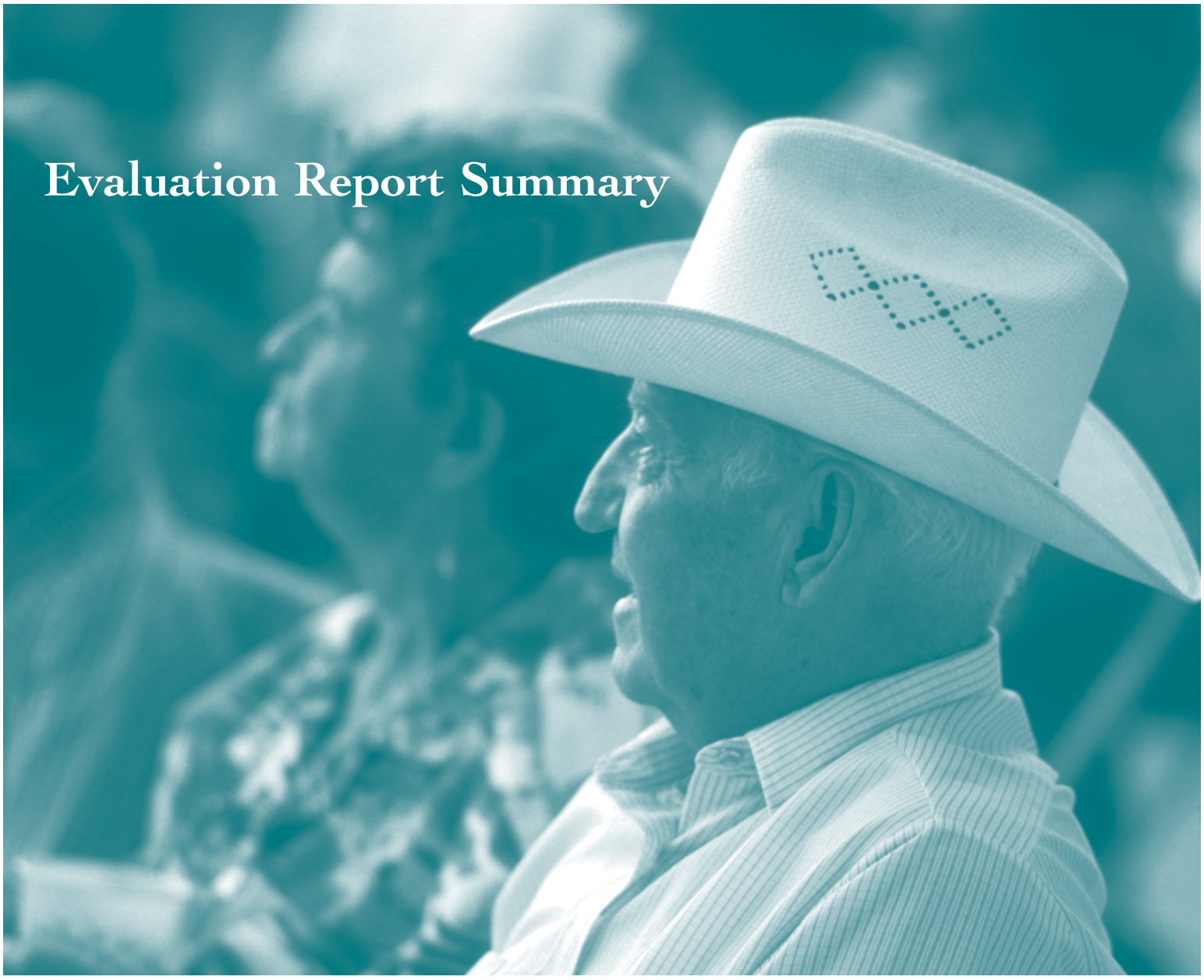
THE COLORADO TRUST
A GRANTMAKING FOUNDATION

E V A L U A T I O N

# THE SENIOR WELLNESS INITIATIVE

## Evaluation Report Summary



## Introduction

The Colorado Trust is a grantmaking foundation dedicated to improving the health and well-being of the people of Colorado. Trust initiatives address a wide range of issues, such as health promotion, early childhood development, after-school programs, preventing suicide, end-of-life care and more. Initiatives are developed by first identifying and understanding needs faced by Colorado citizens and communities. Based on research findings, The Trust then develops long-term strategies for creating positive change and evaluates each effort to determine the effectiveness of different interventions. This report summarizes the evaluation findings of The Trust's Senior Wellness Initiative.

