



**SOUTH DAKOTA STATE
UNIVERSITY EXTENSION**

**2025
Program Enrollment
and Participant
Outcomes Report:
Aging Mastery (AMP)**

March 2026

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2025 Aging Mastery Program

SDSU Extension received support from the South Dakota Department of Health to offer a new program in 2025 – the Aging Mastery Program (AMP). AMP is a program designed to empower individuals to make the most of their later years through education in health management, financial planning, and community engagement. The program consists of 10 core curriculum topics, offered through 10 weekly or twice weekly sessions. Elective class topics can also be added to enhance the program. AMP is designed to include peer-to-peer interaction and is led by trained leaders. Additional information about AMP can be found: <https://www.ncoa.org/article/what-is-the-aging-mastery-program/>

Individuals can register for AMP through the SDSU Extension website at: <https://extension.sdstate.edu/aging-mastery>. Enrollment by phone is also available at 1-888-484-3800.

This annual report provides 2025 data on the utilization and outcomes of the Aging Mastery Program in the first year offered through SDSU Extension. The specific aims were to share information on the number of sessions offered, characteristics of participants, participant-reported outcomes at completion, and satisfaction with services provided.

From January 1, 2025, to December 31, 2025, three workshops were offered (Table 1). The total number of enrolled individuals was 42 in 2025, with 78.6% of enrollments, or 33 people, completing at least one AMP session in 2025. AMP participants attending seven of ten sessions were considered completers. The overall completion rate for the AMP program was 66.7%.

Table 1. AMP Workshop and Participation Numbers, 2025

Workshop Type	Number of Workshops	Total Participants (completed 1 or more sessions)	Total Completers (met program completion criteria)	Completion Rate
Aging Mastery	3	33	22	66.7%

Demographics of Physical Activity Workshop Participants

Participants were asked to complete an enrollment survey which gathers demographic information, health status, functional status, physical activity level, and caregiving. In 2025, 93.9% of participants in the Aging Mastery Program completed the enrollment survey. The following section presents the demographic data for 31 responding participants in 2025.

Participants were more commonly female, white, and over age 65 (Figures 1-3). Over three-quarters of participants (75.9%) were aged 60 or older. Participants reported a high education level with 46.7% of participants reporting college graduate or higher. Forty percent of participants noted that they lived alone and 16.7% were caregivers, reporting they provided regular care to a friend or family member with a long-term health condition or disability.

Figure 1. Gender of AMP Participants

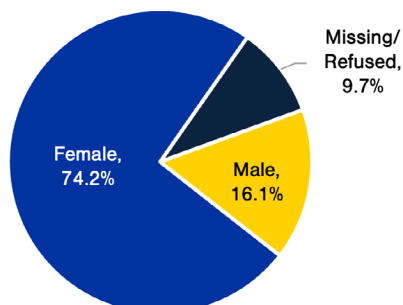


Figure 2. Race of AMP Participants

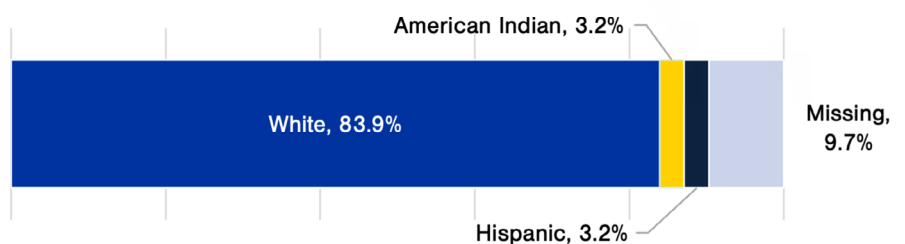
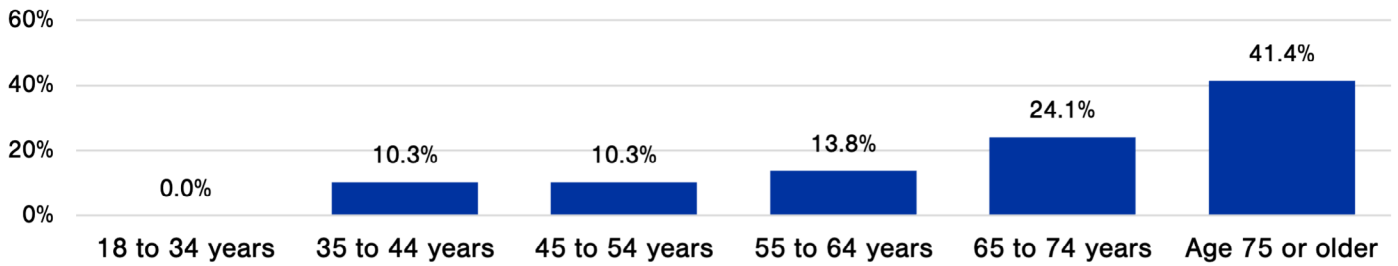


Figure 3. Age of AMP Participants*



*Age was missing for 2 participants. Only respondents shown.

Over one-third of AMP participants (37.9%) were married or living with a partner (Figure 4). One reported they participate in the Supplemental Nutrition Assistance Program (SNAP). Most participants reported employment status as retired (Figure 5).

Figure 4. Marital Status of AMP Participants

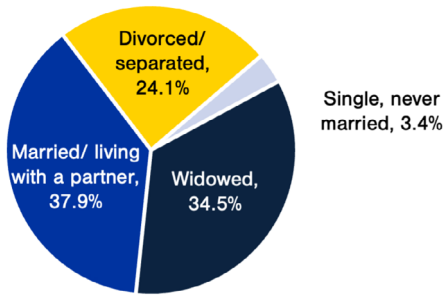
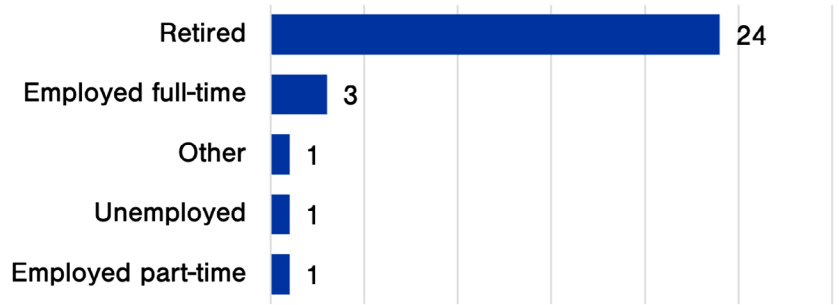


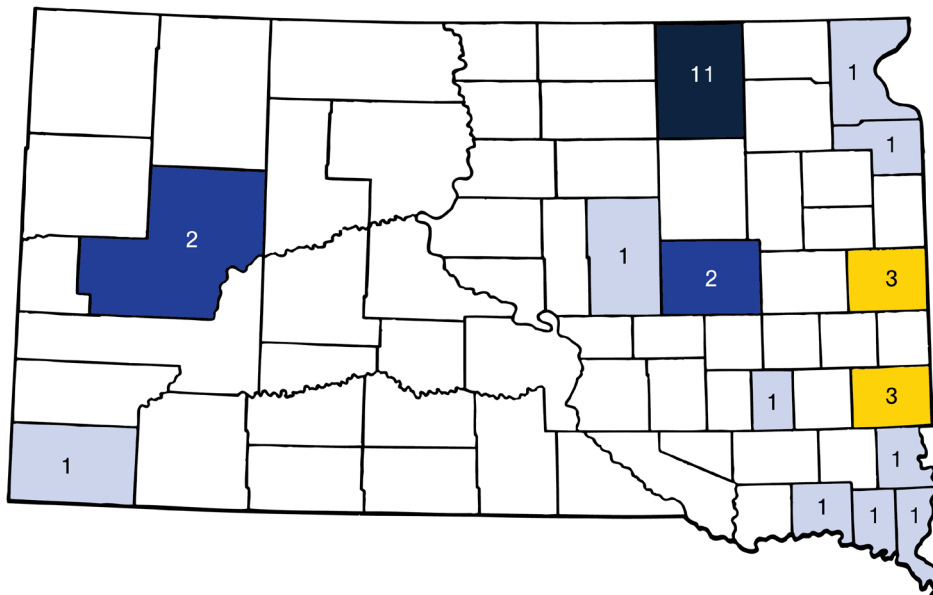
Figure 5. Employment Status of AMP Participants



*Not summative as participants could select more than one.

