had “times when you do not have enough money to buy the food you need”
- Ate most meals alone
- Take three or more prescribed or over-the-counter medications each day
- Gained or lost 10 pounds within the past six months without trying
- Were ever physically unable to shop for food, cook, or “eat on your own”
- Had three or more drinks of beer, wine or liquor almost every day

As shown in Table 14, the most frequent areas of nutrition risk for seniors were taking three or more medications, eating alone, and eating fewer than five servings of fruit or vegetables daily.

Table 14: Number of Respondents Reporting Specific Types of Nutrition Risk

Items included in NSI DETERMINE Checklist	Frequency	Percent
Changes in lifelong eating habits due to health (y=2)	231	42%
Eat fewer than 2 complete meals a day (y=3)	106	19%
Eat fewer than 5 servings of fruit or vegetables (y=1)	277	51%
Less than 2 servings of dairy products or tofu a day (y=1)	188	34%
Problems with biting, chewing and/or swallowing (y=2)	81	15%
Times when not enough money to buy food (y=4)	64	12%
Eat most meals alone (y=1)	326	60%
Take 3 or more medications daily (y=1)	350	64%
Weight changed by within 6 months without trying (y=2)	97	18%
Time unable to shop for food, cook, eat on own (y=2)	85	16%
Drink 3 or more alcoholic drinks almost every day (y=2)	24	4%

Looking at the NSI DETERMINE Checklist total nutrition score, we found that 40% of seniors were at high risk, and another 35% at moderate risk of malnutrition (see Table 15). The risk level did not change from pre- to post-surveys, including among the two Target Area 1 grantees that introduced salad bars. The other two Target Area 1 grantees did not conduct both pre- and post-surveys.

Table 15: Nutrition Risk of Survey Respondents

Nutrition Risk Level (NSI Score)	Frequency	Percent
Low (0 -2)	141	26%
Moderate risk (3 -5)	190	35%
High risk (6 +)	219	40%
Total	550	100%

The survey also asked respondents if they “worry whether your food will run out before you can buy more food” and if “you run out of food before the end of the month.” Most respondents said they were never or almost never worried that their food would run out before they could buy more (85%); or that they would run out of food before the end of the month (90%). There were no changes from pre- to post-survey.

Target Area 2: Developing and Strengthening Programs

Assessing seniors' needs and preferences

Project grantees that focused on developing or strengthening programs were asked about the procedures they used to assess the needs and preferences of seniors they hoped to serve with these programs, through the Needs Assessment Tracking Form. Six of the seven Target Area 2 sites completed Needs Assessment Tracking Forms.

Only one site reported a systematic process of gathering input from seniors before designing the Senior Center Earmark project. This site had used various methods to talk with seniors that participated in programs as well as those in the center's neighborhood, such as focus groups and informal interviews. This site also conducted a survey at the 50+ Maturity Expo to gather input from a broader sample of seniors. In addition, the site conducted follow-up telephone interviews, discussion groups and studied other successful enrichment programs for older adults. This site designed its funded activities to address needs and interests identified through this assessment process.

The remaining grantees were all smaller programs with fewer resources than the grantee that was able to conduct a systematic needs assessment. Instead, these grantees were able to use SCE project funds and evaluation materials to assess needs and preferences. For example, one site, as part of Target 3 activities, conducted a study of senior needs, through a community survey and focus group. More than half of the respondents to this site's survey were seniors that did not attend the center's programs; respondents ranged in age from 56 to 92 years with an average age of 74. Program planning was then based on input from these seniors.

Three sites used the Senior Survey to gather input for use in future program planning. In addition, one site noted that informal feedback from participants led to the project's focus on computer skills and transportation.

New programs responsive to needs and preferences

Grantees were then asked to complete the Responsive Program Tracking Form to detail how they developed programs that were responsive to identified needs. Six sites completed the Responsive Program Tracking Form. Since most sites were not in a position to assess needs prior to developing the SCE funded project, most did not report developing programs that met needs or preferences identified through a systematic assessment. The one site that was able to conduct a systematic needs assessment discussed how the SCE funding programming addressed preferences identified in that assessment.

One grantee used SCE funds to conduct a community survey and focus group; based on the results the site introduced a program that was identified as needed by seniors.

Seniors' participation in programs

Of the five sites reporting attendance at programs funded through SCE, one demonstrated a notable increase in attendance; attendance at this senior center's programs doubled over the funded period; another site reported an increase in weekly attendance from 33 to 49 participants. Both of these sites had used SCE funding to assess needs and then developed their programs based on the results of the assessments. The other three sites reported relatively steady attendance over the funding period.

Target Area 3: Increasing Community Support & Participation

Accessibility to centers that offer services for seniors

Six of the eight Target Area 3 SCE grantees provided information through the Accessibility Tracking Form. This form asked grantees to describe accessibility of the center in terms of: transportation, hours of operation, fees, cultural competency, and the physical site.

Not surprising, since none of the projects specifically addressed increased accessibility with SCE funding, few changes were noted from the start to end of the funding period in any of the accessibility areas described below.

Three of the six sites have vans to provide transportation for program participants, of these one also is along a bus route that participants use. The other three grantees rely on public transportation (bus system); of these three two are also within walking distance for many participants. One site reported a slight increase in the use of the center's van, along with a larger increase in the number of persons attending programs. Another site which does not have a van, reported that participants in one of the center's program have established a car pool.

Only one center reported that hours of operation included some weekends and evenings, in addition to being open daily. One other center was open daily, three were open three days a week and one was open for two days.

Two sites were able to provide programming free of charge to participants; two sites asked for donations; and two sites charged fees to cover the cost of instructors (e.g., \$2.50 to \$4.00 per class).

All buildings (physical sites) where senior centers or meal sites are located are wheelchair accessible. Each building has at least one wheelchair accessible bathroom. Four of the six sites have specific provisions for persons that are visually impaired, and two have specific provisions for persons with hearing impairments.

Two sites report that they have not addressed cultural competency issues, although one of these sites notes that programs include a range of religious and educational speakers. Another site reports that it addresses cultural competency through "programs and events that appeal to a range of people's interests and capabilities." One site recently adopted a personnel handbook confirming the organization's commitment to providing an environment free of discrimination and harassment. Another site has staff members that participate in federally mandated diversity training. Finally, one site reports that the center plans programs around ethnic celebrations, such as Vietnamese and Bosnian festivals. This site has a staff member on the Lesbian, Gay, Bi-sexual, Transgendered and Questioning (LGBTQ) Advisory Board.

Centers' fiscal stability

Based on reports from seven Target Area 3 grantees all centers' fiscal status remained stable, if not improved at the end of the funding period. For the three centers that collected fees for programs (e.g., exercise classes), monthly income was higher at the end of the funding period than at the start. Income from donations was higher in five centers, although the range of funding sources had not changed.

Participation in programs

Of the eight Target Area 3 grantees, four reported increases in program attendance from the start to the end of the funding period; the remaining four sites had steady attendance in these months. Of those reporting increases, one site increased from 120 to 390 weekly participants, while another increased from 135 to 250, and a third from 213 to 458. The fourth site reporting increases went from 33 to 49 weekly participants in a two-day per week program. Grantees with increased attendance all introduced new programs including Healthier Living Workshops, computer labs, and regional luncheon programs.

