

**SUPPORTING AND
ENHANCING
THE LIVES OF
OUR AGING POPULATION**

**EVALUATION OF
THE OUR AGING SOCIETY PROGRAM**

2011-2013



The San Diego
Foundation
Growing a Greater San Diego

A Collaboration Between Del Mar Healthcare Inc. and The San Diego Foundation

ABOUT THE OUR AGING SOCIETY PROGRAM

In collaboration with Del Mar Healthcare Inc., The San Diego Foundation launched the Our Aging Society program in 2010 to improve the quality of life for seniors in the San Diego region. Through extensive research, including literature review and interviews with local experts in healthcare and philanthropy, The Foundation developed a framework for addressing the needs of seniors. In the first year of grantmaking, 2011, the program focused on case management outreach and service delivery, with a particular focus on helping agencies innovate their business models for service delivery and reducing isolation experienced by seniors. In 2012, the same grantees received a second year of funding to sustain achievements begun the year prior. In 2013, the program focused on the aging in place strategies of socialization and home modification, also with a goal of reducing isolation.

Since inception, the Our Aging Society program has invested nearly one million dollars into nonprofit organizations serving seniors in San Diego County.

ABOUT DEL MAR HEALTHCARE

Del Mar Healthcare, Inc. is a non-profit corporation whose charitable purpose is to meet the housing, health and financial security needs of older adults. Since 1996, Del Mar Healthcare has provided older adults with housing and healthcare services through ownership of facilities and through its affiliated companies. Since 2010, Del Mar Healthcare has partnered with The San Diego Foundation to facilitate its charitable grantmaking program.

ABOUT THE SAN DIEGO FOUNDATION

Founded in 1975, The San Diego Foundation's purpose is to promote and increase effective and responsible charitable giving. The Foundation manages more than \$621 million in assets, almost half of which reside in permanent endowment funds that extend the impact of today's gifts to future generations. Since its inception, The Foundation has granted more than \$833 million to the San Diego region's nonprofit community. For additional information, please visit The San Diego Foundation at www.sdfoundation.org.

ABOUT HARDER+COMPANY COMMUNITY RESEARCH

Harder+Company Community Research is a comprehensive social research and planning firm with offices in San Francisco, Davis, San Diego, and Los Angeles, California. Harder+Company's mission is to help our clients achieve social impact through quality research, strategy, and organizational development services. Since 1986, we have assisted foundations, government agencies, and nonprofits throughout California and the country in using good information to make good decisions for their future. Our success rests on providing services that contribute to positive social impact in the lives of vulnerable people and communities.

TABLE OF CONTENTS

→ Executive Summary	1
→ 1. Introduction	2
→ 2. Client Profile	3
→ 3. Participant Outcomes	5
→ 4. Qualitative Perspectives	9
→ 5. Conclusion	11
→ Appendix A: 2011, 2012 and 2013 Program Summaries	12
→ Appendix B: Participant Survey	14
→ Appendix C: Participant Demographics	19

EXECUTIVE SUMMARY

➔ What are the key findings of the Our Aging Society evaluation?

The San Diego Foundation contracted with Harder+Company in 2013 to perform an evaluation of the Our Aging Society program 2011 – 2013. This evaluation analyzes programmatic final reports from grantees (organizations) for the

2011 and 2012 program years, along with a survey conducted in 2013 by Harder+Company with program participants (seniors participating in these programs). The following themes emerged.

- ➔ **Increased social connections.** Many older adults have difficulty developing and maintaining connections due to lack of social opportunities and decreased mobility. Participants reported that this program helped them meet with more friends and family members, and that they more frequently participated in social activities during and after participating in the Our Aging Society program.
- ➔ **Decreased isolation.** Our Aging Society participants reported feeling less isolated, left out, or lacking companionship after they participated in the program.
- ➔ **Improved physical and mental health.** Retrospectively, participants generally self-reported improved physical health after Our Aging Society program participation. They also reported fewer incidents of negative mental health symptoms such as loss of appetite, restless sleep and the inability to get going.

RECOMMENDATIONS AND CONSIDERATIONS FOR THE FUTURE

- ✔ Continue to provide high quality social programs for older adults.
 - ✔ Reduce barriers to participation and increase awareness in the community.
 - ✔ Expand ways to assess program outcomes and promote continuous learning to improve services for older adults.
 - ✔ Develop a sustainability plan for ongoing support of services for older adults.
-

1. INTRODUCTION

➔ What is the Our Aging Society program?

In 2010, the Our Aging Society program was established via a donor-advised fund by Del Mar Healthcare Inc., facilitated by and in partnership with The San Diego Foundation. The major goals of the Our Aging Society program are to reduce isolation and improve the quality of life for seniors. The first year of grantmaking, in 2011, focused on case management services. These grantees received support again in 2012 to sustain achievements begun the year prior. In 2013, the program adopted an aging in place strategy that focused on socialization activities and home modifications.

Del Mar Healthcare Inc. and The San Diego Foundation were interested in learning the outcomes of the Our Aging Society program that are presented in this report. In July 2013, The San Diego Foundation contracted with Harder+Company Community Research (Harder+Company) to conduct this evaluation of the Our Aging Society program. Data sources include Grantee Annual Reports from 2011-2012 grantees and a participant outcome survey developed by Harder+Company which was administered by grantees in the fall of 2013.

OUR AGING SOCIETY GRANTEES

A diverse cohort of 18 grantees has participated in the Our Aging Society program, including neighborhood-based organizations, health centers, theatre and arts groups, and a local university. In 2011 and 2012, six grantees were selected as

program partners. In 2013, four grantees from the initial cohort were funded again, along with twelve new organizations. The list of grantees for all three program years is included in Exhibit 1 below and in Appendix A.