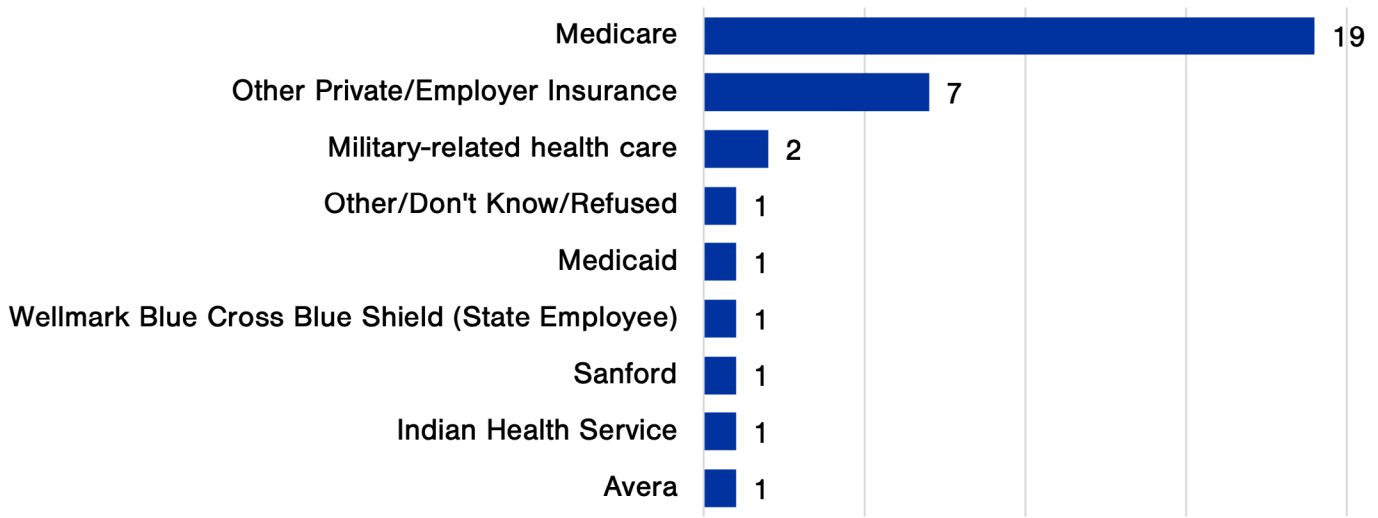
AMP participants resided in 14 of the 66 counties in South Dakota (Figure 6). Attendees were most frequently from the Aberdeen area.

Figure 6. AMP Participants by County of Residence, 2025



Participants were asked about their type of insurance coverage, as shown in Figure 7. Medicare was the most common type of insurance coverage reported by 61.3% of respondents.

Figure 7. AMP Participants Insurance Coverage Type, 2025*

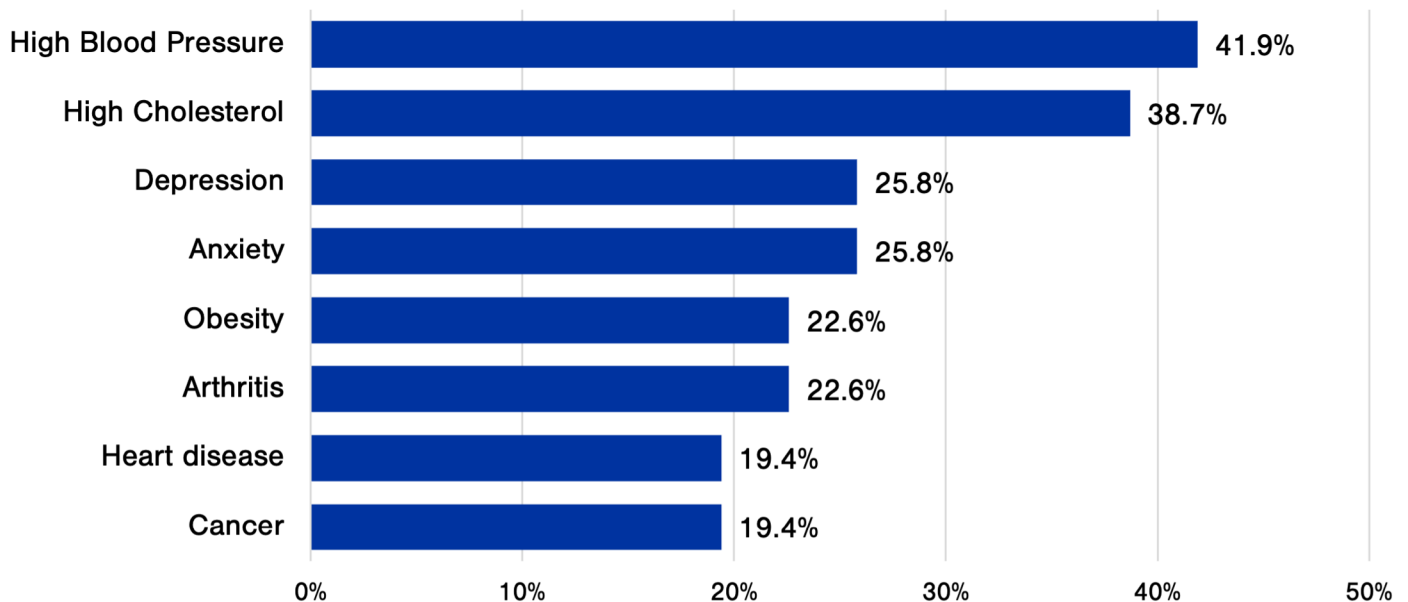


*Not summative as participants could select more than one.

Health Characteristics of BCBH-SD Workshop Participants

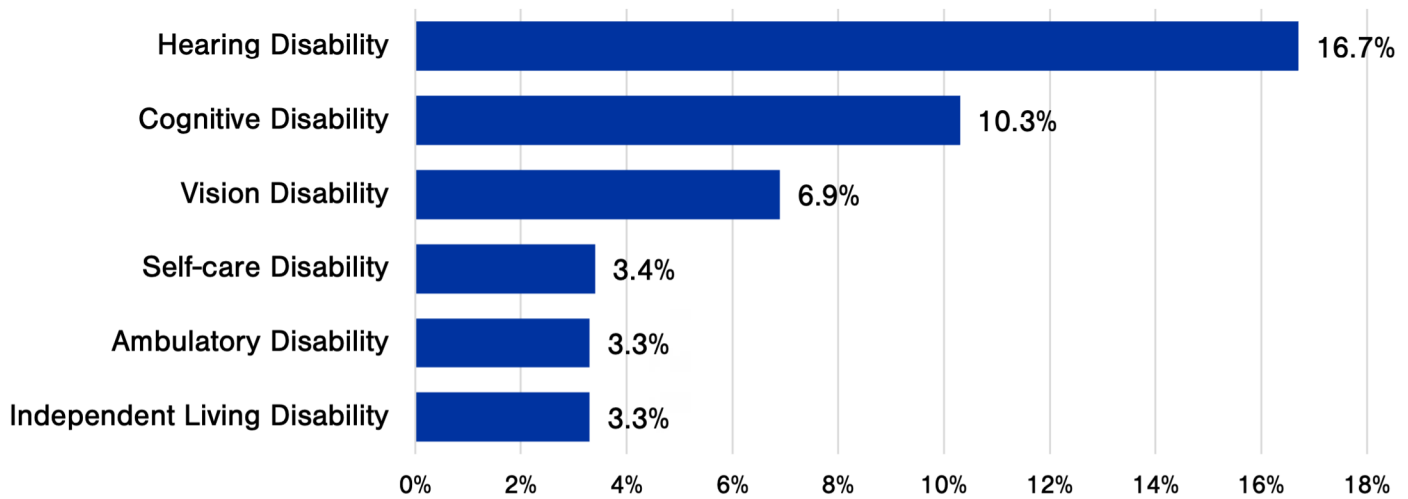
Individuals participating in the BCBH-SD programs are asked about 20 specific chronic health conditions (plus an 'other' option) using a question, "Have you ever been told you have, or have you been treated by a healthcare professional for any of the following conditions?". Overall, 71.0% of participants reported at least one chronic health condition, and 38.7% reported four or more chronic health conditions. The eight most reported conditions are shown in Figure 8.

Figure 8. Most Common Chronic Health Conditions Reported by AMP Participants, 2025



Disability was assessed using a standardized six-question scale from the US Census Bureau assessing hearing, vision, ambulatory, cognitive, self-care, and independent-living disability.² Overall, 36.7% indicated a disability with one or more positive responses. This is higher than the overall disability rate among South Dakota adults at 15.9%.³ Responses by disability area assessed are shown in Figure 9.