Seniors' knowledge of community based services

The Senior Survey provided respondents with a list of services and asked if they would know where to go to find each service. Seniors were generally aware of where to go for most services, and this did not change from pre- to post-survey. Seniors were least likely to know where to find counseling or support groups, help getting benefits, or help with housing (see Table 16). They were very aware of where to get flu shots and health care services.

Table 16: Seniors Report Knowing Where to Find Services

“If you needed to use any of these services, would you know where to find it?”

Type of Services	Know where to Find Services					
	Yes		Maybe		No	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Health care	526	95%	21	4%	6	1%
Flu shots or other immunizations	533	97%	14	3%	4	1%
Nutrition education and counseling	388	73%	92	17%	51	10%
Congregate meals	436	85%	45	9%	31	6%
Home delivered meals	445	86%	36	7%	34	7%
Home care	370	70%	102	19%	55	10%
Help with legal issues	371	70%	100	19%	58	11%
Counseling, support groups	291	57%	140	28%	77	15%
Help with housing	328	65%	107	21%	68	13%
Help with transportation	408	78%	78	15%	38	7%
Help getting benefits	347	67%	112	22%	57	11%
Helping paying for prescription drugs	390	74%	91	17%	49	9%

The survey also asked respondents how often they had used each of the services in the past year. Health care was the most frequently used service (see Table 17). In fact, health care was the one service in which use significantly³ changed from pre- to post-survey: use of health care services declined from the pre- to post-survey (see Table 18). While reduced use of health care services is encouraging, it is important to remember the post-survey was conducted six months following the pre-survey.

Table 17: Respondents Reported Use of Service in Past Year
 (“How often have you used these services in the past year?”)

Type of Services	Used Services in Past Year					
	Never		Used Once		More than Once	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Health care	127	25%	73	14%	316	61%
Flu shots or other immunizations	136	25%	275	51%	133	24%
Nutrition education and counseling	365	74%	63	13%	66	13%
Congregate meals	241	48%	46	9%	212	42%
Home delivered meals	425	86%	20	4%	48	10%
Home care	432	83%	14	3%	72	14%
Help with legal issues	391	75%	89	17%	38	7%
Counseling, support groups	434	86%	31	6%	38	8%
Help with housing	434	86%	43	9%	26	5%
Help with transportation	364	71%	33	6%	114	22%
Help getting benefits	411	80%	44	9%	60	12%
Helping paying for prescription drugs	354	68%	45	9%	118	23%

Table 18: Use of Health Care Services within Past Year by Pre- and Post-Survey
 (Includes only respondents to both pre- and post-survey)

Used health care in past year	Pre test		Post test		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Never used	18	13%	43	29%	61	22%
Used once	23	17%	26	18%	49	17%
Used more than once	94	70%	77	53%	171	61%
Total	135	100%	146	100%	281	100%

Seniors experience seamless delivery of accessible services

The survey asked how easy it was for respondents to find the service they needed, when they needed it. Most seniors (88%) reported that services were extremely or somewhat easy to find when they needed them. There were no differences between pre- and post-surveys. Additionally, the survey asked if respondents had any difficulties actually getting the services they needed. Although the majority of respondents (80%) reported that they had no difficulties in getting services once they found the service, 20% of respondents did have difficulties, and this did not change from pre- to post-survey. Two issues most frequently reported among the 20% of respondents who did have difficulties were: information from and about the service was difficult to understand and the service was too expensive.

³ $\chi^2_{(df=2)} = 11.71, p < .01.$

Conclusions

In just six months, SCE grantees appeared to have made important inroads toward promoting successful aging and independent living while strengthening the senior center and meal site delivery system.

Since the grantees generally entered the project with highly satisfied center participants, progress on strengthening delivery systems was not dramatic. Seniors were highly satisfied with their centers and meal sites.

Seniors participating in the SCE grantee programs were generally physical active, physically healthy, and emotional well. While their health and well-being did not change significantly over the six month program period, it was noticeable that seniors reported fewer stressful days at the end of the project period.

Projects designed to improve the delivery of nutrition services did not generally show significant changes. One program successfully introduced a four-day per week salad bar and greatly enhanced the types and varieties of nutritious offerings. Seniors, though, were highly satisfied with the quality of nutrition programs and the opportunity for socialization the programs provide.

It is particularly important to note that while seniors were generally in good health, three-quarters were at risk for malnutrition. This risk level must be addressed by all programs serving seniors living in home and community-based settings.

Several SCE grantees sought to develop or strengthen programming. Unfortunately, only one grantee had the capacity to conduct a systematic assessment of seniors' needs and preferences prior to developing the SCE project. Most centers, though, were able to use the SCE project, in part, to better understand seniors' needs and preferences. Two of the projects focused on programming based on needs assessments did increase their attendance noticeably.

Finally, eight SCE grantees focused on increasing community support and participation in their programs. As a result of these efforts, program attendance increased noticeably among four of the eight grantees, indeed three programs more than doubled attendance. In the six month period, fiscal status remained stable and seniors did not report any changes in their knowledge of services.

At the end of the project period, significantly fewer seniors reported using health care service than at the start of the project. While this is only one significant difference in service use, it may represent an important impact of the SCE initiative on improved health and well-being.

Finally, it is important to note seniors who have trouble accessing services report that they have trouble understanding information about the services.

Taken together these results suggest that a longer-term investment might yield even more significant impact on both senior center and meal site service delivery systems and the lives of seniors served.

Appendix A

Evaluation Method

Assessing Overall SCE Project Outcomes

Regardless of specific target areas, there were two desired outcomes for all activities funded through the SCE Project. With stakeholder input, indicators of these outcomes were identified. Table A1 presents overall outcomes and indicators.

Table A1: Outcomes and Indicators for All SCE Projects

Outcomes for all SCE Projects	Outcome Indicators
Help strengthen Vermont's senior center and meal site delivery system	Senior Center participants' reported satisfaction with centers and meals increases
Promote successful aging and independent living	Senior Center participants' reported physical, social, and emotional well-being improves

In order to gather data on outcome indicators, FSA developed a Senior Survey, in large part based on the Administration on Aging (AoA) Performance Outcomes Measures project (POMP) surveys and the Nutrition Screening Initiative (NSI) DETERMINE Your Nutritional Health Checklist. The survey items addressed both overall outcome indicators, as well as indicators for specific Target Areas (discussed below). The workbook identified survey items associated with each outcome indicator. Local projects received detailed instructions on customizing the Senior Survey to their projects' specific target areas. A copy of the survey is included in Appendix B.

Local projects were asked to conduct a pre- and post-survey in order to assess changes in satisfaction and well-being. Pre-surveys were conducted in the week before the SCE project was introduced and post-surveys in the week after SCE Project funding concluded. It is important to note that the time between pre- and post-surveys was generally no more than six months.

The training and workbook provided detailed instructions on survey administration, emphasizing consistency, confidentiality and anonymity. Each site was responsible for entering survey data into an Excel spreadsheet. FSA received all the spreadsheet data electronically and conducted the analysis.

Target Area 1: Improved Delivery of Nutrition Services

The desired outcome for activities in Target Area 1 was to improve the delivery of nutrition services. Four specific indicators of this outcome were identified, and for each, specific data to assess the indicator (see Table A2).