Q Exhibit 1. Our Aging Society Grantee Organizations and Years of Participation

Bayside Community Center (2011-2013)

California Center for the Arts (2013)

Christian Community Theater (2013)

Del Mar Community Connections (2013)

ElderHelp of San Diego (2011-2013)

Glenner Memory Care Centers (2013)

Interfaith Community Services (2013)

Jewish Family Service (2011-2013)

Laughter Matters (2013)

Mountain Health & Community Services (2011-2012)

Oasis Institute (2013)

Parkinson's Association (2013)

San Diego State University (2011-2012)

San Ysidro Health Center (2013)

Senior Community Centers (2011-2013)

Southern Sudanese Community Center (2013)

Tierrasanta Village (2013)

Union of Pan Asian Communities (2013)

“I am very grateful for this place. It has helped me feel at home, even though I am now homeless.”

OUR AGING SOCIETY PARTICIPANT

PARTICIPANT DEMOGRAPHICS

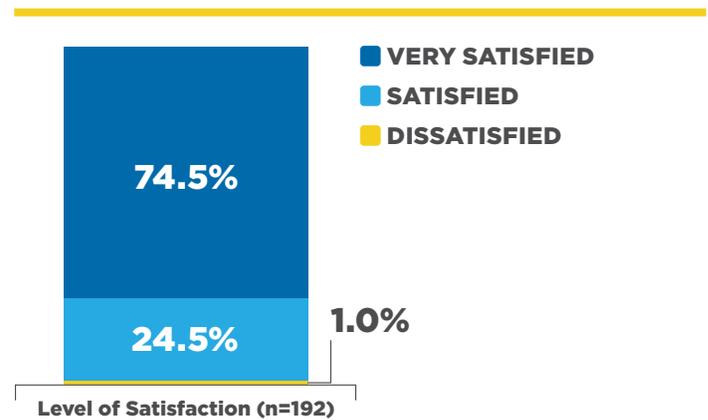
The portrait of survey respondents was a Caucasian female in her mid-70s. Most participants were female (75.9%), Caucasian (68.2%) and their average age was 74 years old. Over one third (37.9%) live by themselves and 40.7% live with one other person. Most are widowed (36.3%) or married (26.4%), as opposed to never married, divorced or separated; and most reside in Central or North Central regions of San Diego County (28.4% each). Further detail is provided in Appendix C.

Our Aging Society participants were generally likely to use multiple services and stay in the program for a year or more. Almost all survey respondents reported being current participants of the Our Aging Society programs (96.1%) and close to one third (32.8%) have participated in senior programs at more than one of the grantee organizations. Of those who participated in one-time events such as a performance, one-time class or home modification, more than half partook in four or more events (52.6%). Those who participated in ongoing events, such as regular classes, meals or case management, most commonly reported participating for more than one year (55.4%) and about one-third attended once a week (33.8%) with another third attending 2-4 times a week (33.1%).

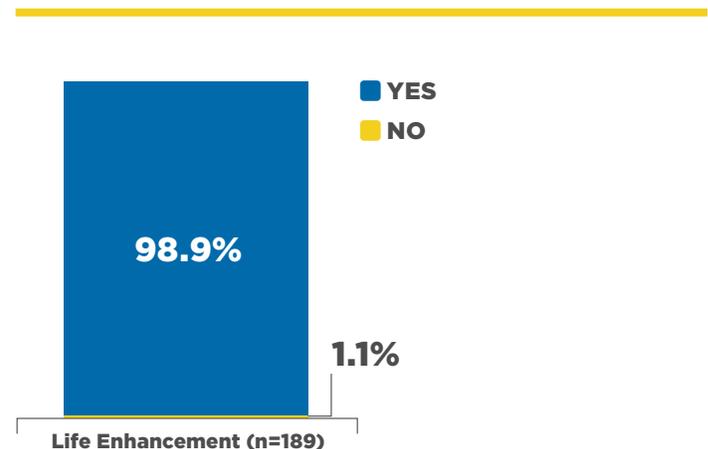
Our Aging Society survey respondents were highly satisfied with the program. As shown in Exhibit 3, all but two respondents reported being satisfied with the programs and 74.5% reported being very satisfied. Specifically, satisfied respondents appreciated the friendliness and professionalism of the staff and instructors, describing them as “courteous,” “respectful” and “compassionate.” The two participants who reported being dissatisfied did not provide a reason for their dissatisfaction.

Our Aging Society survey respondents generally felt their lives enhanced by the program. Nearly all (98.9%) of respondents reported that they felt their life was enhanced by participating in the programs (Exhibit 4). Reported reasons for life enhancement include increased socialization, new friends, camaraderie and companionship with others who share common experiences, health improvements and learning new skills.

Q Exhibit 3. Satisfaction with Our Aging Society Programs



Q Exhibit 4. Life Enhancement as a result of Our Aging Society Programs



3. PARTICIPANT OUTCOMES

➔ How has the Our Aging Society programs changed the lives of seniors in the San Diego region?

Survey respondents were asked to provide information regarding their level of social connectedness, physical health, perceived isolation, and mental health, both before and since they participated in the programs. Due to the

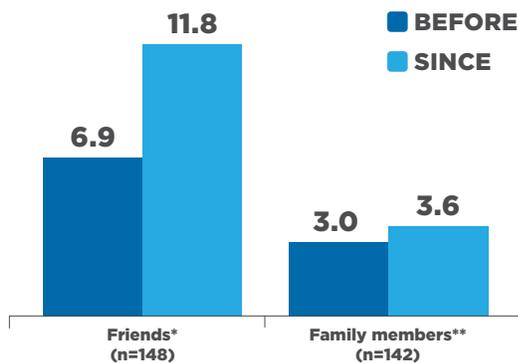
retrospective nature of these questions, respondents with memory challenges were not asked to answer this section of the survey. Findings from those who provided responses are summarized below.