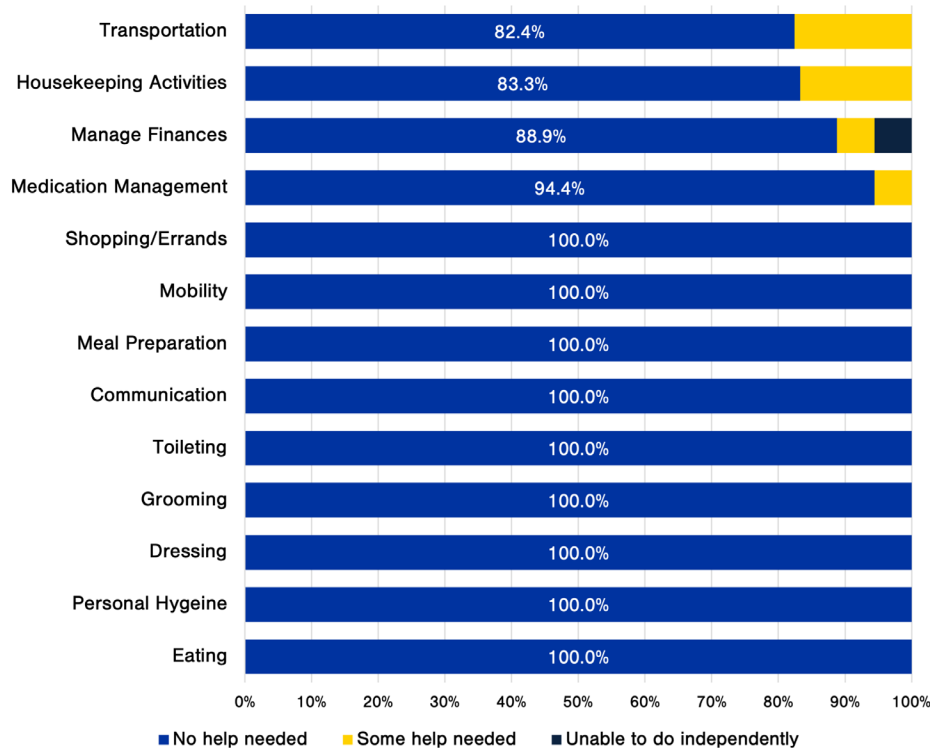
Figure 9. Disability Reported by AMP Participants, 2025



Activities of Daily Living

Participants aged 60 and older were asked to complete an assessment of functional status, or independence in completing activities of daily living (ADLs). The questionnaire assesses the level of assistance needed in 13 tasks ranging from mobility, dressing and hygiene to shopping, financial management and meal preparation. The questionnaire was scored from 0 to 26, where higher scores indicated less independence in ADLs. Completion of this questionnaire is optional.

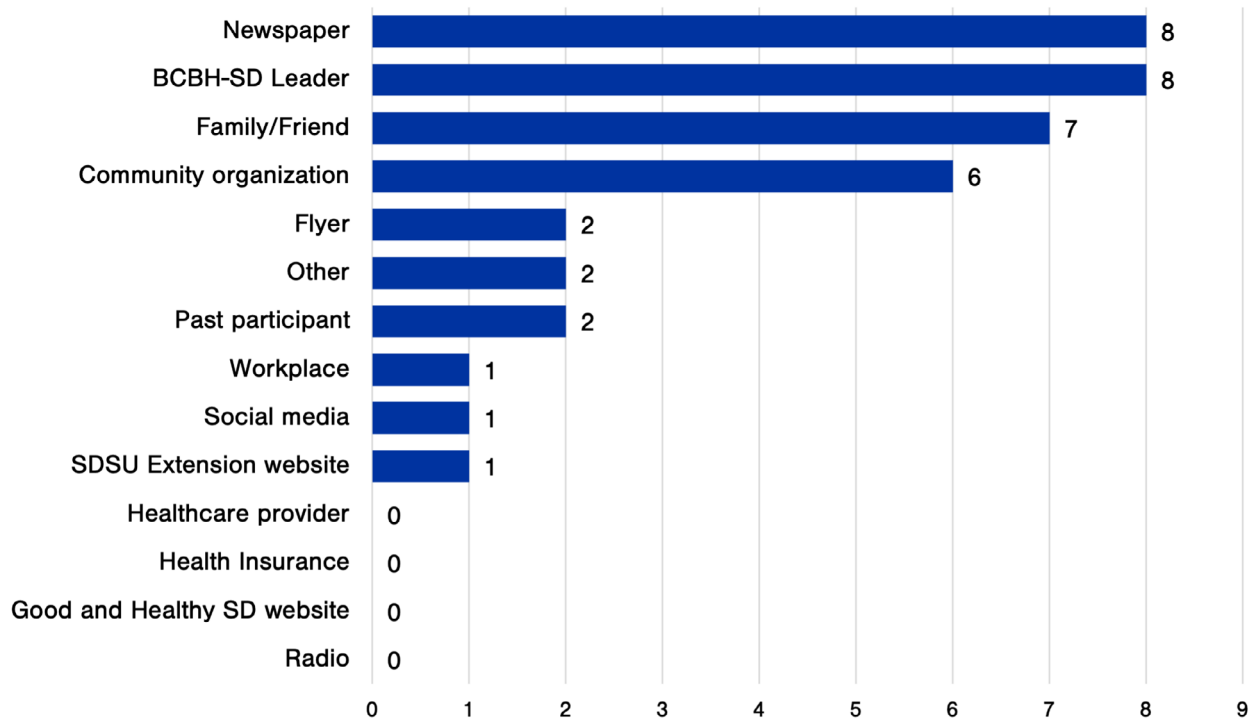
Eighteen of the 22 participants aged 60 and older completed the ADLs questionnaire in 2025. Many (72.2%) rated their ADLs at 0, indicating complete independence. Twenty-eight percent had at least one area where some assistance was needed. The most common areas of assistance needed were transportation and housekeeping activities (Figure 10).



Avenues to Enrollment in the Aging Mastery Program

AMP participants were asked how they heard about the workshops (Figure 11). The most common responses were newspaper and BCBH-SD Leader at 25.8% of respondents, followed by family or friend at 22.6% of respondents. Community organizations included in write-in responses included: *Apartment Community-Bulletin board/newsletter, Forte Living, OLLI, SDSU, and Seminar at our apartment complex. Two participants noted 'other' way of learning about the workshops, with write-in responses of: OLLI weekly email and On Calendar at Apartment*

Figure 11. How AMP Participants Heard about Workshops, 2025



Outcomes of Aging Mastery Program Participants

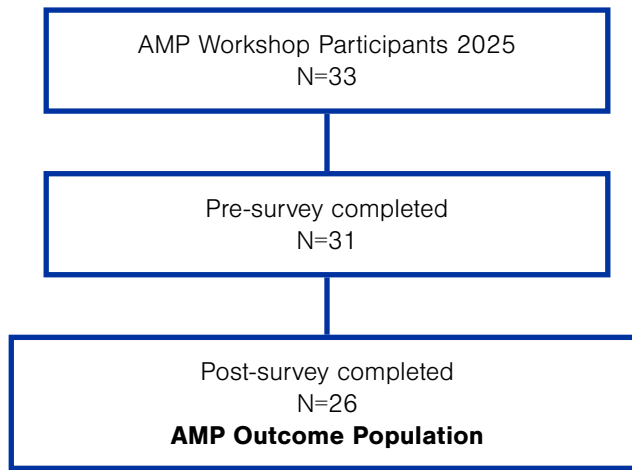
Population and Evaluation Procedures

Outcomes of the AMP participants are measured using a pre-workshop and a post-workshop participant survey. The survey includes questions recommended by the National Council on Aging for tracking utilization and outcome indicators for chronic disease self-management programs,⁴ and questions from the Administration for Community Living for fall prevention programming.⁵ Additional questions added by SDSU Extension staff assess use of other state programs, use of pain medications, and satisfaction with programming. Outcome measures examine change in various facets of health status and activity levels from pre to post timepoint.

Participants were asked to complete the pre-survey online throughout the month before the workshop (multiple contacts via email, phone, and text to prompt participation), and those who had not completed the pre-survey by workshop start date were asked to complete the survey by the workshop leader using a chat link in the virtual workshop session, or a paper survey form for in-person workshops. Virtual workshop leaders provided a post-survey link in the workshop chat at the last session to prompt completion of the post-survey. In-person workshop leaders provided a paper post-survey form to complete. If the post-survey was not completed within one week of the last session, up to four reminders by email, phone or text were made to prompt participation before the participant was considered lost to follow-up.

As shown in Figure 12, among the 33 AMP participants in 2025, 2 participants did not complete a pre-survey. Of those who completed the pre-survey, an additional 5 participants did not complete a post-survey and were excluded from the outcome assessment. Outcome measures for the remaining 26 AMP participants are provided in this section of the report.