## The Senior Wellness Initiative

From 1996 to 2002, The Colorado Trust committed $1.3 million to the Senior Wellness Initiative. Originally part of The Trust's Community Action for Health Promotion Initiative (CAHPI), Senior Wellness was funded as a separate initiative to meet the Healthy People 2000 goals for older adults. Trust funding was used to hire a group of consultants — the Senior Wellness management team — to plan, organize and manage the initiative.

This initiative, modeled after the Comprehensive Health Education Foundation's Annual Northwest Wellness Conference for Seniors held in Seaside, Oregon, consisted of annual wellness conferences aimed at seniors. This series of conferences was held so seniors could gain an appreciation of health as the integration of physical, spiritual and emotional well-being. Initially one conference was held for seniors statewide, and later regional conferences were held. Conferences usually lasted three days and featured exercise classes, workshops, entertainment (provided by the seniors themselves) and healthy food. Seniors who attended the conferences had part of their expenses paid through Trust funding. A total of 481 seniors attended Senior Wellness Initiative conferences across Colorado over the six years.

While seniors could attend conferences individually, the initiative encouraged sponsored groups from a community to attend together. These groups, called community teams, were also a component of the Oregon model; however, in Oregon teams did not receive any additional funds to carry out local community projects. In Colorado, after community teams were formed and received training, technical assistance and funding from The Colorado Trust, community projects were planned and implemented. Each Colorado Trust community team was given $500 for the implementation of their local project. In addition, the initiative management team held regular regional meetings where teams were able to share and solve problems together. During the six years of the initiative, 147 community teams were formed throughout the state, representing 74 communities in both rural and urban areas. Rather than centered in traditional health care settings, such as clinics or health departments, community teams were focused around churches, senior centers, parks and other physical settings where older adults had strong social connections.

As part of The Trust's commitment to evaluation, three separate evaluation components were funded under this initiative:

1) From 1996 to 2001, $117,000 went to the University of Colorado Health Sciences Department of Family Medicine to attend the annual senior wellness conferences and provide a process evaluation of the conferences for The Trust.
2) From 2000 to 2003, $101,500 was provided to the Senior Wellness management team to produce a video highlighting what they felt were the most important lessons learned from the conferences.
3) From 2000 to 2002, $110,000 was provided to Sage Networks and Jerome Evans, Ph.D., to assist community teams that wanted a local evaluation of their projects. In addition, this component included an overall examination of the community teams. The purpose of this evaluation component was to examine the achievements of a sample of team projects and how they contributed to grassroots health promotion among the elderly. Participation in this component was voluntary for the community teams.

This report highlights the results of this third evaluation component. The specific evaluation question that guided this component was:

> *What were the factors that most affected a team's success in creating a community opportunity for seniors to participate in an activity promoting improved self-care related to leading health indicators?*

## Background

The 2000 Census found 417,000 seniors living in Colorado. Because Americans are living longer lives, the number of seniors in Colorado communities continues to grow and is expected to double in the next 20 years.

While cancer, stroke, heart and respiratory diseases are common causes of death among older adults in Colorado, tens of thousands of people live with these conditions in their early-to-advanced stages. With a greater number of older persons in the population overall, the prevalence of individuals and families who will have to cope with social and financial burdens related to disease management will rise. Diseases and aging also affect quality of life, contributing to declines in functioning. Poor health can have a negative influence on self-sufficiency and lead to costs for in-home and institutional care.

Scientific research shows that personal health behaviors, or self-care as it's referred to in the field, play a major role in the prevention of premature morbidity and mortality related to many chronic health problems of older adults. One of the most important breakthroughs in improving the health of the aging is the discovery that avoidable morbidity and premature mortality can be prevented by taking simple actions that are within the grasp of most older adults. By adopting recommended health behaviors, seniors can preserve their health and postpone and reduce the effects of chronic diseases.

At the core of the Senior Wellness Initiative was the belief that seniors can and should take charge of their own health and well-being, and that most seniors have the power within themselves to do so.