SOCIAL CONNECTEDNESS AND PHYSICAL HEALTH

Social disconnectedness among older adults, defined as a lack of social connections and low participation in social activities, can affect coping mechanisms and increase the impact of stress on older adults due to an actual or perceived lack of

support. In addition, social connectedness often indicates the availability of resources such as transportation, emotional and financial support – all of which can facilitate healthier behaviors.¹

Q Exhibit 5. Average Number of Friends and Family Members Met With Monthly Before and Since Participating in Our Aging Society Programs



* Statistically significant at $p < 0.001$

** Statistically significant at $p < 0.05$

“Of all the programs I have attended over 10 years, I have the highest regard for the instructors, their interactions with the participants and the quality of the offerings [at the Our Aging Society programs].”

OUR AGING SOCIETY PARTICIPANT

¹ Cornwell, E., Waite, L. Social Disconnectedness, Perceived Isolation and Health among Older Adults. *J Health Social Behavior*. 2009 March ; 50(1); 31-48.

“It’s been a life saver. I couldn’t have done anything on my own. Couldn’t afford to get help elsewhere.”

OUR AGING SOCIETY PARTICIPANT

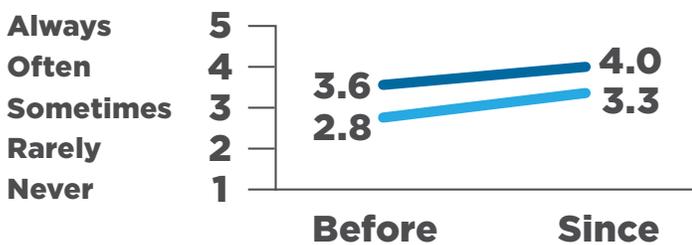
Our Aging Society participants increased interactions with family and friends. To assess Our Aging Society participants’ outcomes regarding social connectedness, survey respondents were asked to report the average number of friends and family members they met with on a monthly basis before and after participating in Our Aging Society programs. As shown in Exhibit 5, both the average number of family members and friends participants met with significantly increased over the course of program participation. The number of friends showed a very large increase, jumping from 7 to 12 friends on average per month.

Our Aging Society participants increased involvement in social activities. Respondents were also asked how often they attended organized meetings and socialized with others. On average, before participating in the Our Aging Society

programs, respondents reported that they attended organized meetings and socialized with others less often than they do since participating (Exhibit 6). There is a statistically significant increase in frequency for both activities, which indicates greater social connectedness as a result of participating in the Our Aging Society programs.

Our Aging Society participants self-reported better health since participating in the programs. Additionally, respondents were asked to rate their health before and since participating in the Our Aging Society programs. Overall, the percentage of respondents who reported their health as very good or excellent increased (27.0% to 42.2%) and those who reported their health as fair or poor decreased (33.2% to 17.0%) over the course of participating in the programs (Exhibit 7).

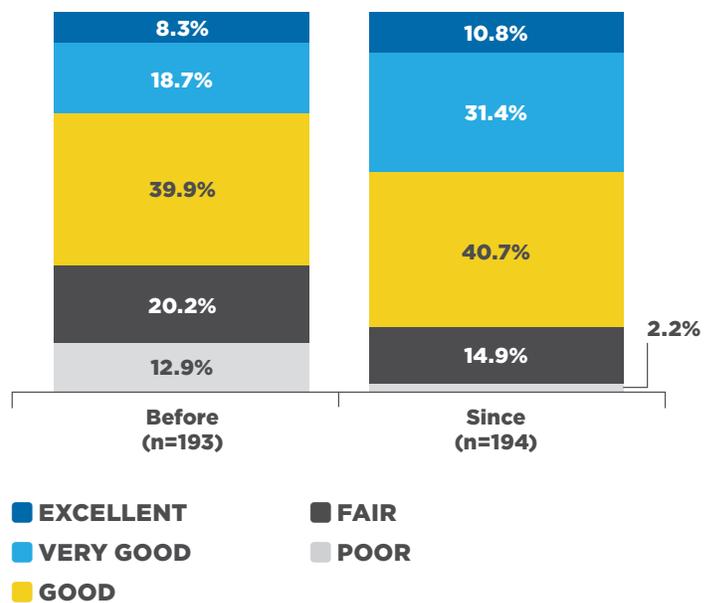
Q Exhibit 6. Frequency of Social Activities Before and Since Participating in Our Aging Society Programs



■ **SOCIALIZE WITH OTHERS** (N=187)**
 ■ **ATTEND ORGANIZED MEETINGS* (N=181)**

* Statistically significant at p <0.01
 ** Statistically significant at p <0.05

Q Exhibit 7. Health Status Before and Since Participating in Our Aging Society Programs



■ **EXCELLENT** ■ **FAIR**
 ■ **VERY GOOD** ■ **POOR**
 ■ **GOOD**

“Participating in the [Our Aging Society program] has been the highlight of my life.”

OUR AGING SOCIETY PARTICIPANT

PERCEIVED ISOLATION AND MENTAL HEALTH

Perceived isolation can also have an effect on the health of older adults. Perceived isolation is defined as loneliness and a perceived lack of social support, which has been shown to negatively impact the mental health of older adults.² The reduction of isolation among older adults is one of the major goals of the Our Aging Society program.

