



SANTA CLARA COUNTY
Behavioral Health Services

**SANTA CLARA COUNTY
BEHAVIORAL HEALTH BOARD
JUNE 13, 2016**

ELDERS' STORYTELLING PROJECT - INN-04

FINDINGS OF PROCESS AND OUTCOME QUESTIONS

FINAL EVALUATION REPORT
FEBRUARY 2, 2016

Presented to the SCC Behavioral Health Board with acknowledgment to:

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PROJECT EVALUATION

STATE APPROVED INN-04 INNOVATION DESIGN

Process Questions

- ✓ **Culturally Competent Community Worker contribute to expressing memories**
- ✓ **Affect of Family involvement on senior/family relationships**
- ✓ **Expressive art medium and community presentation preserves family and collective history**
- ✓ **Seniors' perceptions of the program (added question)**

Outcome Questions

- ✓ **How many seniors were engaged?**
- ✓ **Program affect on Senior's quality of life & daily functioning**

PROCESS QUESTIONS

1. How does the utilization of a **community worker** with cultural competence contribute to the senior's comfort level in expressing his personal memories?
2. How does the inclusion of a **family** member throughout the activity affect the relationship between the senior and the family member at the conclusion of the activity?
3. How does the exercise of capturing the seniors' life stories through some expressive arts medium and presenting them to the larger community contribute to preserving personal and collective **history**?
4. What are the **seniors' perceptions** of the Storytelling program? (This question was added in consultation with service providers and the Project Lead staff).

PROCESS QUESTION 1: HOW DOES THE UTILIZATION OF A COMMUNITY WORKER WITH CULTURAL COMPETENCE CONTRIBUTE TO THE SENIOR'S COMFORT LEVEL IN EXPRESSING HIS PERSONAL MEMORIES?

- **Having a community worker with cultural competence contributed to the seniors' comfort in expressing their personal memories.**
- Clients were **overwhelmingly positive in their responses on feeling like their cultural traditions were understood and that their worker communicated well with them.**
- While the majority concurred that having a worker of a similar cultural background was helpful for building rapport and facilitating the story telling process, the **responses were somewhat mixed when asked if they would be just as comfortable sharing their stories with a worker from another cultural background**, suggesting that perhaps more acculturated clients, or those more fluent in English could feel comfortable with workers of other cultural backgrounds.
- Furthermore, these findings may also reflect the expansion of the target population to include non-Hispanic and non-Vietnamese clients, thus reducing the “cultural fit” between peer specialists and clients.
- **Qualitative data indicate that specific counselor characteristics such as the counselor's character, professional competence, and relational skills helped enhance the storytelling experience.** However, it is also important to note that these results on the cultural competence process questions are based on responses of fewer than 50% of clients who completed the intervention.

PROCESS QUESTION 2: HOW DOES THE INCLUSION OF A FAMILY MEMBER THROUGHOUT THE ACTIVITY AFFECT THE RELATIONSHIP BETWEEN THE SENIOR AND THE FAMILY MEMBER AT THE CONCLUSION OF THE ACTIVITY?

- Including **a family member in the Storytelling process positively influenced the relationship** between the senior and the family member(s).
- Provider agencies indicated that **slightly less than half of all participants had one or more family members participate** in the Storytelling intervention.
- Reasons for **lack of family participation** included **not having any family around, or family members being at work all day** which precluded their participation in the Storytelling intervention.
- However, when clients were **asked if the intervention resulted in improvement** in relationships with family/friends, **76% of AACI's clients and 44% of Gardner's clients responded affirmatively.**
- The **qualitative data** provide some context to these findings. That is, the storytelling intervention **lead to improvement in family relationships through improved communication and shared understanding of the client's life story.**
- When **no changes in family relationships** were noted it was **because the relationships were already positive or no family members were available, or just simply that there had been no change.**

PROCESS QUESTION 3: HOW DOES THE EXERCISE OF CAPTURING THE SENIORS' LIFE STORIES THROUGH SOME EXPRESSIVE ARTS MEDIUM AND PRESENTING THEM TO THE LARGER COMMUNITY CONTRIBUTE TO PRESERVING PERSONAL AND COLLECTIVE HISTORY?

- About **50% of all clients presented their stories or artwork at one of 6 community events** held by each provider agency, and **several clients attended subsequent community events to support their peers.**
- For **AACI**, many clients presented their story at several community events, which may have **enhanced their experience of feeling more connected** with the community. Similarly, for **Gardner**, there were six stories that were used again for the **Teatro Vision community event.**
- The **majority of clients who attended a community event or presented their story or artwork spoke very positively** about the experience, especially focusing on **the improved connection with their community, listening to others' life experiences, and sharing their own.**
- The **structure and format** of the community events (client presentations and inviting the larger community to attend) **greatly enhanced the preservation of personal and collective histories as clients enjoyed sharing their stories and listening to others' experiences, as did the attendees (family members and the general public).**

PROCESS QUESTION 4: WHAT ARE THE SENIORS' PERCEPTIONS OF THE STORYTELLING PROGRAM? (THIS QUESTION WAS ADDED IN CONSULTATION WITH SERVICE PROVIDERS AND THE PROJECT LEAD STAFF).

