

DOCTORS NONPROFIT CONSULTING

FINAL REPORT EXECUTIVE SUMMARY

COMMUNITY SENIOR SERVE, INC.
DATA FOR GRANT YEAR ONE
JULY 2006 TO JUNE 2007

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INTRODUCTION

DoctorS Nonprofit Consulting was hired by Feedback Foundation, Inc. (Area 1) in September 2006 and Senior Meals and Services, Inc (Area 2) in January 2007 to provide the evaluation for the first year of a three year renewable United Way grant. Both of these agencies combined to become Community Senior Serve, Inc. during the grant period. This Executive Summary was compiled at the request of Community Senior Serve by Dallas M. Stout, Psy.D. And Debra L. Stout, Psy.D. the co-owners of DoctorS Nonprofit Consulting. The following report summarizes a 20 page evaluation outcome report (Area 1) and a 15 page evaluation outcome report (Area 2) on file at the corporate offices of Community Senior Serve, Inc. and available upon request.

Our goals were to review the grant and make recommendations for the creation and implementation of an evaluation protocol. The funding was allocated to provide home delivered meals and critical support services to low-income, homebound, isolated, frail elderly persons in two areas. Area 1 serves North and Central Orange County. Area 2 serves Costa Mesa, Cypress, Garden Grove, La Palma, Los Alamitos, Seal Beach, Stanton, and Westminster cities. The meals and services provided were designed to ensure survival and capabilities of the elderly to live independently in their home as well as to reduce premature institutionalization. The funding was allocated to provide home delivered meals and critical support services to low-income, homebound, isolated, frail elderly persons in North and Central Orange County.

METHOD

For this project, the program's operations and data collection procedures were reviewed in both areas. In Area 1, the implementation of a stronger wellbeing measurement by utilizing the Beck Depression Inventory II (BDI-II) on a quarterly basis was recommended. A spreadsheet utilized by the program to collect and code the data for this research was created by the consultants. In Area 2, the well-being scores were collected by recording the social supports needed by the case manager. SPSS statistical software was used for the evaluation process for both areas which was conducted by consultants in July of 2007.

DATA SET

The data set for Area 1 consists of responses by 123 individuals who received Feedback Foundation services between the grant period of July 2006 and June 2007. The data set for Area 2 consists of responses by 117 individuals who received Senior Meals and Services between the grant period of July 2006 and June 2007. Generally when working with statistical evaluation, we like to see a large sample. Data sets of this size (n=240) are generally regarded to be an accurate indicator of the measured items.

RESULTS FOR AREA 1

Demographics

Thirty six percent of program clients are in their 80's and 35 percent are in their 70's. Caucasians make up 49.6 percent of program clients and Hispanics who make up 34.9 percent. Fifty one percent of program clients fall at the "very low" income level. Sixty two percent of

program clients are women. Seventy five percent of program clients required more than one supportive services referral at their initial appointment. Twenty four percent of clients reporting hospitalizations in the year previous to receiving program services had at least one. Of those hospitalizations in the previous year, 7.6% reported stays of 3 days followed by 6.8% who reported 7 days. Sixty eight percent of clients who completed the BDI-II at intake reported some level of depression (minimal, mild and moderate).

Key findings

There were three key findings in the Area 1 evaluation results. The first one being that the correlation between Area 1 services and wellbeing, as measured by BDI-II scores, offers strong support of our thesis that the program is providing increases in wellbeing in addition to basic nutritional services ($r=.269$, $p < .05$). Second, when looking at 3, 6 and 9 month data, reported level of depression (as measured by the BDI-II), hospital length, and hospital stay went down as the reported level of supportive services went (see full data report for significant correlation). Third, marked decreases are shown in the number and length of hospitalizations for clients that stay in the program (see full data report for significant correlation).

RESULTS FOR AREA 2

Demographics

The majority of SMS clients were Caucasian (81%), between 70 to 89 years old (69.2%), Low to Very Low in Poverty Levels (62.4%), and female (59%). Out of 117 clients in the data set, 63 completed the BDI-II. The majority of clients scored between 3-5 items on the isolation score at initial visit (59.8%). All of the clients at their initial appointment received at least one supportive services referral. Forty eight percent of clients reported at least one hospitalization in the year previous to receiving program services. Of those hospitalizations in the previous year, the majority were for one day or less (26.3%). Of the 57 clients that discontinued services, the majority (47.4%) of them reported that they did so because they disliked the meals. However, it must be noted that this percentage actually represents a total of just 23.1% ($n=27$) of all the 117 clients served.

Key Findings

There were three key findings in the evaluation results for Area 2. First, isolation scores can be related to depression among your clients ($r=.281$, $p < .05$). Second, as the income level of your clients decreases, the isolation score increases ($r=.210$, $p < .05$). Third, after three months of program services, the number of supportive services to program clients went up significantly which also caused client isolation scores as well as the number and length of hospitalizations to drop significantly (see full data report for correlation).

SUMMARY

Clearly the data shows that the work of Community Senior Serve, Inc. is much more than just a food delivery service. In fact, the wellbeing of low-income, homebound, isolated, and frail elderly persons in Orange County increases with the meals, case management, and supportive services provided by this agency.