Table A2: Target Area 1 Outcomes and Indicators

Outcome Indicator	Data to assess indicator
Increased availability of variety of nutritious foods, such as culturally & ethnically diverse meals	Project staff report food varieties, food groups offered, and any ethnic or culturally diverse food choices offered
Increased satisfaction with meals and service delivery among seniors	Senior self-report on Senior Survey
Improved nutritional health status of seniors	Senior self-report on Senior Survey
Seniors' socialization preferences met through nutrition programs	Senior self-report on Senior Survey

Information on foods was gathered using a Nutrition Tracking Form, supplied by FSA. The form was completed by local sites before initiation of the SCE project, and at the end of the funding cycle, to determine if there were any changes. The Senior Survey, as described above, was conducted before the start of the SCE project and at its conclusion.

Target Area 2: Develop New or Strengthen Existing Innovative Programs

Target Area 2 programs were to promote successful aging and independent living. With stakeholder input, four indicators for this goal were identified, along with data that could be used to assess indicators (see Table A3).

Table A3: Target Area 2 Outcomes and Indicators

Outcome Indicator	Data to assess indicator
Programs responsive to the needs and preferences of seniors	Project staff report on strategies for assessing needs & preferences
Increased number and type of programs responsive to identified needs & preferences	Project staff report on how programs are responsive to identified needs & preferences
Increased participation in programs	Project staff track attendance
Improved Senior Center participants' reported physical, social, and emotional well-being improves	Senior self-report on Senior Survey

Again, FSA provided forms for local project staff to use for reporting on the first three indicators. These forms were completed at the start and end of the funding cycle. Items on the Senior Survey addressing well-being were the same as used for assessing the overall project well-being indicator.

Target Area 3: Increasing Support for and Participation in Senior Centers

The desired outcome for activities in Target Area 3 was to increase support for and participation in Senior Centers. Five specific indicators of this outcome were identified, and for each, specific data to assess the indicator (see Table A4).

Table A4: Target Area 3 Outcomes and Indicators

Outcome Indicator	Data to assess indicator
Improved access to local/community centers offering services to seniors	Project staff report efforts to improve accessibility
Increased number of younger seniors (60-75) participating in center and meal sites	Project staff track attendance
Improved fiscal stability for senior centers	Project staff report on centers' fiscal stability
Seniors' are more likely to experience seamless delivery of accessible services	Senior self-report on Senior Survey
Seniors' knowledge of community based services improves	Senior self-report on Senior Survey

FSA provided forms for local project staff to use for reporting on the first three indicators. These forms were completed at the start and end of the funding cycle. Items were included on the Senior Survey to address knowledge about and experience of health care, nutrition and support service systems.

Appendix B

Senior Survey

Senior Center Earmark (SCE) Project
Senior Survey (Pre-Survey)

We are trying to get a better picture of the people that visit (NAME OF CENTER). Please take a few minutes to complete the following questions by filling in the blank or circling the correct number. The information you provide will be kept strictly confidential.

1. Overall, how would you rate the programs and services at (NAME OF CENTER)?
 - 1) Excellent
 - 2) Very good
 - 3) Good
 - 4) Fair
 - 5) Poor
 - 6) Don't know

2. Are you satisfied that the staff and volunteers are friendly and respectful?
 - 1) All the time
 - 2) Most of the time
 - 3) Some of the time
 - 4) Almost never
 - 5) Never
 - 6) Don't know

3. Do you feel that the (NAME OF CENTER) has had a positive effect on your life?
 - 1) All the time
 - 2) Most of the time
 - 3) Some of the time
 - 4) Almost never
 - 5) Never
 - 6) Too soon to tell

The next few questions ask about your physical health and activity. *Physical activity* includes biking, walking, or other exercise which you do to improve your health. *Regular physical activity* means physical activity at least 3 times a week for at least 20 minutes each time.

4. Check the one statement that best describes you:
 - 1) I have been doing regular physical activity 6 months or more
 - 2) I have been doing regular physical activity for less than 6 months.
 - 3) I am not doing regular physical activity presently, but intend to begin within the next 6 months.
 - 4) I am not doing regular physical activity and I do not intend to begin within the next 6 months.

5. Which of the following statements best express your view (*please check one*):
 - 1) I do enough physical activity to keep healthy
 - 2) I ought to be more physically active
 - 3) I don't know

6. At least once a week, do you engage in physical activity such as brisk walking, jogging, bicycling, or swimming long enough to work up a sweat, get your heart thumping, or get out of breath?
- 1) No. Why not? _____
 - 2) Yes. How many times a week? _____ Activity: _____
7. Do you have any of the following conditions? (*Please check all that apply.*)
- 1) Diabetes
 - 2) High blood pressure
 - 3) Arthritis
 - 4) Heart disease
 - 5) Osteoporosis
 - 6) Cancer
8. In the past 12 months, have you taken a fall to the ground that required you to see a health care provider?
- 1) No
 - 2) Yes
9. Each year, do you receive one or more of the following health screenings? (*Please check all that apply.*)
- 1) Cholesterol
 - 2) Blood sugar (diabetes screening)
 - 3) Blood pressure
 - 4) Pap test
 - 5) Mammogram
 - 6) Prostrate screening
10. In the past year, have you received a flu shot?
- 1) No
 - 2) Yes
11. In general, would you say your health is:
- 1) Excellent
 - 2) Very good
 - 3) Good
 - 4) Fair
 - 5) Poor
12. During the past four weeks, how much of the time has your physical health or mental health interfered with your social activities like visiting friends or relatives? Has it interfered?
- 1) Not at all
 - 2) A little bit
 - 3) Moderately
 - 4) Quite a bit
 - 5) A great deal

We are interested in activities you participated in during the past two weeks. Please answer each question by recording the number of times you performed the activity. If you did not perform the activity, write in a zero.

During the past two weeks, how many times did you	Number of Times
13. Get together socially with friends or neighbors	
14. Talk with friends or neighbors on the telephone	
15. Get together with ANY relatives, not including those living with you	
16. Talk with ANY relatives on the telephone, not including those living with you	
17. Go to church, temple or another place of worship for services or other activities	

18. How many days in the past two weeks did you leave your home for any reason?
 _____ days

19. Thinking about your present social activities, do you feel that you are doing

- 1) About enough
- 2) Too much
- 3) Would like to be doing more

20. Are you involved in doing volunteer work?

- 1) No
- 2) Yes: Where do you volunteer? _____

21. Are you satisfied with how you spend your free time

- 1) All the time
- 2) Most of the time
- 3) Some of the time
- 4) Almost never
- 5) Never

Now, we have a few questions about your well-being. Please answer the questions by writing in the number of days you have felt as mentioned by the question. If you have not felt this way at all in the past 30 days, write in a zero.

During the past 30 days, for how many days did you	Number of Days
22. Feel sad, blue, or depressed?	
23. Feel worried, tense, or anxious?	
24. Feel you did not get enough rest or sleep?	
25. Feel very healthy and full of energy?	

26. In general, how would you describe your emotional well-being?

- 1) Excellent
- 2) Very good
- 3) Good
- 4) Fair
- 5) Poor

We have a just a few more questions. We'd like to get a better picture of the people who fill out this survey. Thank you for sharing this information. Remember, it will be kept strictly confidential.