Figure 12. Physical Activity Program Population for Outcome Assessment, 2025



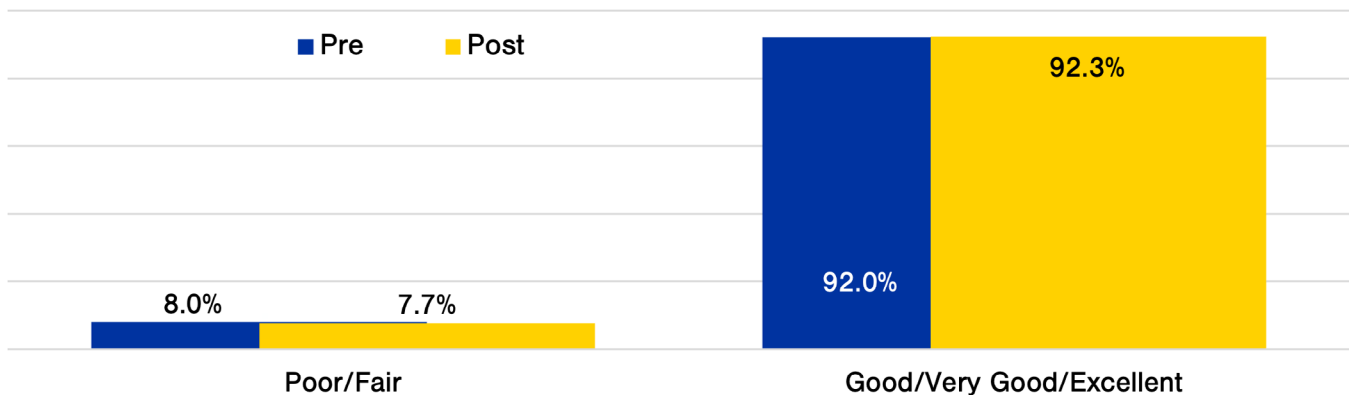
NOTE: This is a very small population for outcome assessment so all results should be interpreted with caution, as a larger population could demonstrate different results. Results are suppressed throughout the remainder of the report as noted when the population assessed is less than 20 participants.

Self-rated Health

Self-rated health is a common measure used to assess an individual’s perception of their overall health. Lower levels of self-rated health level have been shown to associate with poorer mental health, less satisfying social relationships, and higher rates of chronic disease.⁶ Self-rated health has also been identified as a predictor of early mortality.⁷ Furthermore, engagement in disease self-management activities has shown to improve self-rated health measure among individuals with chronic health conditions.⁸

Self-rated health is measured using a single, standardized question: “In general, would you say that your health is: excellent, very good, good, fair or poor?”⁹ Pre and post responses are shown in Figure 13. Twenty-eight percent of individuals noted improvement in self-rated health after participating in the workshop, with 52.0% unchanged and 20.0% showing a lower level of self-rated health from pre-to-post workshop participation.

Figure 13. Self-Rated Health, AMP Program Participants, 2025*



*1 survey participants did not respond at the pre-timepoint. Only respondents shown in graph.

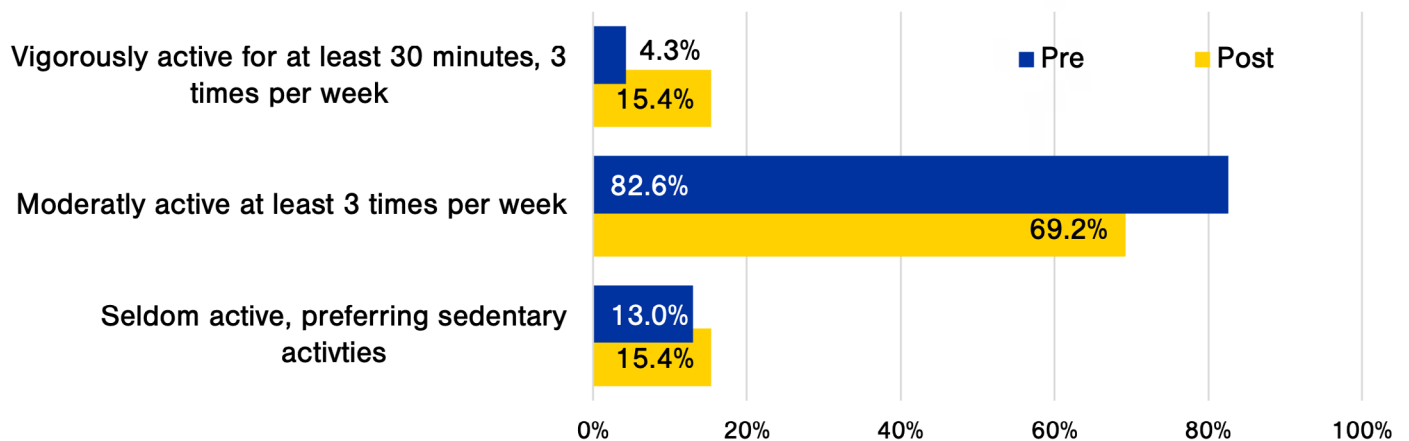
Confidence in Managing Condition

Participants were also asked to rate confidence in their ability to manage their chronic health condition on a scale from 1 to 10 where 1 was 'totally unsure/not confident' to 10 as 'totally sure/confident'. Fewer than 20 participants responded to the question at both pre and post timepoint, so the data is suppressed due to low numbers.

Activity Level

Participants were asked to rate their weekly activity level, as shown in Figure 14. Activity level increased from pre-to-post workshop participation for 13.0% of participants, with 78.3% reporting no change in activity level, and 8.7% reporting a decreased activity level after participating in the AMP workshop.

Figure 14. Weekly Activity Level, Pre and Post Workshop Participation, AMP Participants, 2025*

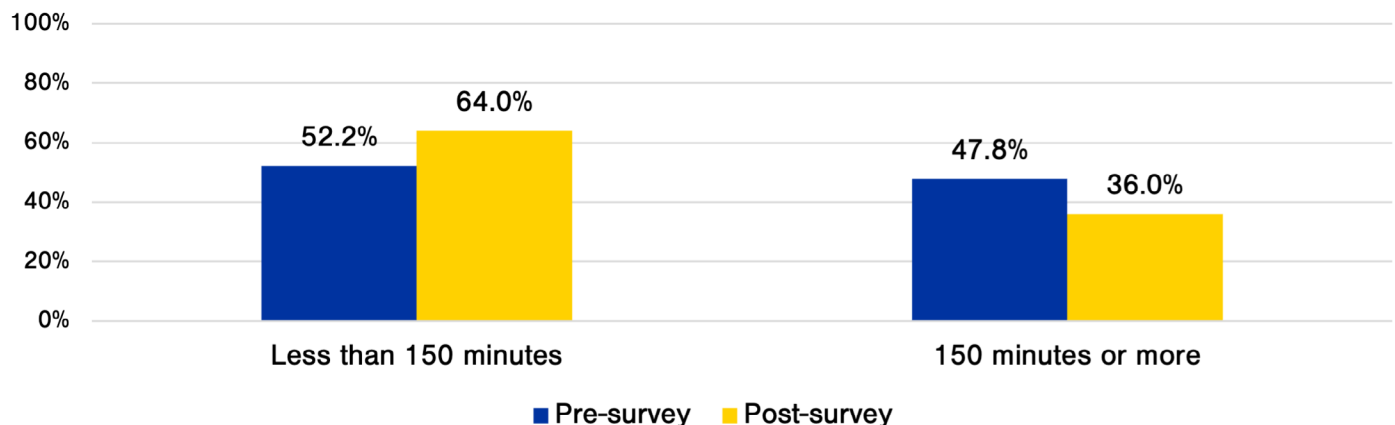


*3 survey participants did not respond at the pre-survey timepoint. Only respondents shown in graph.

Walking

AMP participants were asked to report their average weekly walking minutes, which was compared between the pre and post survey. No change was found in weekly walking minutes from the beginning of the program (mean = 145.9 minutes) to the end of the program (mean = 123.8 minutes). Figure 15 shows that at the pre-survey timepoint 47.8% were meeting the recommended 150 minutes of physical activity per week, and at the post timepoint 36.0% were meeting the recommendation.¹¹ The population of the Aging Mastery program is small. Consider this when reporting this data as it may change with a larger population.

Figure 15. Weekly Walking Minutes, Aging Mastery Program Participants, 2025*



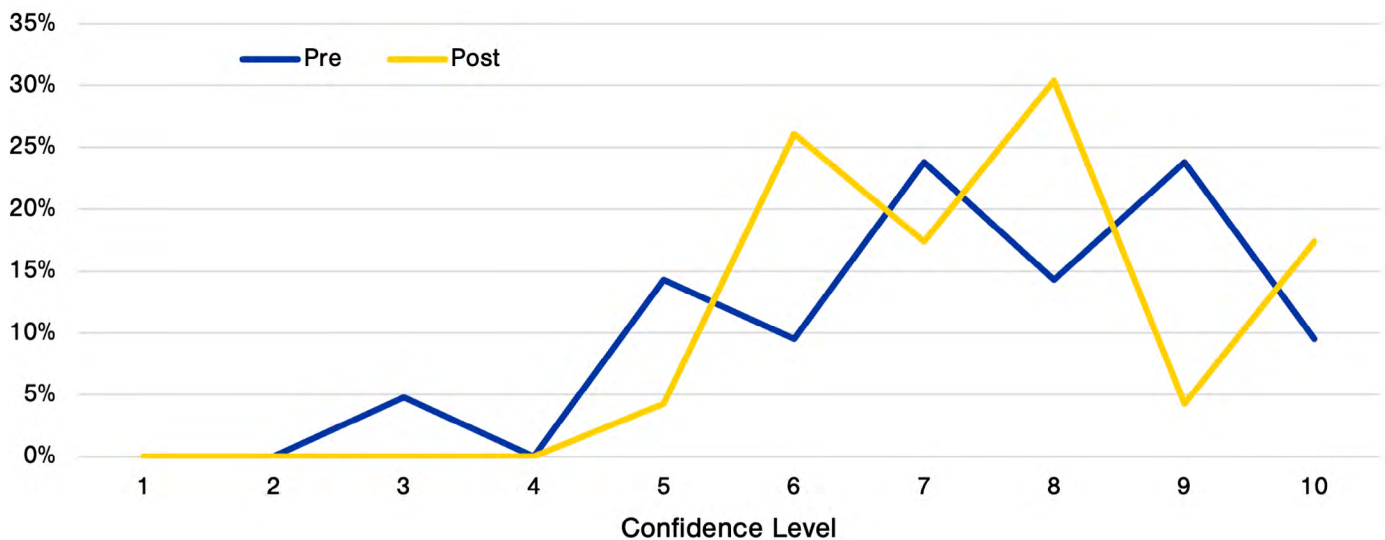
*3 participants at the pre-survey timepoint did not respond. Only respondents shown in graph.