- The Storytelling program was **well received** by the seniors and their families.
- **Sixty-eight percent of the sample had a score of 6 on the Treatment Satisfaction Scale indicating the greatest satisfaction with treatment.**
- Qualitative comments on reasons for **recommending the program to others reflected appreciation of the reminiscence activity, reduction in isolation, and improvement in mood for clients.**

OUTCOME QUESTIONS

1. How many seniors engage in this program?
 2. How does the program affect the seniors' quality of life and daily functioning?
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OUTCOME QUESTION 1: HOW MANY SENIORS ENGAGED IN THIS PROGRAM?

- The providers were **successful in engaging ethnic minority seniors of Vietnamese or Mexican origin** that were the target population for this project.
- **Client recruitment** was done through **outreach in non-mental health settings** such as senior centers, wellness fairs and other community events, and senior housing.
- A total of **206 clients were enrolled in the intervention with 165 clients completing the intervention and the post-test measurements.**
- The **overall attrition rate was 12%** and could be attributed to a variety of reasons such as: clients were no longer interested in participating; did not like answering the eligibility and evaluation questions; serious illness in client or family; and needing a higher level of mental health care. There were 16 cases that were still open at the time of this report.
- The combined **demographic data** on clients indicates that the clients were **older (mean age = 75 years), female (62%), the majority of clients are Vietnamese or Hispanic (Mexican), who had limited English proficiency**, self-described as having poor to fair ability to speak, read, or write in English. Although a few clients were native born the **majority have lived in the US for varying lengths of time.** About a **quarter of the clients lived alone**, and the **majority from both agencies lived with either a spouse or with a spouse and adult children.**
- Program implementation data indicates that, on **average, clients were seen for 11 to 12 sessions** and the **average time spent on each completed case was 25 to 27 hours.**

OUTCOME QUESTION 1: HOW MANY SENIORS ENGAGED IN THIS PROGRAM?

Summary:

- **Successful in engaging Vietnamese or Mexican origin seniors**, the target population
- **Recruitment in senior centers, wellness fairs, community events, and senior housing etc.**
- **206 clients enrolled, 165 clients completed intervention**
- **Client demographic data**
 - **Older (mean age = 75 years)**
 - **Female (62%)**
 - **Majority are Vietnamese or Hispanic, who had limited English proficiency**
 - **Few US born, majority have lived in the US for varying lengths of time.**
 - **Quarter lived alone**
 - **Majority lived with either a spouse or with a spouse and adult children.**
- **On average, clients seen for 11 to 12 sessions, average time spent was 25 to 27 hours.**

OUTCOME QUESTION 2: HOW DOES THE PROGRAM AFFECT THE SENIORS' QUALITY OF LIFE AND DAILY FUNCTIONING?

- **The Storytelling program was successful in improving the seniors' quality of life and daily functioning as assessed through statistically significant improvement in post-test scores on depressive symptoms, loneliness, and life satisfaction.**
- When the results are examined separately by provider agency, for **AACI the post intervention scores on all four outcome variables show statistically significant improvement.** Interestingly, although not a focus of the intervention, the SPMSQ scores appear to show statistically significant improvement ($p < .05$) at post-test, which may possibly be related to reduction in depressive symptoms, or simply an anomaly in the data.
- **For Gardner, the two depression measures (PHQ-9 and the GDS-15) as well as the loneliness and life satisfaction measures show statistically significant improvement.** There was no change in the SPMSQ scores. However, Gardner also had clients who ended the intervention showing higher depression scores. Possible reasons for this finding were explored with providers and include: critical incidents such as the departure of a visiting family member, the death of a family member, exacerbation of illness in the client or family member.

OUTCOME QUESTION 2: HOW DOES THE PROGRAM AFFECT THE SENIORS' QUALITY OF LIFE AND DAILY FUNCTIONING? (CONTINUE)

- **Client responses indicated that the two areas with the most perceived improvement were mood, and relationships with family and friends** –which are the two domains specifically targeted by the program.
- Finally, **the intervention, was successful in producing clinically significant change scores in depression** (5 or more points) as measured by the PHQ-9 for approximately a third of all clients in the program (32%) and successful in producing smaller change in depression scores (1 – 4 points) for over half of all clients (54%). A small number of clients either experienced no change or had worse scores on the PHQ-9 at post-test.

OUTCOME QUESTION 2: HOW DOES THE PROGRAM AFFECT THE SENIORS' QUALITY OF LIFE AND DAILY FUNCTIONING?

Summary:

- **Successful in improving the seniors' quality of life and daily functioning as assessed through statistically significant improvement in post-test scores on depressive symptoms, loneliness, and life satisfaction.**
- For AACI the post intervention scores on all four outcome variables show statistically significant improvement.
- For Gardner, the two depression measures (PHQ-9 and the GDS-15) as well as the loneliness and life satisfaction measures show statistically significant improvement.
- **Client responses indicated that the two areas with the most perceived improvement were mood, and relationships with family and friends.**
- **The intervention was successful in producing clinically significant change scores in depression.**