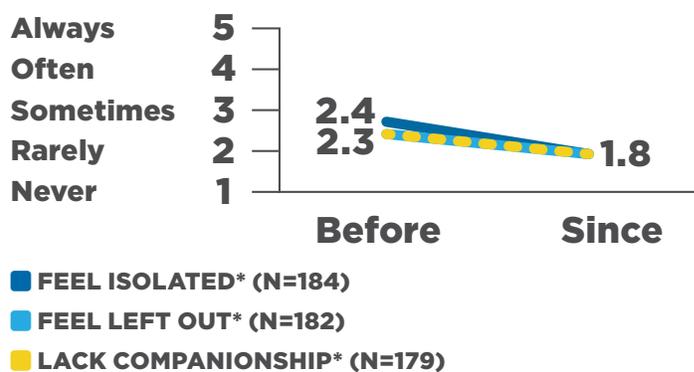
Our Aging Society participants self-reported decreased isolation and improved mental health since participating in the programs.

In order to assess the perceived isolation of program participants, survey respondents were asked how often they felt isolated, left out, or lacked companionship before and since participating in the programs. Mental health and depression symptoms were assessed by asking how often respondents had poor appetite, restless sleep, could not get going or felt happy.

All three indicators of perceived isolation shown in Exhibit 8 were reported as significantly less frequent

since participating in Our Aging Society programs, from between rarely and sometimes to between rarely and never. The reported frequency of mental health symptoms (poor appetite, restless sleep and the inability to get going) also decreased and, on average, respondents reported “often” feeling happy since participating in the programs (Exhibit 9).

Q Exhibit 8. Perceived Isolation Before and Since Participating in Our Aging Society Programs



* Statistically significant at p < 0.001

CLIENT PROFILE: JEREMY AND SARAH*

Jeremy is 73 years old and has lived in the backcountry for 30 years. He has faced challenges with sobriety in the past and spent many years opting to drink rather than drive, after being forced to choose between the two due to a DUI charge. For years, Jeremy has used a golf cart to get groceries and his mail, though for the most part has been homebound and has had to rely on friends to take him to doctor appointments three times a week.

Sarah is another backcountry senior who also needed transportation to visit the doctor and run errands. Both

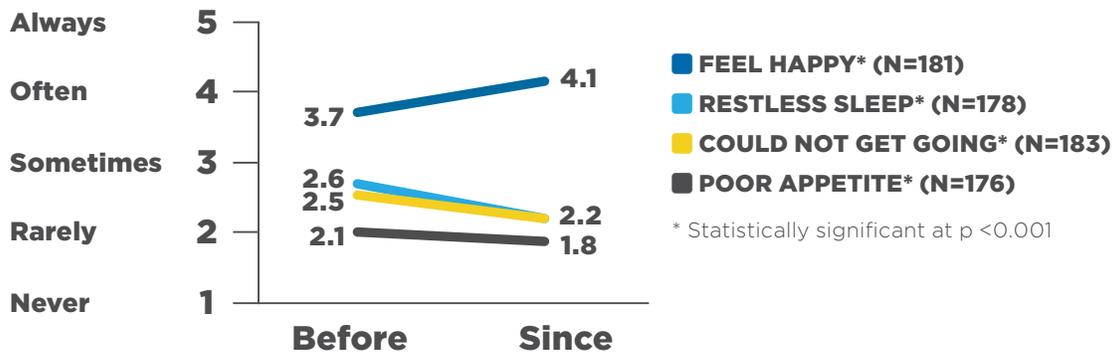
*Names have been changed to protect privacy.

Jeremy and Sarah were signed up for home meal delivery by service provider and Our Aging Society program grantee Mountain Health & Community Services (MHCS). Through the program, both Jeremy and Sarah learned of MHCS’ transportation program and began accepting rides to their appointments.

Fatefully, Jeremy and Sarah often rode together and immediately struck up a close friendship. Over time, they became great friends and companions for each other. A few months later, Jeremy and Sarah agreed to get married!

² Ibid.

Q Exhibit 9. Mental Health Symptoms Before and Since Participating in Our Aging Society Programs



Q Exhibit 10. Tools for Visualizing the System of Care for Older Adults in San Diego

San Diego State University received funding during the 2011 and 2012 years of the Our Aging Society program to develop a web-based GIS (Geographic Information System) program that spatially displays information on available services for the senior population, incorporating data from program grantees, 2-1-1 San Diego, and the 2010 Census. The interactive map displays locations of services such as congregate meal sites, case management services, socialization activities and transportation programs, all of which is overlaid on public infrastructure such as bus and trolley lines and the locations of hospitals and clinics. Finally, the map displays demographic information such as the number and average age of the senior population in any given census tract, as well as 2-1-1 San Diego user data which describes what kinds of services seniors need in any given area.

The intention of the GIS program was not only to identify where services exist, but also to identify areas of San Diego County where there are gaps in the system of care for the older population. This information is useful to agencies serving older adults as it allows for informed marketing and program outreach to areas where their services are most needed.

A sample screenshot of the website is displayed below.



4. QUALITATIVE PERSPECTIVES

➔ What are the successes and challenges of the Our Aging Society program?

Grantees and participants shared their qualitative perspectives on the successes and challenges of the Our Aging Society program. Grantee perspectives were available from the 2011 and 2012 programmatic final reports, and thus are focused

on case management services only. Participant perspectives were summarized from responses to the open-ended questions on the participant survey, which included the 2013 services of social activities and home modification.

SUCCESSES

Participant perspective. Participants identified several aspects of the programs that they felt were most successful. These included the ability to socialize and make new friends, exercise offered through programs, and expanded knowledge and learning. Almost half of the participants highlighted their appreciation of the social support they receive through attending programs, especially through the social activities such as luncheons and group outings. Participants reported improvements to both their physical and mental health, including memory and mood gains as well as an increase in balance and energy, as a result of participating in exercise activities. Many also expressed appreciation for the learning opportunities such as lectures on health and cultural discovery through art. Many of the participants who partook in the home modification program expressed their appreciation that services offered were free of charge and that they felt safer in their homes as a result.