27. When did you first come to (NAME OF CENTER)?

- 1) This is my first time here
- 2) Less than a month ago
- 3) Between one and six months ago
- 4) Between six months and a year ago
- 5) More than a year ago

28. Are you:

- 1) Male
- 2) Female

29. What is your age? ____ ____ ____ years

30. What is your highest level of education?

- 1) Less than high school diploma
- 2) High school diploma
- 3) Some college, including Associate degree
- 4) Bachelor's degree
- 5) Post-graduate work or advanced degree

31. Do you live

- 1) Alone
- 2) With your spouse or partner
- 3) With your children
- 4) With other relatives
- 5) With non-relatives

32. Are you currently

- 1) Employed full-time
- 2) Employed part-time
- 3) Retired
- 4) Volunteering (number of hours/week: _____)
- 5) Homemaker
- 6) Other (please describe: _____)

33. Which category best describes your total household income during 2005?

- 1) less than \$10,000
- 2) \$10,001 to \$20,000
- 3) \$20,001 to \$30,000
- 4) \$30,001 to \$40,000
- 5) \$40,001 to \$50,000
- 6) over \$50,000

The following questions for Target Area 1 projects:

Now we would like to get your opinion about the meal program here at NAME OF PROGRAM. As you answer the following questions, think about all the foods that you have eaten here in the past two months.

Have you eaten at least one meal here at NAME OF PROGRAM?

- 1) Yes – If yes, please continue with Question #34.
- 2) No – If not, please skip to Question #40.

34. Are you satisfied with the way the food tastes

- 1) All the time
- 2) Most of the time
- 3) Some of the time
- 4) Almost never
- 5) Never

35. Are you satisfied with the way the food smells

- 1) All the time
- 2) Most of the time
- 3) Some of the time
- 4) Almost never
- 5) Never

36. Are you satisfied with the way the food looks

- 1) All the time
- 2) Most of the time
- 3) Some of the time
- 4) Almost never
- 5) Never

37. Are you satisfied with the variety of foods

- 1) All the time
- 2) Most of the time
- 3) Some of the time
- 4) Almost never
- 5) Never

38. Are you satisfied that the hot food are hot and the cold foods are cold

- 1) All the time
- 2) Most of the time
- 3) Some of the time
- 4) Almost never
- 5) Never

39. Are you satisfied with the opportunity to socialize with others during meals at NAME OF PROGRAM?

- 1) All the time
- 2) Most of the time
- 3) Some of the time
- 4) Almost never
- 5) Never

40. Have you made changes in lifelong eating habits because of health problems (such as diabetes, high blood pressure, etc.)?
(0) No
(2) Yes
41. Do you eat fewer than 2 complete meals a day?
(0) No
(3) Yes
42. Do you eat fewer than 5 servings (1/2 cup each) of fruit or vegetables each day?
(0) No
(1) Yes
43. Do you have fewer than 2 servings of dairy products (such as milk, yogurt, cheese) or tofu every day?
(0) No
(1) Yes
44. Do you have **any** of the following problems that make it difficult for you to eat?
(2a) Biting
(2b) Chewing
(2c) Swallowing
(0) None of these problems
45. Are there times when you do not have enough money to buy the food you need?
(0) No
(4) Yes
46. Do you worry whether your food will run out before you can buy more food?
1) All the time
2) Most of the time
3) Some of the time
4) Almost never
5) Never
47. Do you run out of food before the end of the month?
1) All the time
2) Most of the time
3) Some of the time
4) Almost never
5) Never
48. Do you eat most meals alone?
(0) No
(1) Yes
49. Do you take 3 or more prescribed or over-the-counter medications each day (including aspirin, laxatives, antacids, herbs, inhalers, etc.)?
(0) No
(1) Yes

50. Have you gained or lost 10 pounds within the last six months without trying?
(0) No
(2) Yes
51. Are there times when you are not physically able to do one or more of the following?
(2a) Shop for food
(2b) Cook
(2c) Eat on your own
(0) None of these problems
52. Do you have 3 or more drinks of beer, wine or liquor almost every day?
(0) No
(2) Yes
53. Do you drink at least 6 glasses (8 oz) of water, milk, fruit juice or decaffeinated beverage (excluding alcohol) each day?
(0) No
(1) Yes
54. Do you eat at least 2 servings of protein rich food each day (meat, fish, poultry, nuts, or legumes)?
(0) No
(1) Yes

Questions on the following pages for Target Area 3 grantees.

The following lists different types of services we all might need to use at some time. If you needed to use any of these services, would you know where to find it? (*Circle the appropriate number for each service.*)

Services	Yes, I know exactly where to go for this	Maybe, I might be able to find this	No, I have no idea where to find this
1. Health care	1	2	3
2. Flu shots or other immunizations	1	2	3
3. Nutrition education and counseling	1	2	3
4. Congregate meals	1	2	3
5. Home delivered meals	1	2	3
6. Home care (including help with personal care, cooking, housekeeping, shopping)	1	2	3
7. Help with legal issues	1	2	3
8. Counseling, support groups	1	2	3
9. Help with housing	1	2	3
10. Help with transportation	1	2	3
11. Help getting benefits like food stamps, fuel assistance, or other assistance	1	2	3
12. Help paying for prescription drugs	1	2	3

55. Now we would like to ask about the services you have used. How often have you used these services have you used in the past year? (*Circle the appropriate number for each service.*)

Services	Never Used	Used Once	Used More than Once
1. Health care	1	2	3
2. Flu shots or other immunizations	1	2	3
3. Nutrition education and counseling	1	2	3
4. Congregate meals	1	2	3
5. Home delivered meals	1	2	3
6. Home care (including help with personal care, cooking, housekeeping, shopping)	1	2	3
7. Help with legal issues	1	2	3
8. Counseling, support groups	1	2	3
9. Help with housing	1	2	3
10. Help with transportation	1	2	3
11. Help getting benefits like food stamps, fuel assistance, or other assistance	1	2	3
12. Help paying for prescription drugs	1	2	3

56. Think about the last time you needed to find some type of service, such as those listed in the previous two questions. How easy was it to find what you needed, when you needed it?

- 1) Extremely easy
- 2) Somewhat easy
- 3) Somewhat difficult
- 4) Extremely difficult

57. Once you found the service you needed, did you have any of the following difficulties actually getting the service?

- 1) No difficulties at all
- 2) It was too far from my home
- 3) It was too expensive
- 4) Information from or about the service was difficult to understand
- 5) The service's hours of operation were very inconvenient
- 6) Other, please describe: _____

Appendix C

Senior Survey Results by Grantee

Note: The following tables present results for each grantee that gathered Senior Survey data. If the grantee collected both pre- and post-surveys, these data are combined.

Senior Survey Respondent Demographics

Table C1: Number of Female and Male Survey Respondents by Grantee

SCE Grantee	Female		Male	
	Frequency	Percent	Frequency	Percent
Barre	122	84%	24	16%
Barton	13	68%	6	32%
Brattleboro	63	61%	40	39%
Castleton	95	83%	20	17%
Champlain	53	80%	13	20%
CIDER	31	86%	5	14%
Connections (Jericho)	18	75%	6	25%
CVCOA	9	75%	3	25%
Franklin	38	76%	12	24%
Heineberg	34	81%	8	19%
Island Pond	25	71%	10	29%
RAVNAH	29	85%	5	15%
St. Johnsbury	54	86%	9	14%
Woodstock	43	73%	16	27%
Total	627	78%	177	22%

Table C2: Mean (average) Age of Survey Respondents by Grantee

SCE Grantee	Mean Age	Standard deviation	Number of respondents
Barre	74.7	13.1	147
Barton	76.7	8.9	19
Brattleboro	74.2	8.8	96
Castleton	70.0	9.6	113
Champlain	74.3	7.7	61
CIDER	76.1	7.8	36
Connections (Jericho)	74.2	8.2	20
CVCOA	71.3	8.3	12
Franklin	70.5	10.0	46
Heineberg	76.2	7.1	39
Island Pond	75.1	10.8	31
RAVNAH	77.1	7.3	33
St. Johnsbury	75.6	10.2	60
Woodstock	77.9	7.3	58
Total	74.2	10.0	771