Participants' average strength and flexibility training minutes per week were compared between the pre- and post-survey. No difference was found with an average of 63.6 minutes at the pre timepoint and an average of 56.3 minutes at the post timepoint.

Confidence in Physical Activity in the Aging Mastery Program

Participants in the Aging Mastery Program were also asked to rate confidence in their ability to maintain or increase level of physical activity, on a scale from 1 to 10 where 1 was 'not at all confident' to 10 as 'extremely confident'. The mean rating was 7.3 at the pre survey timepoint and 7.6 at the post survey timepoint, showing no change. Figure 16 shows the portion of the pre-and-post survey population for each numeric rating. Higher confidence was found among 42.2% of participants at the post timepoint, and lower confidence was reported by 31.6% of participants.

Figure 16. Participant Reported Confidence Level in Maintaining or Increasing Physical Activity, AMP Participants, 2025*

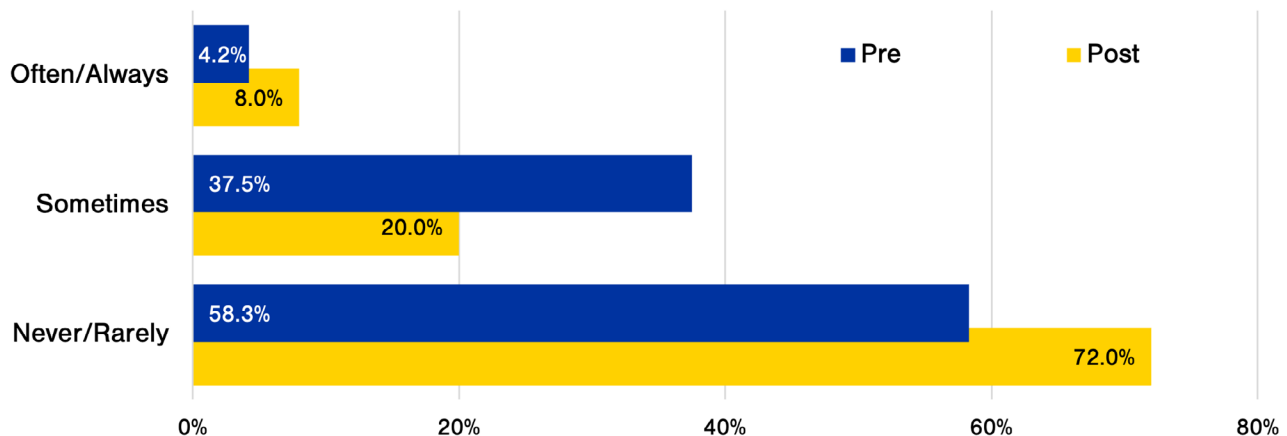


*3 survey participants at the pre-survey timepoint and 5 participants at the post-survey timepoint did not respond. Only respondents shown.

Loneliness and Isolation

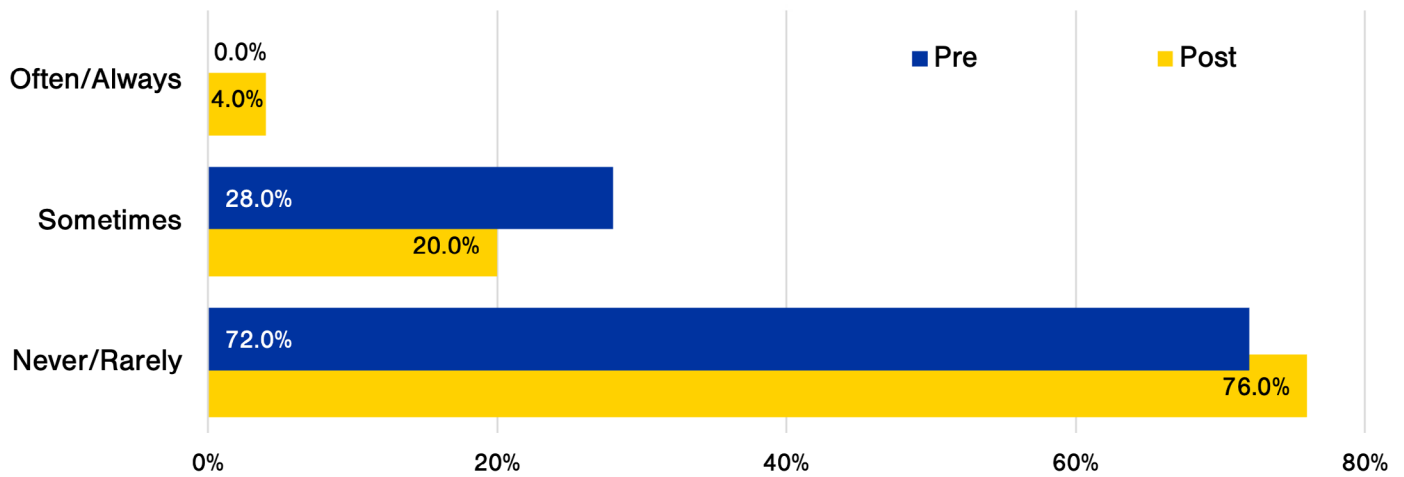
Participants were asked to rate how often they felt lonely and in another question rate how often they feel isolated from others. Pre-and-post responses are shown in Figure 17 and 18. Individually, 26.0% of participants reported less frequent feelings of loneliness after participating in the BCBH-SD workshop, and 16.6% showed less feelings of isolation. Similar portions showed more feelings of isolation and loneliness at the post timepoint.

Figure 17. Frequency of Loneliness, AMP Participants, 2025*



*2 survey participants at the pre-survey timepoint did not respond. Only respondents shown in graph.

Figure 18. Frequency of Isolation, AMP Participants, 2025*



*1 survey participant at the pre-survey timepoint and 1 participant at the post-survey timepoint did not respond. Only respondents shown in graph.

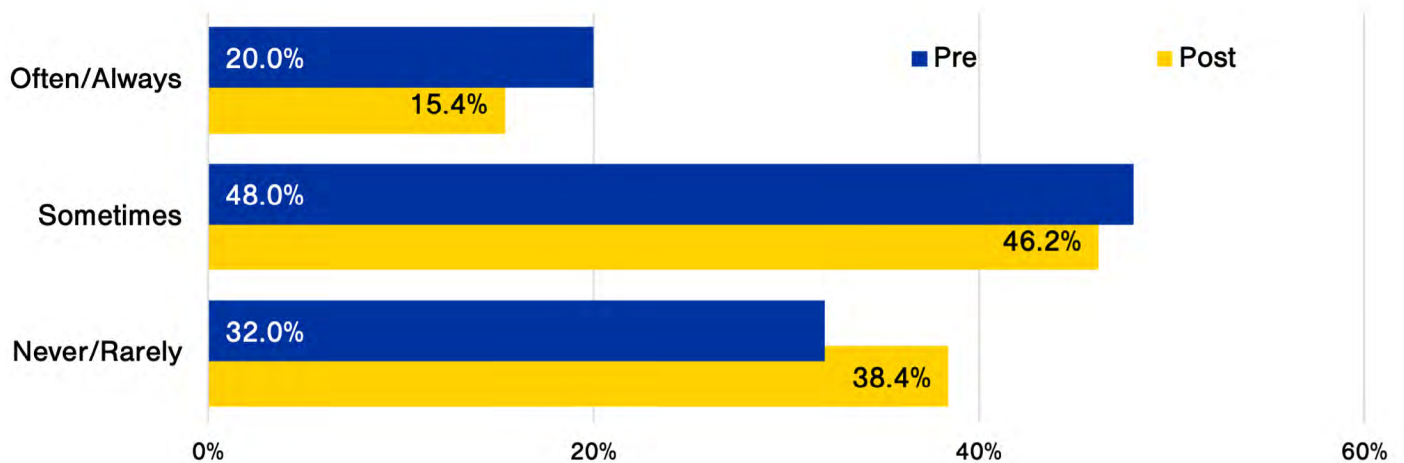
Pain Medication Use

On the pre-workshop survey, about one-quarter of participants reported using pain medications to cope with pain. Participants were asked to rate on a scale from 1 to 10 how confident they are that they can do things other than taking medications to manage pain, where 1 means ‘not at all confident’ and 10 means ‘completely confident’. Data is not reported for 2025 due to small numbers for analysis.