Grantee perspective. Many of the grantees from the 2011 and 2012 program years reported meeting their outcome targets for recruiting and serving seniors, as well as developing partnerships and collaboration with other agencies that serve the older adult population. They also reported that the Our Aging Society funding has enabled their organizations to expand their outreach and collaboration with hospitals, in some cases specifically focusing on reducing hospital readmissions.

GRANTEE COLLABORATION

Grantees were encouraged to share best practices and lessons learned with other organizations. In particular, training sessions were held whereby grantees experienced in fundraising and volunteer management coached the other grantees who were less experienced in these areas. The result was increased knowledge and stronger relationships amongst the grantee cohort.

“I love the people I meet. Without these programs I would probably not talk to anyone all day.”

OUR AGING SOCIETY PARTICIPANT

CHALLENGES

Participant perspective. Transportation was identified as a barrier and an area for potential improvement. Several survey respondents expressed the desire for more ride availability and a few noted that classes were difficult to attend for those living in North County. Participants also recommended more advertisement to raise awareness of the programs within the community and to expand the services to more seniors. Most participants were happy with the programs and only recommended adding more of the same services already offered: more outings, more trips, and more classes. Other suggestions included more variety of

projects, activities available on the weekend, more English classes, more books, improved computers and incorporating weights into exercise.

Grantee perspective. Several grantees cited staff issues as a source of some delays and setbacks in 2011 and 2012. Loss of staff, both at the leadership level and at the support level, led to limitations on the number of seniors that could be served. In addition, the time needed to re-hire and train staff and recruit volunteers caused program delays. Developing the referral process through partnerships also took more time than anticipated.

BUSINESS MODEL INNOVATIONS

A strong focus of the 2011 and 2012 grant programs was business model innovation with respect to case management services and outreach. In other words, grants were awarded in large part according to how much nonprofits used the grant dollars to bring new strategies to bear that would increase the number of seniors served and the quality or impact of care that they received.

A standout in this respect was Jewish Family Service (JFS). JFS began a partnership with Scripps Health to better plan and provide for home care once a senior was discharged from the hospital. Nationally, the readmission rate for seniors into hospitals for the same condition within 30 days is approximately 20%. Hospitals face hefty fines for such readmissions and the senior continues to struggle with health issues. JFS' Care Transition program focused on partnering with the hospital discharge planner to establish JFS as the home care provider before the senior left the hospital. Once at home, JFS provided case management services to the senior including home assessment, care management by professional nursing staff, daily meals and social activities, and more.

As a result, the readmission rate for the seniors in this program dropped to 4%, thereby reducing costly readmissions and greatly improving the health of these seniors.

5. CONCLUSION

➔ What can we learn from the Our Aging Society program and how can programs be improved for the future?

The Our Aging Society program has made a significantly positive impact on the lives of the older adults it served throughout San Diego County. As a result of the services provided, seniors report more social connectedness, less perceived and experienced isolation, and improved physical

and mental health. Overall, there is a high level of satisfaction with the programs and the majority of older adults report that their lives have been enhanced as a result of participating in the programs.

RECOMMENDATIONS AND CONSIDERATIONS FOR FUTURE WORK

- ➔ **Continue to provide high quality social programs for older adults:** Findings from the participant survey show that the Our Aging Society programs are making positive impacts in reducing isolation and increasing social connectedness for older adults in San Diego County. These services should be continued as a way to improve and enhance the lives of seniors, especially as the baby boomer generation reaches retirement age and more and more San Diegans could benefit from such services.
- ➔ **Reduce barriers to participation:** Participants expressed difficulty in reaching the services, especially in North County where public transportation is less convenient and services are more spread out. Programs should consider ways to reduce transportation issues for their clients.
- ➔ **Expand ways to assess program outcomes and promote continuous learning to improve services for older adults:** A more rigorous evaluation plan and the use of standardized assessment tools would identify the needs of the aging population in San Diego in addition to documenting the changes Our Aging Society is making in the lives of participants. In addition, the services available for seniors in San Diego County could be further improved through strong evaluation methods followed by actionable recommendations that are shared and discussed with key stakeholders and decision makers.
- ➔ **Develop a sustainability plan for ongoing support of services for older adults:** The Our Aging Society program has demonstrated notable success in decreasing isolation and improving quality of life for seniors. As the program moves forward, important questions will rise about how to harness and sustain the momentum gained and how to innovate and think differently about the work ahead. This is an opportune time to engage in discussions about future goals and objectives, as well as ways to expand capacity and sustain strategic investments throughout San Diego County.

APPENDIX A

➔ 2011, 2012 and 2013 Program Summaries

2011 & 2012 PROGRAMS

💡 STRATEGY: CASE MANAGEMENT

🎯 GOALS

- ➔ Improve access and delivery of case management services
- ➔ Create an innovative GIS-based mapping tool that helps case management agencies understand the demographics of the areas they serve and empowers them to reach out to older adults in underserved areas

★ WHAT DOES SUCCESS LOOK LIKE?