Table C3: Number of Survey Respondents reporting Highest Level of Education

SCE Grantee	Highest Level of Education				
	Less than HS Diploma	HS Diploma	Some College	BA	Post-grad
Barre	45	73	14	9	4
Barton	10	6	3	0	0
Brattleboro	8	31	22	15	25
Castleton	5	46	24	18	21
Champlain	12	27	17	1	8
CIDER	0	13	8	6	9
Connections (Jericho)	2	9	7	0	6
CVCOA	1	4	2	3	2
Franklin	9	28	8	2	2
Heineberg	6	10	18	4	3
Island Pond	15	15	2	1	1
RAVNAH	8	22	3	0	0
St. Johnsbury	15	28	8	2	9
Woodstock	3	23	12	15	5
Total	139	335	148	76	95

Table C4: Number of Survey Respondents at Each Income Level by Grantee

SCE Grantee	Income Level						Total
	<\$10,000	\$10-\$20	\$20-\$30	\$30-\$40	\$40-50	\$50 +	
Barre	74	63	4	0	0	0	141
Barton	9	7	1	0	0	0	17
Brattleboro	17	32	20	7	4	9	89
Castleton	14	26	12	18	13	13	96
Champlain	13	24	5	1	3	3	49
CIDER	2	8	8	8	3	3	32
CVCOA	0	3	4	4	0	1	12
Franklin	10	11	9	3	3	1	37
Heineberg	1	13	8	6	3	2	33
Island Pond	9	15	3	2	0	0	29
RAVNAH	8	20	2	0	0	0	30
St. Johnsbury	13	24	8	2	2	2	51
Woodstock	1	18	10	7	5	5	46
Total	171	264	94	58	36	39	662

Satisfaction with Senior Center

Table C5: Number of Survey Respondents Rating Overall Programs
 (“Overall, how would you rate the programs and services at center?”)

SCE Grantee	Very good to Excellent (1-2)	Good (3)	Fair to Poor (4-5)	Total
Barton	17	3	0	20
Brattleboro	103	3	0	106
Castleton	105	10	1	116
Champlain	56	8	2	66
CIDER	34	2	0	36
Connections (Jericho)	8	5	0	13
CVCOA	5	1	0	6
Franklin	44	5	1	50
Heineberg	38	5	0	43
Island Pond	28	7	0	35
RAVNAH	30	2	2	34
St. Johnsbury	67	3	2	72
Woodstock	57	3	0	60
Total	592	57	8	657

Table C6: Number of Respondents Satisfied with Center Staff
 (“Are you satisfied that the staff and volunteers are friendly and respectful?”)

SCE Grantee	All or Most of the Time		Some of the Time		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Barton	20	100%	0	0%	20	100%
Brattleboro	107	99%	1	1%	108	100%
Castleton	117	100%	0	0%	117	100%
Champlain	68	100%	0	0%	68	100%
CIDER	36	100%	0	0%	36	100%
Connections (Jericho)	15	100%	0	0%	15	100%
CVCOA	6	100%	0	0%	6	100%
Franklin	50	100%	0	0%	50	100%
Heineberg	42	98%	1	2%	43	100%
Island Pond	35	100%	0	0%	35	100%
RAVNAH	33	97%	1	3%	34	100%
St. Johnsbury	72	100%	0	0%	72	100%
Woodstock	60	100%	0	0%	60	100%
Total	661	100%	3	0%	664	100%

Table C7: Number of Respondents Reporting Center having Positive Effect
 (“Do you feel that the center has had a positive effect on your life?”)

SCE Grantee	All - most of the time		Some of the time		Never or almost never	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Barton	19	95%	1	5%	0	0%
Brattleboro	101	96%	3	3%	1	1%
Castleton	96	87%	13	12%	1	1%
Champlain	60	91%	6	9%	0	0%
CIDER	35	97%	1	3%	0	0%
Connections (Jericho)	8	100%	0	0%	0	0%
CVCOA	4	67%	2	33%	0	0%
Franklin	46	92%	4	8%	0	0%
Heineberg	40	93%	3	7%	0	0%
Island Pond	32	91%	3	9%	0	0%
RAVNAH	30	88%	4	12%	0	0%
St. Johnsbury	64	90%	7	10%	0	0%
Woodstock	54	90%	6	10%	0	0%
Total	589	91%	53	8%	2	0%

Physical Activity

Table C8: Number of Respondents Reporting Level of Activity by Grantee

SCE Grantee	Level of physical activity				Total
	Regular Activity 6 month +	Regular Activity < 6 month	No Activity Will Start	No Activity Won't Start	
Barre	44	16	40	43	143
Barton	13	3	4	0	20
Brattleboro	84	6	8	7	105
Castleton	69	8	19	16	112
Champlain	48	3	5	9	65
CIDER	23	5	3	4	35
Connections (Jericho)	14	0	2	8	24
CVCOA	9	1	0	1	11
Franklin	19	9	13	9	50
Heineberg	28	4	4	4	40
Island Pond	13	9	7	4	33
RAVNAH	20	1	6	7	34
St. Johnsbury	46	5	8	9	68
Woodstock	36	6	9	7	58
Total	466	76	128	128	798

Table C9: Number of Respondents Expressing View of their Level of Physical Activity by Grantee

SCE Grantee	I do enough	Ought do more	Don't know	Total
Barre	49	77	18	144
Barton	14	5	1	20
Brattleboro	67	35	5	107
Castleton	51	61	3	115
Champlain	37	24	7	68
CIDER	19	16	1	36
Connections (Jericho)	14	9	3	26
CVCOA	6	3	2	11
Franklin	16	29	5	50
Heineberg	25	15	2	42
Island Pond	18	14	2	34
RAVNAH	19	9	5	33
St. Johnsbury	47	20	4	71
Woodstock	37	23	0	60
Total	419	340	58	817

Table C10: Number of Respondents Reporting If Engaged in Weekly Physical Activity by Grantee

(“At least once a week, do you engage in physical activity such as brisk walking, jogging, bicycling, or swimming long enough to work up a sweat, get your heart thumping, or get out of breath?”)