## The Evaluation

The evaluation began with a review of published literature on health promotion with senior adults. Following the literature review, an "intervention-focused" evaluation design was created. This evaluation design was chosen for three reasons:

1) There is no tested model for health promotion of self-care with older adults, so the evaluation had no criteria against which to compare and contrast the Senior Wellness Initiative community team projects.
2) The Senior Wellness Initiative did not include a formal method for judging accountability of project process or of achieving goals, though all projects were closely supervised by initiative management.
3) The field of health promotion at the time was only in the early phases of recommending external evaluation guidelines.

### Community Teams Evaluation

Participating in the evaluation was strictly voluntary on the part of community teams. Thirty-six teams were contacted and asked to be part of the evaluation. Ultimately 17 teams participated in the evaluation.

Multiple means were used to collect data for this evaluation. Data collection methods included:

- ***Field Observations:*** The evaluator made first-hand observations of activities and team member interactions, sometimes engaging in these activities as a participant observer. The evaluator attended a number of the regular regional meetings when team members from various communities came together to discuss their work. The evaluator also sat in with single teams while they discussed planning and evaluating their project activities and met with the Senior Wellness management team. Notes were taken during and after these observational opportunities.

- ***Interviews:*** Individual and group interviews were conducted when participants congregated for meetings and in their communities. Direct quotes were recorded, as were notes on concepts and expressed rationales for action.
- ***Phone Survey:*** A 36-item survey was designed, consisting of open-ended and fixed-choice questions. Topics in the survey were taken from published accounts and research on senior health education. While originally this was intended to be a mail survey, poor response rates made phone and in-person interviews necessary. The survey was completed by and reviewed with the 17 teams.
- ***Document Analysis:*** Some teams collected photographs, brochures, minutes, reports and other documents from activities with participants, kept materials used in promotion projects and collected participant satisfaction surveys. The evaluator reviewed these documents as well as narrative descriptions of some projects. The management team generated an extensive set of documents associated with regional conferences and workshops for participants, which were also reviewed.

### Evaluation Case Studies

In addition to the data collection methods described above, six of the 17 teams volunteered for and received supplemental funding to participate in conceptualizing and implementing a trial evaluation of their health promotion projects. The evaluator met personally with these teams, gave technical assistance and guidance, and provided assistance in producing a written report evaluating project results. There were multiple purposes of this component of the evaluation, including testing viable methodology, determining the capacity of seniors to contribute to evaluation study and obtaining evidence that project services were having a beneficial effect on senior health status.

Even with this specific evaluation design, as is common in field studies, it was necessary for the evaluator to create and revise qualitative methods while in the course of data collection. Thus, the design and methodology were matched — and rematched — to the field context, while preserving the overall purpose: capturing lessons learned and modeling them for consideration in future self-care promotion. The respondents' identities were preserved and confidentiality assured.

## Results

The evaluator looked for patterns, themes and categories among the 17 team projects that were closely studied to determine what led to successful team projects. The most important contributing factors to the success of the community teams are described below. Success in this evaluation, as put forth in the evaluation question, was defined as *creating an opportunity for seniors to participate in an activity promoting improved self-care related to leading health indicators.*

### *Success was related to the team leadership's assessment of community needs.*

- The most successful team projects were those that had gone through some type of needs assessment before creating an action plan. When a project emerged solely from within the planning group, the project goals were less likely to be working toward a leading health indicator in the community.
- Projects adopted by an organization or institution whose mission was distant from the mainstream health needs of the elderly were less likely to promote improved health status through self-care.
- Projects planned by a diverse group of people were more likely to reflect community needs.
- Community teams that focused on unmet needs in the community were more likely to achieve success than were those teams that chose an issue somewhat distant from a significant unmet need.
- Projects affiliated with an institution (e.g., a church or health care facility) were more likely to focus on issues related to leading health indicators than projects with no such affiliation.
- Projects affiliated with local health departments always addressed a leading health indicator.

*Success was related to finding and bringing a diverse group of people together.*

- Projects that drew in human resources from numerous sources outside the team were more successful in involving seniors in health promotion.
- Teams that worked in isolation from other organizations working with older adults were less likely to have generated support from committed people who were willing to devote time and effort to the project. Consequently, such teams were less likely to have options for replenishing resources when the team funds ran out.
- Teams that promoted senior health at the community level were most successful in raising social capital. (Social capital is a term used to describe connections among individuals and social networks as well as the cooperation and trustworthiness that arise from them.)