- ➔ Increased number of older adults served through case management
- ➔ Improved quality of life for older adults served
- ➔ Reduced isolation experienced by older adults served
- ➔ Creation and use of targeted GIS mapping tool
- ➔ Outreach into underserved communities
- ➔ Greater knowledge of communities served by case management agencies
- ➔ Improved coordination between case management agencies
- ➔ Ongoing learning and relationship-building among agencies
- ➔ Programs partially or fully absorbed into agency budgets



- 📍 ISOLATION
- 📍 QUALITY OF LIFE
- 🔧 TOOLS/RESOURCES FOR AGENCIES

BAYSIDE COMMUNITY CENTER

ELDERHELP OF SAN DIEGO

JEWISH FAMILY SERVICE

MOUNTAIN HEALTH & COMMUNITY SERVICES

SAN DIEGO STATE UNIVERSITY

SENIOR COMMUNITY CENTERS

2013 PROGRAM

💡 STRATEGY:

AGING IN PLACE

🎯 GOALS

- Socialization activities aimed at improving health, learning and connections with others
- Home modification/repair programs aimed at improving safety and function so older adults stay in their homes longer

★ WHAT DOES SUCCESS LOOK LIKE?

- Increased number of older adults served through socialization and home modification programs
- Improved quality of life
- Reduced isolation
- Increased physical health and learning
- Increased social relationships and connection to society
- Reduced falls and instances of transition to managed care facilities
- Ongoing learning and relationship-building among agencies



- ⬇️ ISOLATION
- ⬆️ QUALITY OF LIFE

BAYSIDE COMMUNITY CENTER

CALIFORNIA CENTER FOR THE ARTS

CHRISTIAN COMMUNITY THEATER

DEL MAR COMMUNITY CONNECTIONS

ELDERHELP OF SAN DIEGO

GLENNER MEMORY CARE CENTERS

INTERFAITH COMMUNITY SERVICES

JEWISH FAMILY SERVICE

LAUGHTER MATTERS

OASIS INSTITUTE

PARKINSON'S ASSOCIATION

SAN YSIDRO HEALTH CENTER

SENIOR COMMUNITY CENTERS

SOUTHERN SUDANESE COMMUNITY CENTER

TIERRASANTA VILLAGE

UNION OF PAN ASIAN COMMUNITIES

APPENDIX B

➔ Participant Survey

OUR AGING SOCIETY PROGRAM PARTICIPANT SURVEY

The San Diego Foundation funds many programs that aim to increase the quality of life for seniors throughout San Diego County. You have been identified as a participant of one of those programs and we'd like to hear your input about your experience with the program.

All responses will be kept confidential and

aggregated with other participants' responses so please be as honest as possible. This survey should only take about 15 minutes of your time, and your responses will help inform program improvement. Please contact Sophia Lee from Harder+Company at 619-398-1980 or sophialee@harderco.com if you have any questions. Thank you in advance for your valuable time and input!

Please check a box or fill in the appropriate answer.

1) Gender M F

3) Zip code _____

5) Ethnicity

African American/Black

Asian/Pacific Islander

Caucasian/White (Non-Hispanic)

Hispanic/Latino

6) Marital Status

Single/Never married

Married

Divorced

2) Age _____

4) With how many people do you reside? _____

Native American/Alaskan Native

Other

Don't know

Prefer not to answer

Separated

Widowed

(Continued)

7) At which agency(ies) have you participated in senior programs? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Bayside Community Center | <input type="checkbox"/> Interfaith Community Services |
| <input type="checkbox"/> ElderHelp | <input type="checkbox"/> Laughter Matters |
| <input type="checkbox"/> Jewish Family Service of San Diego | <input type="checkbox"/> Oasis Institute |
| <input type="checkbox"/> Mountain Health and Community Services | <input type="checkbox"/> Parkinson's Association |
| <input type="checkbox"/> Senior Community Centers of San Diego | <input type="checkbox"/> San Ysidro Health Center |
| <input type="checkbox"/> California Center for the Arts | <input type="checkbox"/> Southern Sudanese Community Center |
| <input type="checkbox"/> Christian Community Theater | <input type="checkbox"/> Tierrasanta Village |
| <input type="checkbox"/> Del Mar Community Connections | <input type="checkbox"/> Union of Pan Asian Communities |
| <input type="checkbox"/> Glenner Memory Care Centers | |

8) During which calendar year(s) did you participate in the senior program(s) you checked above? (Please check all that apply)

- 2011 2012 2013

9) Are you currently participating in any of the programs you checked above?

- Yes No

10) Have you participated in one-time events or ongoing programs? (if both, please check both)

- One-time events (e.g. performances, one-time class, home modifications, etc.)
- Ongoing programs (e.g. regular classes, meals, meetings with case managers, etc.)

11) (If you attended a one-time event) How many separate events have you attended?

- | | |
|----------------------------|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 or more |
| <input type="checkbox"/> 2 | <input type="checkbox"/> I did not attend any one-time events |
| <input type="checkbox"/> 3 | <input type="checkbox"/> Not sure |

12) (If you attended an ongoing program) How long did you attend, or have you attended, the program?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 1-3 months | <input type="checkbox"/> More than 1 year |
| <input type="checkbox"/> 4-6 months | <input type="checkbox"/> I did not attend any ongoing programs |
| <input type="checkbox"/> 7-9 months | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> 10-12 months | |

13) (If you attended an ongoing program) On average, how often did you attend, or have you attended, the program?

- 5-7 days a week
- 2-4 days a week
- Once a week
- 2-3 times a month
- Once a month
- Once every other month
- Once every few months or less
- I did not attend any ongoing programs
- Not sure

14) Please rate your level of satisfaction with the event(s)/program(s) you attended:

- Very dissatisfied
- Dissatisfied
- Satisfied
- Very Satisfied

a) Please explain: _____

15) Was your life enhanced as a result of participating in the event(s)/program(s)?

- Yes
- No
- Not sure

a) Please explain: _____

For the following questions, please think back to how you felt RIGHT BEFORE you began participating in the program(s).