SCE Grantee	No		Yes		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Barre	92	62%	56	38%	148	100%
Barton	4	20%	16	80%	20	100%
Brattleboro	29	28%	75	72%	104	100%
Castleton	44	39%	69	61%	113	100%
Champlain	19	28%	48	72%	67	100%
CIDER	15	42%	21	58%	36	100%
Connections (Jericho)	10	48%	11	52%	21	100%
CVCOA	4	33%	8	67%	12	100%
Franklin	31	62%	19	38%	50	100%
Heineberg	11	27%	30	73%	41	100%
Island Pond	16	47%	18	53%	34	100%
RAVNAH	15	44%	19	56%	34	100%
St. Johnsbury	30	43%	39	57%	69	100%
Woodstock	18	32%	39	68%	57	100%
Total	338	42%	468	58%	806	100%

Physical Health Status

Table C11: Number of Respondents reporting Level of Health by Grantee

SCE Grantee	Excellent or very good	Good	Fair or poor	Total
Barre	33	76	45	154
Barton	14	5	1	20
Brattleboro	65	28	13	106
Castleton	59	43	14	116
Champlain	29	31	7	67
CIDER	15	18	3	36
Connections (Jericho)	12	6	5	23
CVCOA	5	3	4	12
Franklin	18	25	7	50
Heineberg	19	20	3	42
Island Pond	9	14	12	35
RAVNAH	10	15	9	34
St. Johnsbury	39	18	11	68
Woodstock	33	24	2	59
Total	360	326	136	822

Table C12: Number of Respondents Reporting Health Condition by Grantee

SCE Grantee	Diabetes		High blood pressure		Arthritis		Heart Disease	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
Barre	38	24%	75	48%	92	59%	39	25%
Barton	6	30%	7	35%	7	35%	6	30%
Brattleboro	11	10%	38	35%	43	40%	14	13%
Castleton	16	14%	51	43%	58	49%	14	12%
Champlain	13	19%	40	59%	36	53%	14	21%
CIDER	3	8%	18	50%	22	61%	6	17%
Connections (Jericho)	6	22%	11	41%	12	44%	4	15%
CVCOA	0	0%	4	31%	9	69%	1	8%
Franklin	6	12%	24	48%	25	50%	8	16%
Heineberg	6	14%	25	58%	17	40%	7	16%
Island Pond	6	17%	17	49%	17	49%	8	23%
RAVNAH	5	15%	24	71%	28	82%	12	35%
St. Johnsbury	12	17%	40	56%	33	46%	13	18%
Woodstock	4	7%	20	33%	26	43%	3	5%
Total	132	16%	394	47%	425	51%	149	18%

Table C12: Number of Respondents Reporting Health Condition by Grantee (continued)

SCE Grantee	Osteoporosis		Cancer		Fall within past 12 months requiring health care provider	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Barre	43	27%	3	2%	27	17%
Barton	1	5%	2	10%	3	15%
Brattleboro	19	18%	8	7%	6	6%
Castleton	26	22%	9	8%	10	8%
Champlain	13	19%	5	7%	10	15%
CIDER	4	11%	2	6%	5	14%
Connections (Jericho)	4	15%	1	4%	0	0%
CVCOA	1	8%	3	23%	2	15%
Franklin	4	8%	3	6%	1	2%
Heineberg	7	16%	3	7%	5	12%
Island Pond	2	6%	2	6%	5	14%
RAVNAH	7	21%	0	0%	7	21%
St. Johnsbury	16	22%	2	3%	6	8%
Woodstock	9	15%	3	5%	10	17%
Total	156	19%	46	5%	97	12%

Table C13: Number of Respondents that Received Health Screening by Grantee

SCE Grantee	Annual Health Screenings					
	Cholesterol		Diabetes		Blood pressure	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Barre	117	75%	84	54%	122	78%
Barton	13	65%	11	55%	18	90%
Brattleboro	68	63%	45	42%	86	80%
Castleton	96	81%	78	66%	104	88%
Champlain	48	71%	32	47%	56	82%
CIDER	25	69%	15	42%	34	94%
Connections (Jericho)	15	56%	10	37%	18	67%
CVCOA	11	85%	7	54%	11	85%
Franklin	44	88%	28	56%	48	96%
Heineberg	36	84%	23	53%	40	93%
Island Pond	23	66%	14	40%	29	83%
RAVNAH	27	79%	23	68%	31	91%
St. Johnsbury	53	74%	30	42%	59	82%
Woodstock	40	67%	20	33%	49	82%
Total	616	73%	420	50%	705	84%

Table C13: Number of Respondents that Received Health Screening by Grantee (continued)

SCE Grantee	Screenings for Women Only				For Men Only		Received Flu Shot In Past Year	
	Pap Test		Mammogram		Prostrate		Frequency	Percent
	Frequency	Percent	Frequency	Percent	Frequency	Percent		
Barre	50	41%	78	64%	11	46%	120	76%
Barton	4	31%	8	62%	3	50%	13	65%
Brattleboro	23	37%	42	67%	21	53%	81	75%
Castleton	48	51%	76	80%	16	80%	88	75%
Champlain	12	23%	36	68%	9	69%	58	85%
CIDER	10	32%	20	65%	3	60%	33	92%
Connections (Jericho)	6	33%	8	44%	5	83%	19	70%
CVCOA	5	56%	8	89%	3	100%	8	62%
Franklin	21	55%	25	66%	6	50%	29	58%
Heineberg	12	35%	25	74%	5	63%	38	88%
Island Pond	6	24%	14	56%	4	40%	26	74%
RAVNAH	12	41%	20	69%	2	40%	28	82%
St. Johnsbury	21	39%	35	65%	3	33%	49	68%
Woodstock	9	21%	30	70%	8	50%	49	82%
Total	239	38%	425	68%	99	56%	639	76%

Social Well-Being

Table C14: Number of Respondents reporting frequency with which Physical or Mental Health Interfered with Social Activities within Past 4 weeks

SCE Grantee	Physical or mental health interferes with activities			
	Not at all	Moderately	Great deal	Total
Barre	107	20	27	154
Barton	18	1	1	20
Brattleboro	91	12	3	106
Castleton	104	4	6	114
Champlain	50	8	5	63
CIDER	31	3	2	36
Connections (Jericho)	20	3	0	23
CVCOA	10	0	2	12
Franklin	45	2	3	50
Heineberg	42	0	0	42
Island Pond	28	3	4	35
RAVNAH	21	7	6	34
St. Johnsbury	58	8	2	68
Woodstock	51	5	3	59
Total	676	76	64	816

Table C15: Average Number of Times Respondents Engage in Social Activity

SCE Grantee	Average number of times within past 2 weeks respondents had:				
	Seen friends	Talk w/ friends	Seen relatives	Talk w/ relatives	Gone to place worship
Barre	5.7	6.7	3.9	7.0	1.1
Barton	5.1	6.8	2.4	4.5	1.1
Brattleboro	4.5	5.5	2.8	4.1	1.5
Castleton	5.4	8.3	3.5	6.9	1.6
Champlain	6.4	8.2	3.7	6.0	1.6
CIDER	4.9	8.3	3.9	6.3	1.3
Connections (Jericho)	5.6	6.6	2.2	4.2	2.0
CVCOA	2.1	4.9	4.3	8.8	1.8
Franklin	5.3	6.5	4.6	7.8	1.5
Heineberg	5.3	5.7	3.3	6.5	3.3
Island Pond	4.6	7.9	3.1	6.0	3.5
RAVNAH	7.0	8.5	3.6	7.7	2.9
St. Johnsbury	6.8	7.6	3.7	5.4	1.9
Woodstock	4.2	6.6	3.1	4.9	1.8
Total	5.4	7.1	3.5	6.1	1.8

**Table C16: Average Number of Days Respondents
Reported Leaving Home within Past 2 weeks
By Grantee**

SCE Grantee	Average Number of Days
Barre	7.4
Barton	5.9
Brattleboro	9.4
Castleton	10.8
Champlain	9.4
CIDER	9.4
Connections (Jericho)	8.9
CVCOA	12.3
Franklin	10.7
Heineberg	10.0
Island Pond	6.2
RAVNAH	8.0
St. Johnsbury	8.8
Woodstock	9.5
Total	9.1