*Success was related to team leadership style.*

- Team projects led by collaborating seniors were more creative in addressing the health needs of seniors than teams with a single, strong leader who made most of the decisions for the team.
- Collaborating groups of seniors were much more likely to have a broad agenda and sought ways to draw in diverse people.
- Leadership capacity was critical to a team's success. Strong leadership — several capable individuals working together as a leadership team — resulted in more productive health promotion efforts and increased the team's ability to attract other supporters.
- The most successful projects matched collaborating senior leadership teams with "borrowed" guidance from other sources such as a senior center or health department.
- The most successful teams were those where seniors were allowed decisionmaking roles and "outside experts" were never allowed to dominate the team process. When leadership was shared, outside experts adopted facilitator roles rather than director roles; seniors were not just token members on a committee run by experts.
- Projects that included one or more young people who were committed to enhancing the health of older adults were particularly successful in goal setting and creative thinking.
- Teams with genuinely diverse leadership (active, invested seniors, health professionals and "young" supporters – not just token participants) were more focused on group rather than individual goals and ultimately had a more comprehensive reach to their project services.
- Community health promotion is complex and can be a daunting endeavor. Diverse leadership was associated with the capacity to structure a project into manageable tasks. Projects led by seniors alone were less likely to be successful in incorporating health promotion best practices than projects that were led by more diverse groups.

*Successful projects were more likely to be efficient at raising additional resources.*

- Projects that did not attract material resources beyond the initial grant quickly "ran out of steam" and affected only a handful of seniors.
- Projects that were able to generate additional resources tended to have much broader and longer-term objectives.
- Those projects most successful in generating new resources for health promotion had the help of local nonprofits or public agencies serving the aging.
- Those teams that appeared to be more likely to sustain their efforts were those who formed partnerships with others outside of the initial team.

*Team leaders and members who took pride in the group process were often more successful health promoters.*

- In every instance where a team did not achieve its goals, members attributed the breakdown to dissatisfaction with the group process.

## Conclusion

As with any evaluation approach, qualitative methods and field studies have their limits. The evaluator was not able to survey all 147 teams that participated in the Senior Wellness Initiative for one or more years, nor was there any follow up beyond the end of the initiative. Prospective senior wellness advocates should therefore use these evaluation findings as additional information, incorporating them with their own experience with local resources and community and senior preferences. Nevertheless, for the success of new senior wellness advocacy, the evaluation encourages consideration of collaborations built on multiple strengths, including the perspectives and commitments of seniors themselves as well as health promotion professionals.

As stated earlier, the purpose of this evaluation was to collect the reported experiences of involved seniors, initiative management and others as data to define what most contributes to effective community efforts for increasing health promotion among older Coloradans. Senior Wellness Initiative community teams were treated like individual cases in a new approach to promoting self-care for health and chronic illness management. The analysis highlights those elements most important for success.

Grassroots, community-based programs in the Senior Wellness Initiative have tested ideas with promise. These collaborative partnerships suggest that encouraging older persons to exercise, to lower their high blood pressure, to get their cholesterol checked or to stop smoking are effective and are important components of preventive health care in the state. New coalitions between health care providers and seniors in individual communities should be formed, building social capital for meaningful impact on the health of older persons. Emerging areas for future research include writing policies and procedures for best practices in disease prevention and health promotion, looking closely at enrolling persons of all economic and education levels into health promotion programs to eliminate disparities in access to health knowledge and skills, and determining how programs affect quality of life as a criterion for evaluating services. With the knowledge gained through these efforts, Colorado's communities will be able to use well-tested health promotion, disease prevention and early disease management strategies to lower costs and begin to extend the benefits of improved health to all persons.

## Social capital:

*A term used to describe connections among individuals and social networks as well as the cooperation and trustworthiness that arise from them.*

Thank you to Jerome Evans, Ph.D., who wrote this report on behalf of The Colorado Trust. The Colorado Trust is a grantmaking foundation dedicated to advancing the health and well-being of the people of Colorado. To learn more about The Colorado Trust and its grantmaking initiatives, go to www.coloradotrust.org.

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Please cite this summary as: The Colorado Trust. *Senior Wellness Initiative Evaluation Report Summary.* Denver, CO: The Colorado Trust; 2004.

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