16) Right before you began participating in the program,

a) On average, how many friends did you meet with monthly? _____

b) On average, how many family members did you meet with monthly? _____

(Continued)

17) Right before you began participating in the program, how often did you:	Never	Rarely	Sometimes	Often	Always	Don't Know
a) Attend organized meetings?	<input type="checkbox"/>					
b) Socialize with others?	<input type="checkbox"/>					
c) Feel isolated from others?	<input type="checkbox"/>					
d) Feel left out?	<input type="checkbox"/>					
e) Feel that you lack companionship?	<input type="checkbox"/>					
f) Not feel like eating or had poor appetite?	<input type="checkbox"/>					
g) Have restless sleep?	<input type="checkbox"/>					
h) Feel happy?	<input type="checkbox"/>					
i) Feel you could not get going?	<input type="checkbox"/>					

18) Right before you began participating in the program, would you say your health was:

- Excellent Very good Good Fair Poor Not sure

For the following questions, please think about how you have felt SINCE you began participating in the program(s).

19) Since you began participating in the program,

- a) On average, how many friends do you meet with monthly? _____
- b) On average, how many family members do you meet with monthly? _____

20) Since you began participating in the program, how often do you:	Never	Rarely	Sometimes	Often	Always	Don't Know
a) Attend organized meetings?	<input type="checkbox"/>					
b) Socialize with others?	<input type="checkbox"/>					
c) Feel isolated from others?	<input type="checkbox"/>					
d) Feel left out?	<input type="checkbox"/>					
e) Feel that you lack companionship?	<input type="checkbox"/>					
f) Not feel like eating or had poor appetite?	<input type="checkbox"/>					
g) Have restless sleep?	<input type="checkbox"/>					
h) Feel happy?	<input type="checkbox"/>					
i) Feel you could not get going?	<input type="checkbox"/>					

21) Since you began participating in the program, would you say your health was:

- Excellent Very good Good Fair Poor Not sure

22) What part of the event(s)/program(s) do you feel is most successful?

23) Do you have any suggestions for improvements to the event(s)/program(s)?

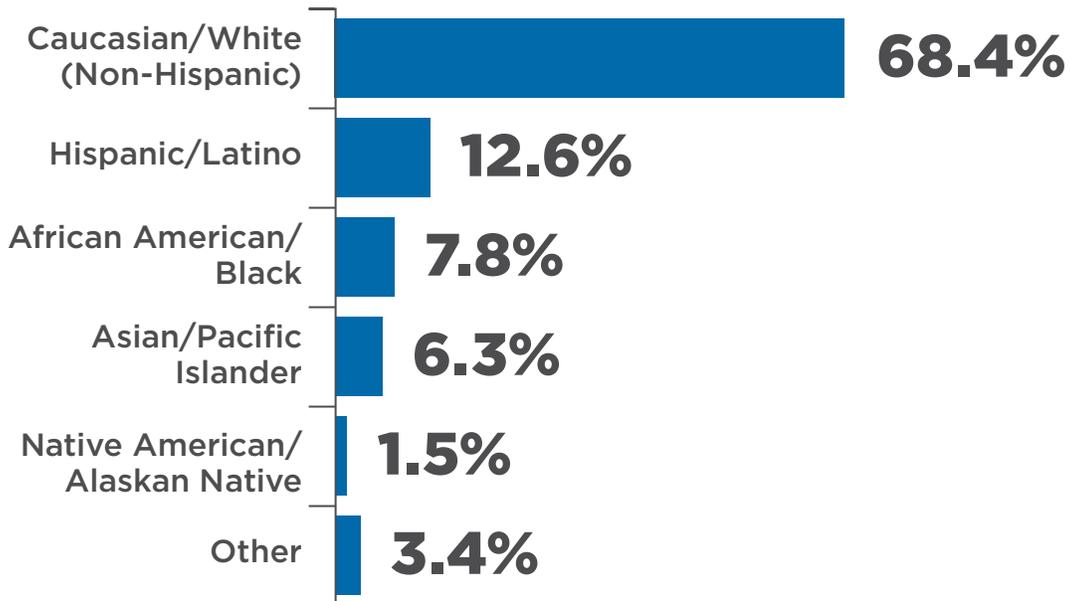
24) Please provide any additional comments or information that you would like to share about your experience with the event(s)/program(s):

Thank you!

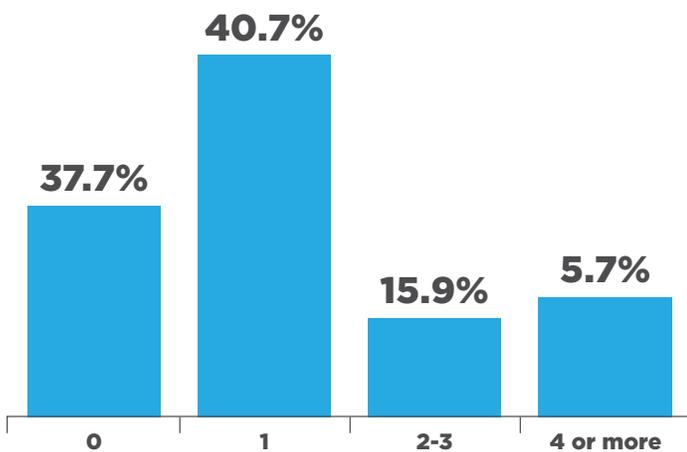
APPENDIX C

Participant Demographics

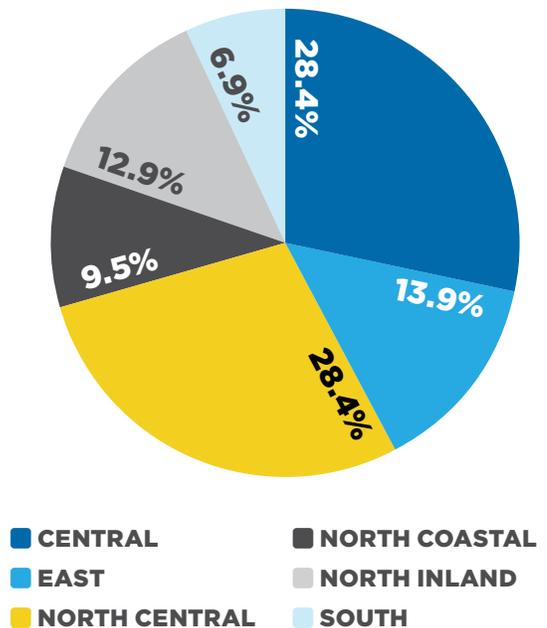
ETHNICITY (N=206)