**Table C17: Number of Respondents Reporting Satisfaction with
How Spend Free Time by Grantee**

SCE Grantee	Satisfied with free time			Total
	All or Most of time	Some of time	Never or almost never	
Barre	116	27	5	148
Barton	15	2	0	17
Brattleboro	92	13	0	105
Castleton	100	12	0	112
Champlain	59	7	2	68
CIDER	32	2	0	34
Connections (Jericho)	21	2	1	24
CVCOA	7	3	0	10
Franklin	44	5	0	49
Heineberg	36	6	1	43
Island Pond	25	10	0	35
RAVNAH	31	2	0	33
St. Johnsbury	54	11	2	67
Woodstock	49	5	1	55
Total	681	107	12	800

**Table C18: Number of Respondents who said
They were involved in volunteer work**

SCE Grantee	Involved in volunteer work	
	Frequency	Percent
Barre	32	21%
Barton	8	42%
Brattleboro	71	68%
Castleton	62	53%
Champlain	41	62%
CIDER	21	58%
Connections (Jericho)	16	73%
CVCOA	3	25%
Franklin	26	53%
Heineberg	24	56%
Island Pond	13	37%
RAVNAH	16	47%
St. Johnsbury	37	55%
Woodstock	37	63%
Total	407	50%

Emotional Well-Being

Table C19: Number of Respondents Reporting Level of Emotional Well-Being by Grantee

SCE Grantee	Emotional well being			Total
	Very good to Excellent	Good	Fair to Poor	
Barre	57	56	35	148
Barton	15	2	2	19
Brattleboro	67	23	15	105
Castleton	72	29	12	113
Champlain	41	17	10	68
CIDER	23	11	1	35
Connections (Jericho)	15	6	3	24
CVCOA	3	5	4	12
Franklin	30	17	2	49
Heineberg	35	7	1	43
Island Pond	16	11	8	35
RAVNAH	11	18	5	34
St. Johnsbury	45	11	10	66
Woodstock	40	16	3	59
Total	470	229	111	810

Table C20: Average (Mean) Number of Days Respondents report Feeling Emotions by Grantees

SCE Grantee	Average number of days in past 30 days felt			
	Sad or depressed	Worried or tense	Not enough sleep	Healthy & Energetic
Barre	4.6	5.5	7.6	10.0
Barton	1.7	0.2	5.7	9.5
Brattleboro	2.4	3.2	4.3	11.7
Castleton	2.2	3.9	4.6	16.5
Champlain	2.1	2.5	5.3	13.5
CIDER	0.7	1.9	4.3	14.1
Connections (Jericho)	1.9	2.1	2.7	9.7
CVCOA	8.2	12.8	9.6	8.4
Franklin	1.8	2.0	3.1	10.5
Heineberg	1.4	2.4	5.5	14.2
Island Pond	2.8	3.0	3.2	9.7
RAVNAH	2.6	4.0	8.3	8.8
St. Johnsbury	2.2	1.9	3.3	13.4
Woodstock	1.7	3.5	4.1	17.9
Total	2.6	3.5	5.1	12.6

Target Area 1 Outcome Indicators

Seniors' satisfaction with meals and service delivery

Table C21: Survey Respondents Satisfaction with Nutrition Program Offerings

Satisfied with the way the food	All or most of the time		Some of the time		Never or Almost Never	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Tastes	368	89%	42	10%	3	1%
Smells	380	93%	24	6%	4	1%
Looks	374	91%	30	7%	5	1%
Variety of foods	361	88%	44	11%	5	1%
Hot foods are hot, cold foods are cold	381	93%	25	6%	5	1%

Table C22: Mean Rating of Satisfaction with Nutrition Program by Grantee
(Rating 1 = "All the time" to 5 = "Never")

SCE Grantee	Mean rating of Satisfaction with way food				
	Tastes	Smells	Looks	Variety	Hot/Cold
<i>Target Area 1 Grantees</i>					
Barre	2.1	1.9	1.9	2.1	1.8
Barton	1.8	1.9	1.8	1.8	1.6
Brattleboro	1.6	1.5	1.5	1.5	1.4
Champlain	2.0	1.8	1.9	1.9	1.9
Island Pond	1.6	1.4	1.5	1.6	1.5
<i>Target Area 2 or 3 Grantees</i>					
Franklin	1.5	1.6	1.6	2.0	1.5
Heineberg	2.1	1.8	2.0	2.3	1.9
St. Johnsbury	1.6	1.3	1.4	1.7	1.3
Woodstock	1.7	1.6	1.6	1.7	1.6
Total	1.8	1.6	1.7	1.8	1.6

Seniors socialization preferences were met through nutrition programs

Table C23: Number of Respondents Rating Satisfaction with Socialization at Meals By Grantee

SCE Grantee	Satisfied with opportunity to socialize during meals			Total
	All or most of the time	Some of the time	Almost never or never	
<i>Target Area 1 Grantees</i>				
Barre	34	7	9	50
Barton	18	0	0	18
Brattleboro	92	2	0	94
Champlain	57	1	0	58
Island Pond	31	2	0	33
<i>Target Area 2 or 3 Grantees</i>				
Franklin	39	3	0	42
Heineberg	28	1	0	29
St. Johnsbury	23	0	0	23
Woodstock	55	3	0	58
Total	377	19	9	405

Seniors' nutrition status

Table C24: Number of Respondents at Each Level of Nutrition Risk By Grantee

SCE Grantee	Nutrition Risk Level (NSI Score)			Total
	Low	Moderate	High	
<i>Target Area 1 Grantees</i>				
Barre	15	39	100	154
Barton	2	9	8	19
Brattleboro	37	30	34	101
Champlain	13	25	26	64
Island Pond	9	16	10	35
<i>Target Area 2 or 3 Grantees</i>				
Franklin	17	19	14	50
Heineberg	13	20	9	42
St. Johnsbury	6	8	9	23
Woodstock	26	24	9	59
Total	138	190	219	547

Table C25: Number of Respondents Reporting Concern about Running Out of Food Before Able to Buy More By Grantee

SCE Grantee	Worry whether food will run out before can buy more			Total
	All or most of the time	Some of the time	Almost never or never	
<i>Target Area 1 Grantees</i>				
Barre	11	22	122	155
Barton	0	3	15	18
Brattleboro	1	17	82	100
Champlain	1	6	56	63
Island Pond	0	3	32	35
<i>Target Area 2 or 3 Grantees</i>				
Franklin	2	2	46	50
Heineberg	0	2	39	41
St. Johnsbury	0	3	20	23
Woodstock	0	3	55	58
Total	15	61	467	543

C26: Number of Respondents Reporting Concern about Running Out of Food Before the End of the Month by Grantee

SCE Grantee	How often do you run out of food before the end of the month			Total
	All or most of the time	Some of the time	Almost never or never	
<u>Target Area 1 Grantees</u>				
Barre	11	16	127	154
Barton	0	2	16	18
Brattleboro	0	8	93	101
Champlain	1	8	54	63
Island Pond	0	1	34	35
<u>Target Area 2 or 3 Grantees</u>				
Franklin	0	0	50	50
Heineberg	0	2	39	41
St. Johnsbury	0	3	20	23
Woodstock	0	2	56	58
Total	12	42	489	543

Target Area 3 Outcome Indicators

Seniors' knowledge of community based services

Table C27: Number of Respondents who do NOT know where to find services by Grantee

