

IMPACT OF THE VIRTUAL SENIOR CENTER ON OLDER ADULTS' WELL-BEING



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VSC
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OVERVIEW

The Virtual Senior Center (VSC) is being evaluated through *Connected and Engaged: Evaluating the Impact of Virtual Senior Center Programming on Older Adults' Well-being*. This independent study is conducted by the Yeshiva University Wurzweiler School of Social Work, with research led by Soohyoung Rain Lee, PhD, MSW, Assistant Professor at Yeshiva University and Director of the Aging and Welfare Lab, in partnership with Selfhelp and with support from the Mother Cabrini Health Foundation. The evaluation assesses the impact of structured, facilitator-led virtual programming on older adults' social connection, emotional well-being, and cognitive engagement.¹

METHODOLOGY AND DATA COLLECTION

The evaluation uses a mixed-method design, combining longitudinal surveys with qualitative participant feedback. Baseline data collection began in April 2025 and included 88 participants. The collection of six-month follow-up data began with 33 participants between December 2025 and March 2026 and continued after that.



The six-month findings focus on two core outcome measures:

1. UCLA Loneliness Scale, which assesses loneliness and social isolation, and
2. Geriatric Depression Scale-10 (GDS-10), which assesses depressive symptoms among older adults.

Qualitative feedback was used to better understand participants' experiences with VSC, including perceived benefits, barriers, and the role of the program in supporting connection and engagement.

¹ Cognitive engagement refers to mentally active participation through learning, conversation, discussion, reflection, sharing perspectives, and exposure to new ideas. In this report, the term refers to the type of engagement created through VSC programming rather than to a separate clinical cognitive assessment.

KEY FINDINGS (SIX-MONTH FOLLOW-UP)

- **Loneliness:** Average UCLA Loneliness Scale scores decreased from 54.2 to 39.8 (27 percent reduction). Lower scores indicate less loneliness, suggesting that participants reported feeling substantially less lonely and socially isolated by six months.
- **Depressive symptoms:** Average scores declined from 3.1 to 1.6 (48 percent reduction). In practical terms, participants moved from reporting about three depressive symptoms on average to fewer than two, suggesting a positive emotional well-being trend.
- **Accessible engagement:** VSC supports multiple levels of participation, including active discussion as well as quieter forms of engagement through listening, observing, and feeling included.

These results indicate a positive trend in both social and emotional well-being among participants.

PARTICIPANT EXPERIENCE

Qualitative feedback reinforces these findings:

- Participants describe VSC as a source of routine, familiarity, and community.
- The program offers accessible, low-pressure opportunities for connection.
- Multiple levels of engagement are supported, including both active participation and passive engagement through listening and observation.



PROGRAM MODEL AND RELEVANCE

VSC is designed to support older adults who may face barriers to consistent in-person participation, including those who are:

- Homebound or mobility-limited
- Managing chronic health conditions
- Unable to consistently attend in-person programs

The evaluation captured participants' health and functional limitations. Based on the analyzed baseline participants' profile: nearly three-quarters of participants reported a health or functional limitation. These limitations included challenges related to mobility, physical activity, leaving home independently, managing health conditions, and sensory limitations. Through social, educational, wellness, cultural, and discussion-based sessions, VSC enables participants to engage meaningfully from home while fostering companionship, belonging, and emotional connection.

CONCLUSION

Preliminary findings from the independent evaluation suggest that VSC is an effective intervention for reducing social isolation and improving emotional well-being among older adults. The model's accessibility and adaptability make it a strong fit for populations with barriers to in-person engagement.

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