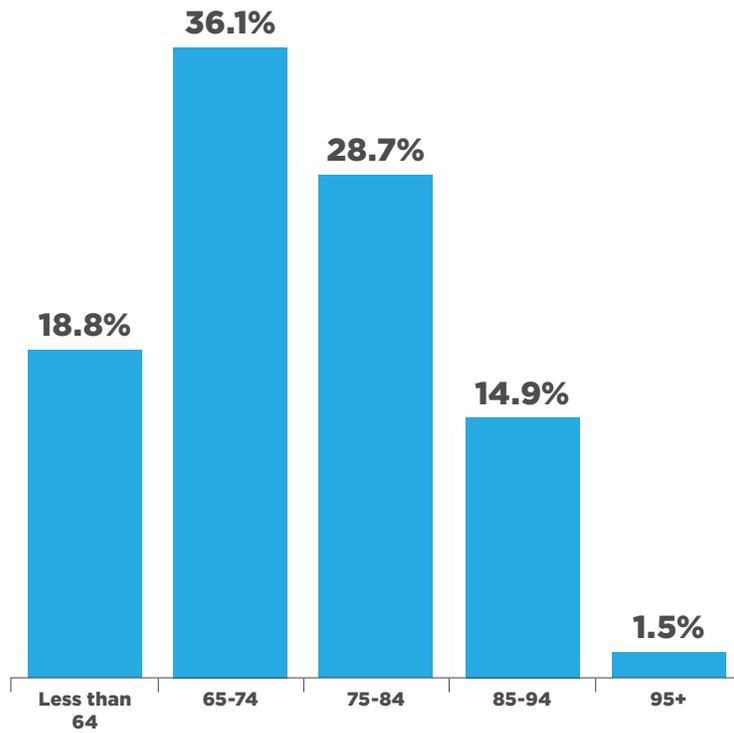
NUMBER OF OTHERS IN HOUSEHOLD (N=177)



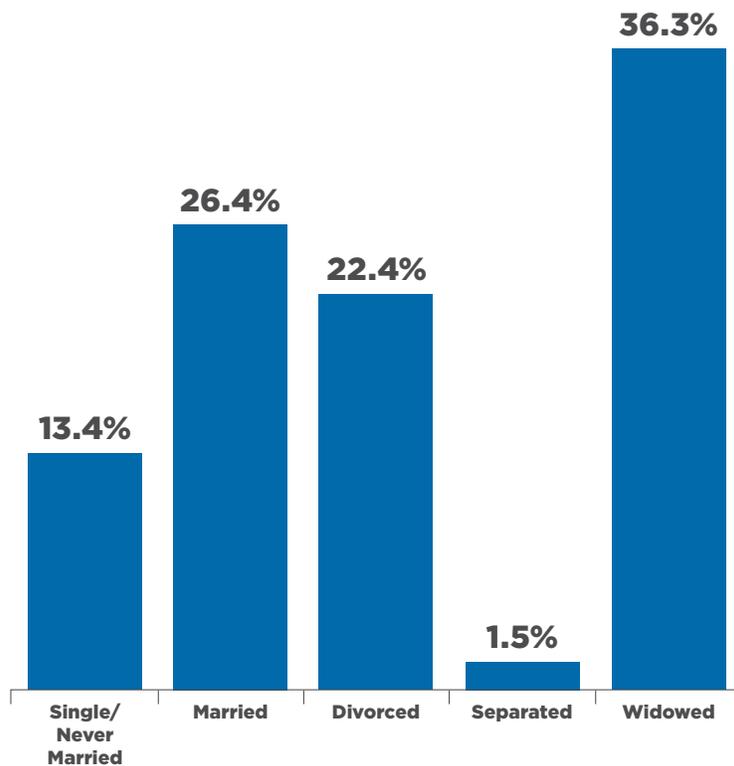
REGION OF RESIDENCE (N=201)



AGE (N=202)



MARITAL STATUS (N=201)



OUR AGING SOCIETY PROGRAM ADVISORY COMMITTEE

Anahid Brakke

Program Officer

Jewish Community Foundation of San Diego

Amethyst Cureg, MD, MPH, FAAP

Retired - Maternal, Child & Family Health Services
County of San Diego Health & Human Services Agency

Janie DeCelles

Long-Term Care Specialist
LTC Resources

Nora M. Faine, MD, MPH

San Diego Medical Director
Molina Healthcare

Amy Okamura

Retired - San Diego State University School of Social Work

Ellen Schmeding, MS

Director, Aging and Independent Services
County of San Diego Health & Human Services Agency



Main Office - Liberty Station

2508 Historic Decatur Road, Suite 200
San Diego, CA 92106
619-235-2300

Escondido

900 Canterbury Pl., Suite 300
Escondido, CA 92025
619-764-5602

Carlsbad

703 Palomar Airport Road, Suite 150
Carlsbad, CA 92011
760-929-2800

Visit www.sdfoundation.org or e-mail us at info@sdfoundation.org.

Join us on:



Confirmed in compliance with National
Standards for U.S. Community Foundations