SCE Grantee	Do not know where to find:							
	Health care		Flu shots		Nutrition Education		Congregate meals	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
<u>Target Area 3</u>								
<u>Grantees</u>								
Castleton	0		0		5	5%	4	4%
CIDER	0		0		0		0	
Heineberg	0		0		0		1	3%
RAVNAH	1	3%	0		6	18%	0	
St. Johnsbury	0		0		3	8%	0	
Woodstock	0		1	2%	5	10%	4	8%
<u>Target Area 1 or 2</u>								
<u>Grantees</u>								
Barre	3	2%	1	1%	19	16%	12	10%
Champlain	2	3%	1	2%	8	13%	6	11%
Franklin	0		1	2%	5	12%	4	9%
Total	6	1%	4	0%	51	10%	31	6%

Table C28: Number of Respondents who do NOT know where to find services by Grantee (continued)

SCE Grantee	Do not know where to find:							
	Home delivered meals		Home care		Help w/ Legal Issues		Counseling/Support	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
<i>Target Area 3 Grantees</i>								
Castleton	4	4%	7	6%	6	5%	8	8%
CIDER	0		0		7	19%	9	25%
Heineberg	2	6%	3	9%	3	9%	3	9%
RAVNAH	0		1	3%	5	16%	4	13%
St. Johnsbury	3	9%	6	17%	3	8%	4	12%
Woodstock	1	2%	5	10%	3	6%	6	12%
<i>Target Area 1 or 2 Grantees</i>								
Barre	8	6%	16	12%	18	14%	24	20%
Champlain	10	19%	12	20%	10	14%	13	23%
Franklin	6	14%	5	12%	3	7%	6	14%
Total	34	7%	55	10%	58	11%	77	15%

Table C28: Number of Respondents who do NOT know where to find services by Grantee (continued)

SCE Grantee	Do not know where to find:							
	Help w/ Housing		Transportation		Getting benefits		Pay for Drugs	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
<i>Target Area 3 Grantees</i>								
Castleton	7	7%	3	3%	4	4%	5	5%
CIDER	4	11%	0		3	8%	3	8%
Heineberg	5	16%	3	9%	4	12%	5	14%
RAVNAH	3	10%	2	7%	3	10%	0	
St. Johnsbury	5	15%	4	11%	7	21%	4	11%
Woodstock	10	20%	4	8%	9	18%	8	16%
<i>Target Area 1 or 2 Grantees</i>								
Barre	17	14%	11	8%	13	10%	10	8%
Champlain	11	19%	9	16%	10	18%	8	14%
Franklin	6	14%	2	5%	4	9%	6	14%
Total	68	14%	38	7%	57	11%	49	9%

Seniors' use of community based services

Table C29: Number of Respondents Reporting they NEVER used Services by Grantee

SCE Grantee	Services NEVER used in past year							
	Health care		Flu shots		Nutrition Education		Congregate meals	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
<i>Target Area 3 Grantees</i>								
Castleton	22	21%	30	28%	61	57%	47	44%
CIDER	4	11%	4	11%	30	83%	0	0%
Heineberg	10	24%	3	7%	25	61%	17	41%
RAVNAH	12	36%	4	12%	23	70%	6	18%
St. Johnsbury	9	26%	10	29%	23	68%	16	47%
Woodstock	6	12%	12	23%	41	79%	17	33%
<i>Target Area 1 or 2 Grantees</i>								
Barre	29	20%	33	23%	90	63%	90	63%
Champlain	17	29%	21	36%	41	69%	25	42%
Franklin	19	44%	19	44%	32	74%	24	56%
Total	128	23%	136	25%	366	67%	242	44%

Table C29: Number of Respondents reporting they NEVER used Services by Grantee (continued)

SCE Grantee	Services NEVER used in past year							
	Home delivered meals		Home care		Help w/ Legal Issues		Counseling/Support	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
<i>Target Area 3 Grantees</i>								
Castleton	88	82%	88	82%	74	69%	83	78%
CIDER	28	78%	32	89%	31	86%	33	92%
Heineberg	36	88%	32	78%	30	73%	34	83%
RAVNAH	21	64%	16	48%	24	73%	19	58%
St. Johnsbury	29	85%	31	91%	28	82%	28	82%
Woodstock	47	90%	46	88%	39	75%	45	87%
<i>Target Area 1 or 2 Grantees</i>								
Barre	93	65%	101	71%	86	61%	104	73%
Champlain	45	76%	50	85%	46	78%	52	88%
Franklin	39	91%	37	86%	34	79%	37	86%
Total	426	78%	433	79%	392	72%	435	80%

Table C29: Number of Respondents reporting they NEVER used Services by Grantee (continued)

SCE Grantee	Services NEVER used in past year							
	Help w/ Housing		Transportation		Getting benefits		Pay for Drugs	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
<i>Target Area 3 Grantees</i>								
Castleton	94	88%	81	76%	82	77%	72	67%
CIDER	31	86%	13	36%	28	78%	28	78%
Heineberg	36	88%	31	76%	35	85%	29	71%
RAVNAH	23	70%	18	55%	24	73%	18	55%
St. Johnsbury	27	79%	27	79%	28	82%	21	62%
Woodstock	49	94%	42	81%	50	96%	40	77%
<i>Target Area 1 or 2 Grantees</i>								
Barre	83	58%	74	52%	80	56%	68	48%
Champlain	53	90%	41	69%	44	75%	41	69%
Franklin	38	88%	38	88%	40	93%	38	88%
Total	434	79%	365	67%	411	75%	355	65%

Seniors experience seamless delivery of accessible services

Table C30: Number of Respondents Reporting Ease of Finding Services by Grantee

SCE Grantee	How easy was it to find what you needed, when you needed it				Total
	Extremely Easy	Somewhat Easy	Somewhat Difficult	Extremely Difficult	
<u>Target Area 3 Grantees</u>					
Castleton	44	48	3	2	97
CIDER	27	8	1	0	36
Heineberg	10	23	1	0	34
RAVNAH	13	17	2	0	32
St. Johnsbury	21	15	4	1	41
Woodstock	28	18	5	1	52
<u>Target Area 1 or 2 Grantees</u>					
Barre	43	58	22	7	130
Champlain	24	16	8	3	51
Franklin	20	17	6	0	43
Total	230	220	52	14	516

Table C31: Respondents Report of Difficulties Getting Services by Pre/Post-Survey

Any difficulties getting service	Pre test		Post test		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
No difficulties at all	247	80%	145	82%	392	81%
Too far from my home	6	2%	6	3%	12	2%
Too expensive	15	5%	7	4%	22	5%
Information from/about service difficult to understand	23	7%	9	5%	32	7%
Hours of operation inconvenient	4	1%	5	3%	9	2%
Other	12	4%	4	2%	16	3%
Total	307	100%	176	100%	483	100%

Table C32: Respondents Report of Difficulties Getting Services by Grantee

SCE Grantee	Any difficulties actually getting the service						Total
	None	Too far from home	Too Expensive	Info hard to understand	Hours not convenient	Other issues	
<u>Target Area 3 Grantees</u>							
Castleton	78	2	3	7	2	1	93
CIDER	27	2	3	2	1	0	35
Heineberg	27	0	2	0	0	3	32
RAVNAH	26	0	0	2	1	0	29
St. Johnsbury	33	1	2	3	0	0	39
Woodstock	41	0	0	1	0	3	45
<u>Target Area 1 or 2 Grantees</u>							
Barre	94	2	7	12	2	5	122
Champlain	29	5	1	2	3	4	44
Franklin	34	0	4	3	0	0	41
Total	389	12	22	32	9	16	480