Stress Level

Participants were asked to rate how often they felt nervous and stressed. Pre and post responses are shown in Figure 19. Individually, 32.0% of participants reported less frequent feelings of stress after participating in the BCBH-SD workshop, and 28.0% showed more frequent feelings of stress after participating.

Figure 19. Frequency of Feeling Nervous and Stressed, AMP Participants, 2025*

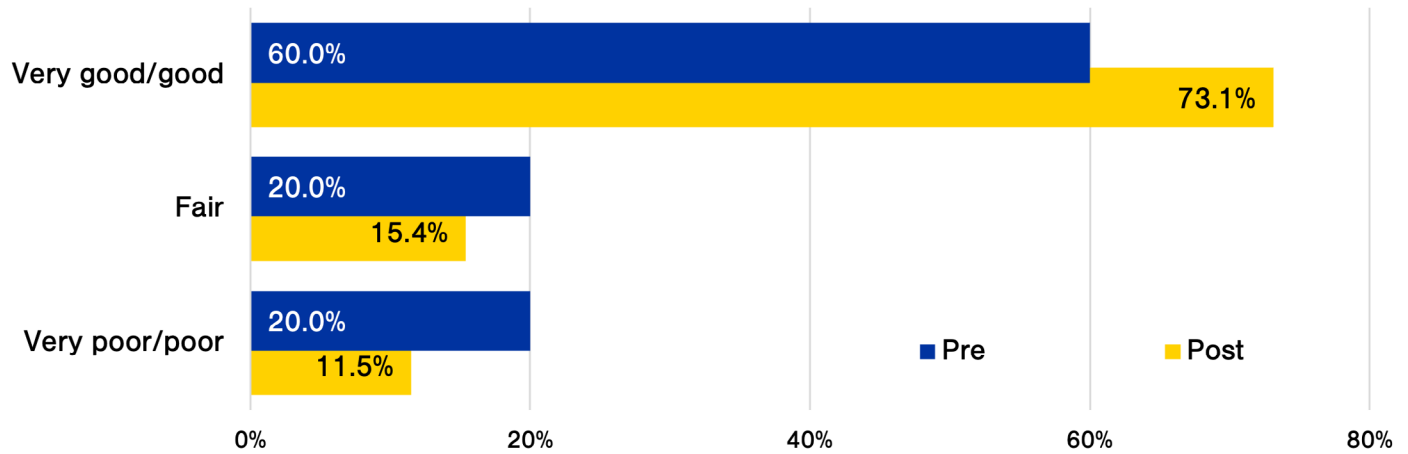


*1 survey participants at the pre-survey timepoint did not respond. Only respondents shown in graph.

Sleep Quality

Participants were asked to rate the quality of their sleep in the past month from very poor to very good. Pre-and-post responses are shown in Figure 20, showing strong improvement from pre-to-post survey. Individually, 28.0% of participants reported improved sleep quality after participating in the BCBH-SD workshop.

Figure 20. Sleep Quality, AMP Participants, 2025*

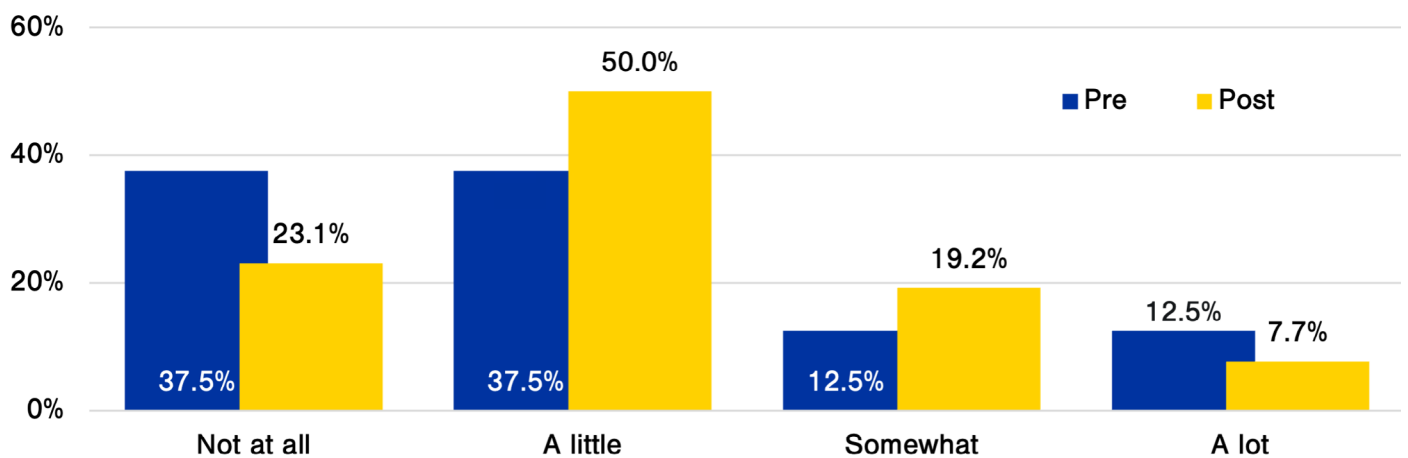


*1 survey participants at the pre-survey timepoint did not respond. Only respondents shown in graph.

Fall Management

Participants were asked about fear of falling, as shown in Figure 21. At the pre timepoint, 13.0% said that this fear 'moderately', 'quite a bit', or 'extremely' interfered with normal activities with family and friends, with a similar portion noting the same at the post-survey timepoint.

Figure 21. Participants Reported Fear of Falling, AMP Participants, 2025*



* 2 survey participants at the post-survey timepoint did not respond. Only respondents shown in graph.

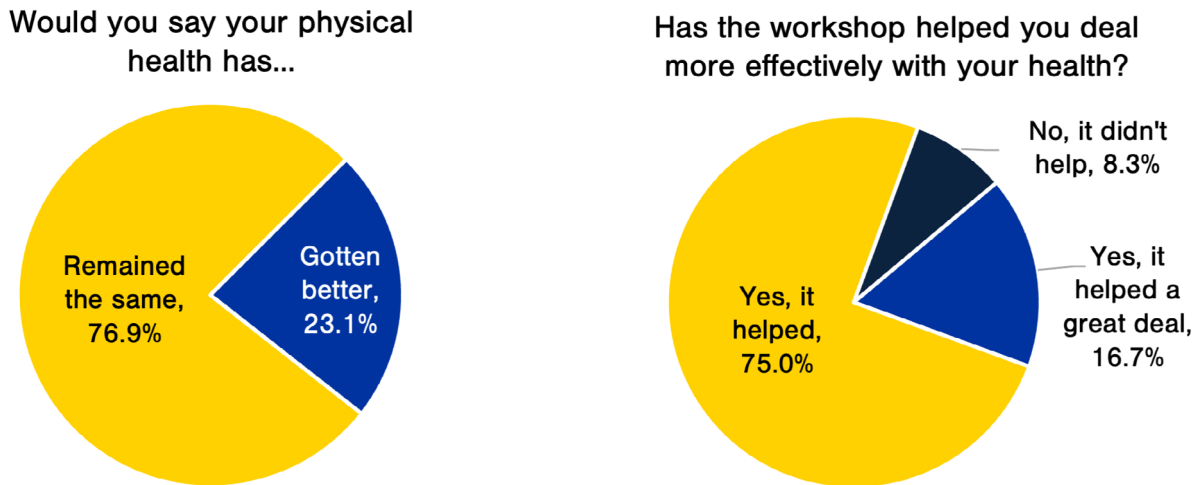
Caregiving

Five AMP participants reported they provided regular care to a family member or friend with a long-term health condition or disability. The mean number of weekly hours providing care was 7 hours per week, ranging from 3 to 10 hours, with 1 person not responding. No further data on caregiver strain is reported due to small numbers.

