

**Senate Committee on Health, Education, Labor and Pensions, March 7, 2024**  
**Hearing on Older Americans Act, Written Statement**  
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The Congregate Nutrition Services section of the Older Americans Act provides nutritious meals, health promotion programming and social engagement for seniors (age 60 and older) in congregate dining sites in a variety of neighborhood locations throughout the US, creating a unique national network of trusted gathering places for older adults. Expanding services at dining sites to address the increasingly complex health and social needs of a burgeoning aging population, most with multiple chronic conditions, is one approach to help seniors age well, while aging in place. The time is right to explore new partnerships and more curated programming for the older adults that access community dining sites and the congregate nutrition program.

***Study Locations***

The ageWELL proof of concept studies were funded by the National Foundation to End Senior Hunger. An academic practice partnership model was used to engage local nursing schools to bring faculty-supervised, prelicensure nursing students to senior centers/dining sites to provide health services to seniors to improve self-management of health, wellness and chronic conditions. The study was initially piloted in the District of Columbia (2022-2023) in partnership with the Department of Aging and Community Living, four local community-based nonprofit agencies, two university-based nursing programs and six community dining sites/senior centers, representing five of the district's eight wards. The study is presently being replicated in eastern Kentucky (2023-2024) in partnership with the University of Kentucky (research partner), KY Department of Aging and Independent Living, three Area Agencies on Aging, six senior centers and two university-based nursing programs.

Given the pilot nature of the study and funding and staffing constraints, the number of study sites at each location was limited to six. With the small sample size, the study was not powered (lacked a large enough sample) to detect a difference in health outcomes between groups, even if a difference was present. However, the pilot allowed evaluation of *proof of concept*, and an assessment of feasibility, acceptability and potential of the ageWELL program and an academic practice partnership model to improve program participants' self-management of health, wellness and chronic disease conditions.

The study's principal investigator (PI) is Martha (Marti) Kubik, PhD, RN, FAAN, a professor of nursing at George Mason University (GMU). For the District of Columbia study site, the GMU Institutional Review Board (IRB) approved the research study. The study period was 8/1/2022 to 9/30/2023.

For the Kentucky study, Martha Biddle, PhD, APRN, CCNS, FAHA, Professor, College of Nursing, University of Kentucky (UK), is the site PI. The UK IRB approved the research study. The study period is 9/1/2023 to 8/31/2024.

***Study Sample and Study Design***

The pilot studies used a two-group randomized controlled trial design. Dining sites were randomly selected to continue usual programming or supplement usual programming with ageWELL. This allowed a comparison of health outcomes (i.e. blood pressure) between the two groups. Randomization of dining sites occurred within pairs matched by shared group characteristics such as type of site and geographic location. Meal program participants across dining sites were also invited to take part in evaluation activities that included measuring blood pressure, height, weight and completing a survey, before (baseline) and after (follow up) implementation of the 6-12 week ageWELL program. Program participants also completed a satisfaction survey. Nursing students documented their engagement with seniors (service counts) and following the program, completed an evaluation of the dining site experience.

Across locations, faculty-supervised, prelicensure nursing students delivered the ageWELL program once weekly for 6-12 weeks at 5 of the 12 sites. Health services included one-on-one visits between a senior and nursing student with a focus on management of medication, blood pressure assessment, and health coaching guided by the senior's priorities and goals. Other services, delivered in an interactive group setting, were focused mostly on healthy eating strategies and physical activity.

Among seniors (N=392) completing baseline measurement (DC=215; KY=177), most were female, lived alone, with average age 74 years. In DC, 94% were non-Hispanic Black; in KY, 98% were non-Hispanic White, with 54% and 72%, respectively, reporting ≤ high school education. In DC, 189 seniors were measured following the nursing student program for an 88% retention rate. A brief summary of DC outcomes follows. KY outcomes are pending program completion and final measurement in May 2024.

### **Outcomes: DC study**

Across the DC sites, there were 627 service counts, including tailored (57%) and targeted (22%) services and a health fair (21%). Most seniors participated weekly or twice monthly, with satisfaction with programming and nursing student engagement high. Nursing students were productive and engaged, with most reporting a better understanding of the health needs of community-residing older adults following the experience. Dining site leadership, nursing administrators and clinical faculty were interested in continuing the partnership and ageWELL programming. The small sample size limited evaluation of health outcomes. However, a decrease in systolic blood pressure of 5.9 mm Hg following the program that favored ageWELL compared to usual program participants was promising and merits further evaluation.

### **Conclusion**

Study results from the DC pilot support *proof of concept* and feasibility, acceptability and potential of the ageWELL program to improve senior's self-management of health, wellness and chronic conditions. The DC pilot also confirmed the feasibility of conducting a fully powered randomized control trial to determine effectiveness of the ageWELL program to improve health outcomes. Finally, the KY pilot demonstrates potential for scalability and generalization across diverse populations of older adults.