Health Changes

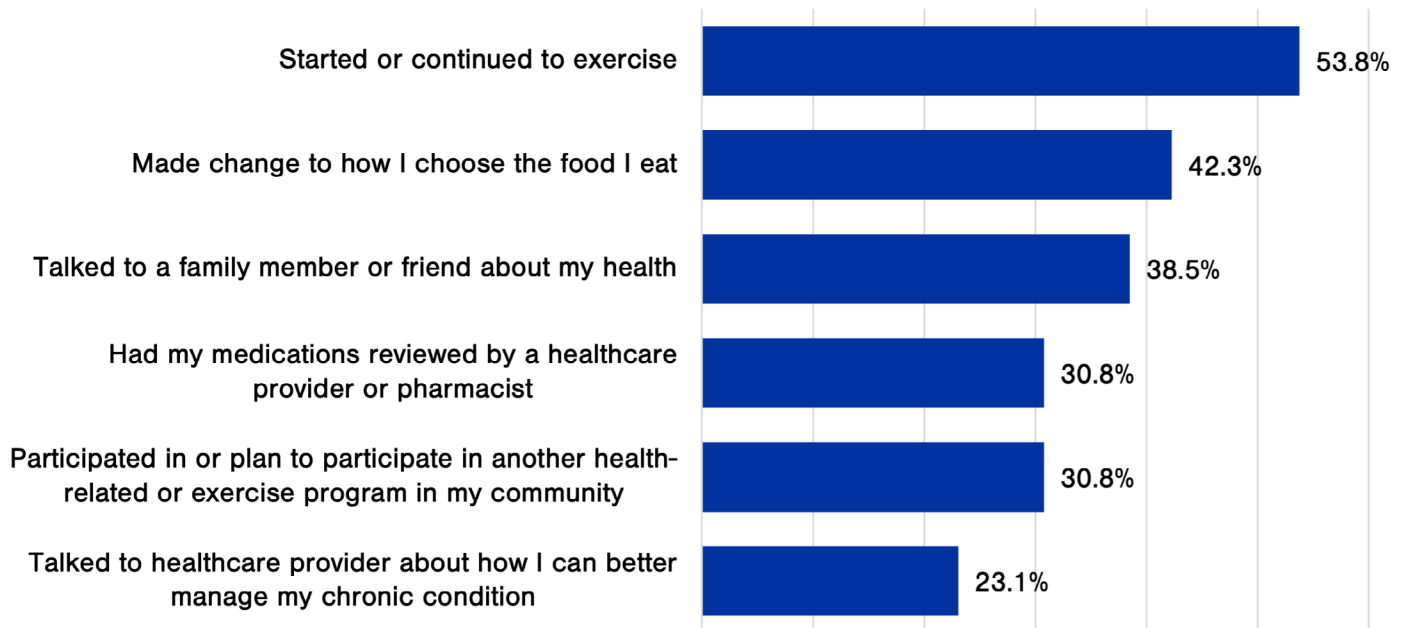
Questions were asked of the participants to assess the perceived impact of the workshop on self-managing conditions, and to measure behavior changes implemented due to participation. First, participants were asked if they felt their physical health has changed since participation, with 23.1% indicating improvement. Participants were also asked if the workshop helped them better self-manage their condition with 91.7% indicating it helped (Figure 22).

Figure 22. Health Changes after Participation, AMP Participants, 2025



Participants were about behaviors addressed in the workshop to support self-management of their chronic health condition. The most common behavior was exercise, followed by improved nutritional choices (Figure 23).

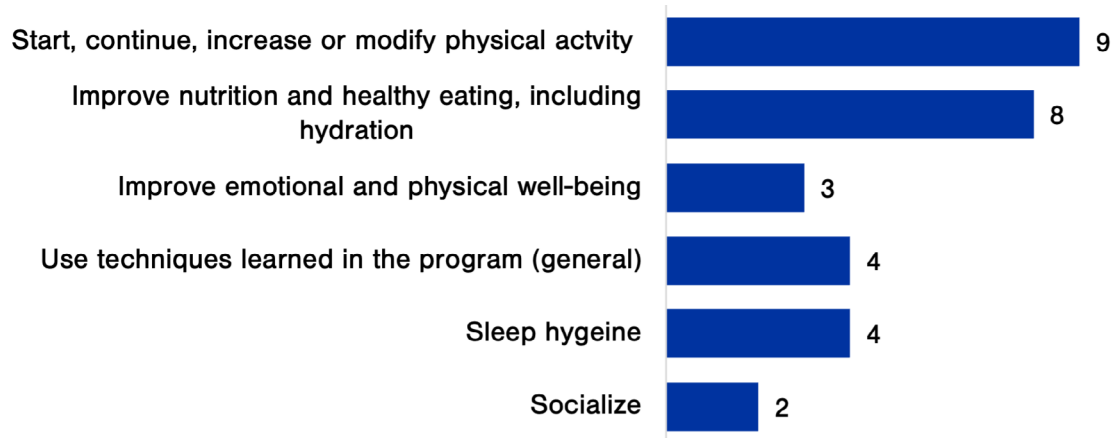
Figure 23. Health Promotion Behaviors Initiated, AMP Participants, 2025



Planned Lifestyle Changes after Participation

Participants were asked to report what they planned to do differently in life and/or for health after participating in the workshop. Responses were recorded for 15 of the 26 participants completing the post survey. The most frequent responses were improving or increasing physical activity and healthy eating (Figure 24).

Figure 24. Planned Lifestyle Changes, AMP Participants, 2025*



*Not summative as comments could be classified into more than one theme.

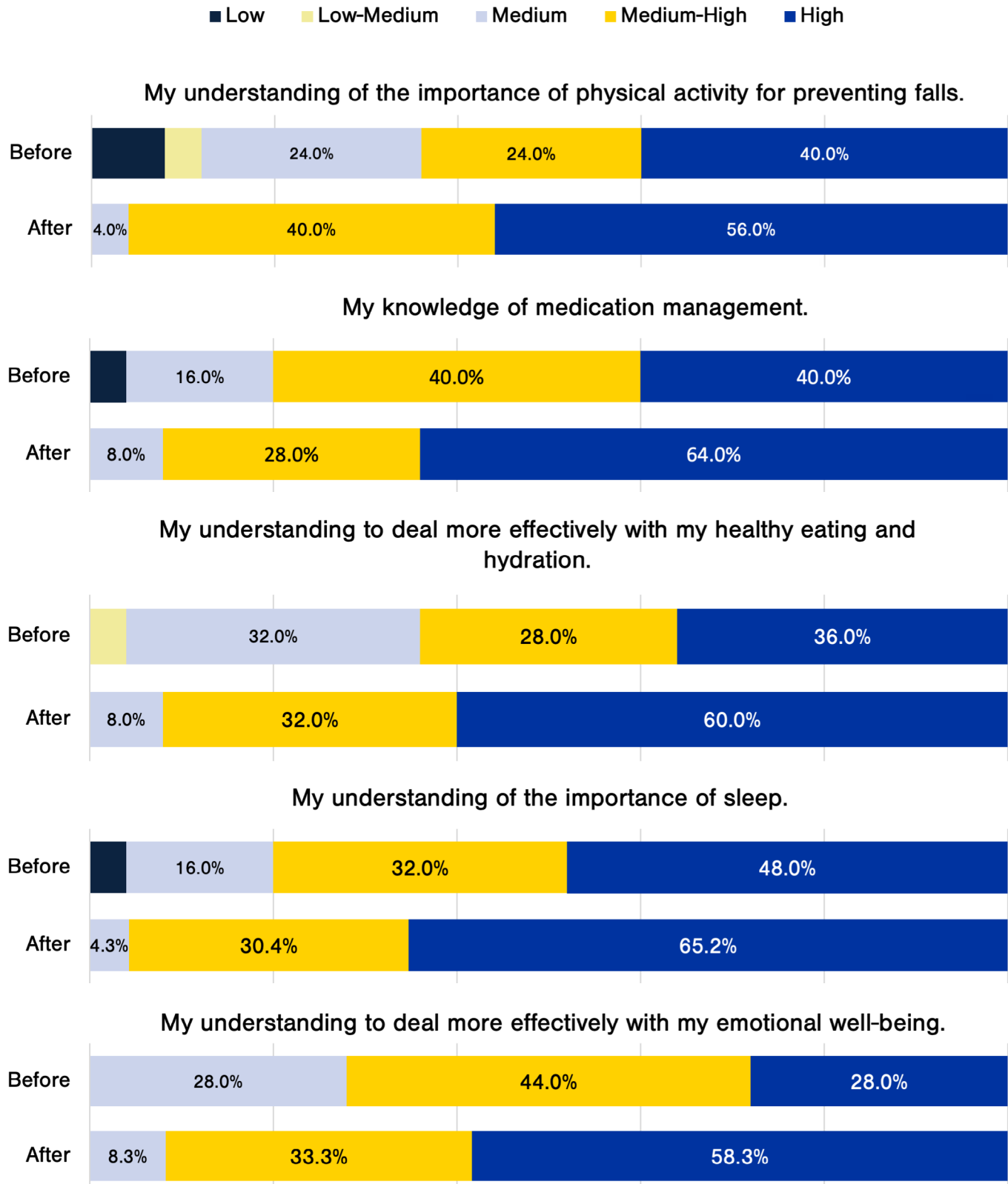
All comments are provided as follows:

- I'm already eating and sleeping better (consistently) and am committed to strength training and walking regularly. Until I turned 80, my age was just a number. It has since taken on significance and I'm slowly letting that go. My goal remains the same....live as fully as possible as long as I'm able so that I can continue to contribute to my family and community and enjoy life.
- Be more focused on the quality of food I eat and when and keep exercising.
- Continue to stay active and work to socialize more
- Eat better
- Eat healthier, keep exercising, volunteer more, stay connected with family and friends
- Enroll my PT to develop a fitness plan, Get a clear picture of my financial state.....less worry. Get what I need from Comfort One to ensure desired life outcome beyond the hospital or Dr's. Office. Continue to keep a timekeeper out of my space at night.
- Exercising more
- Hopefully do better at sleep, nutrition and exercise.
- I have been walking more regularly, making healthier food choices and making sure I get enough sleep each night.
- I need to review & better understand my estate planning & health directives. And I need to discuss them with a family member.
- I will try to be more aware of the aspects of aging I can manage better.
- Move more!
- Probably nothing but I am wanting to go on a diet but keep putting off till "tomorrow"
- Start walking again and try to do it regularly. Incorporate more fruits and vegetables into my diet. Drink more water to keep myself better hydrated.
- Try Tai Chi.

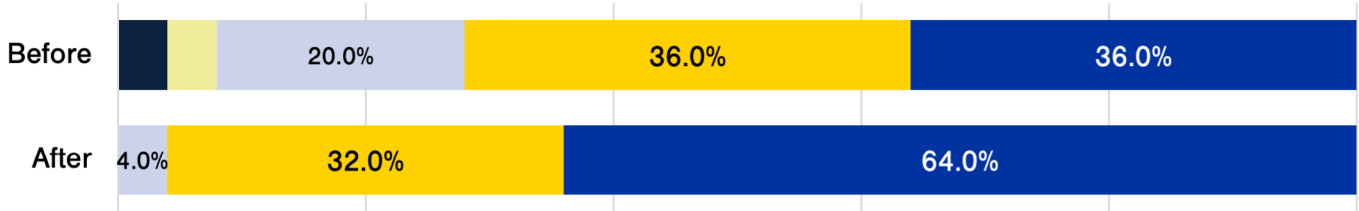
Knowledge Change in Aging Mastery Program

On the post-survey, participants in the Aging Mastery Program were asked to rate their knowledge level on nine items both before and after participating in the program (retrospective pre/post survey). Figure 25 shows that all items assessed showed improvement in knowledge across participants, with large gains in healthy eating and physical activity for fall prevention.

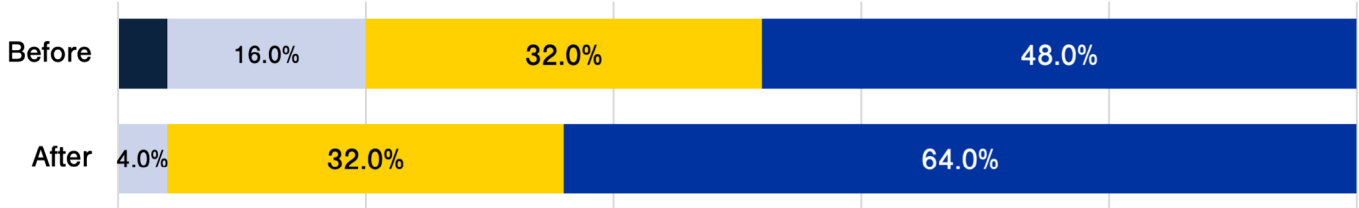
Figure 25. Self-Reported Knowledge Change Before and After Program, AMP Participants, 2025



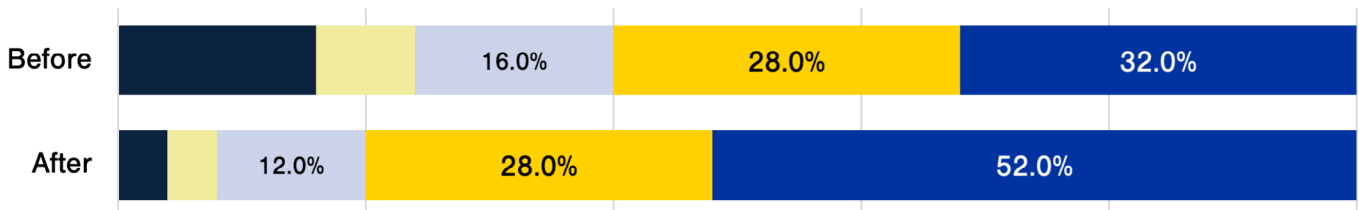
My understanding to improve my social or community connections.



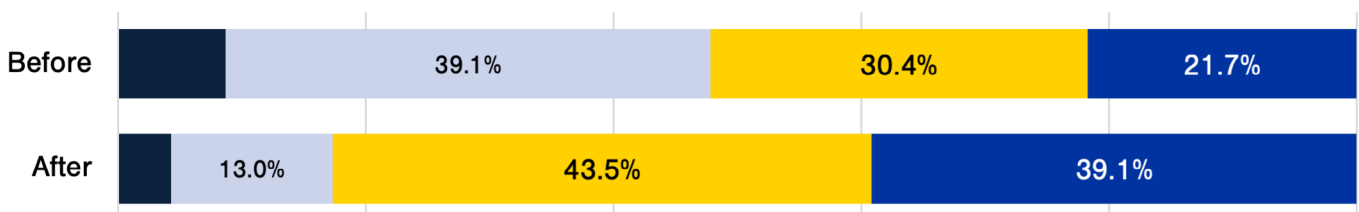
My knowledge to deal more effectively with my personal finances.



My knowledge to create the pathway for my life's legacy and purpose.



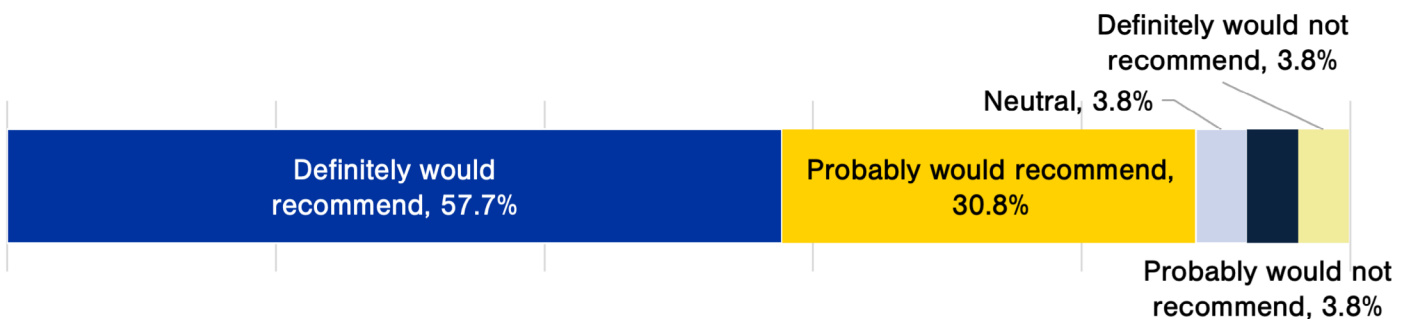
My quality of life has improved overall.



Ageing Mastery Program Satisfaction

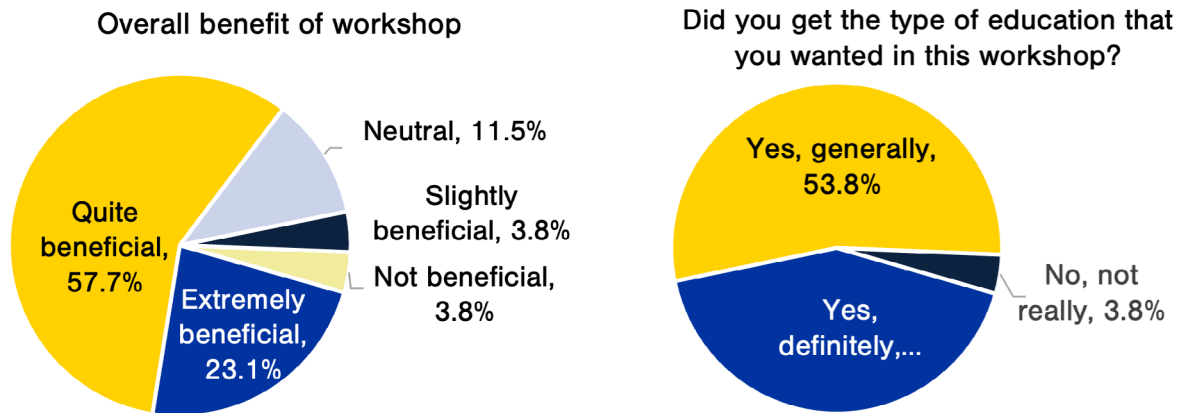
AMP participants were asked a series of questions related to their satisfaction with the workshop. As shown in Figure 26, 88.5% of participants probably or definitely would recommend the program to a family member or friend.

Figure 26. Likelihood of Recommending the AMP Workshops to a Friend or Family Member, 2025



Participants were asked to rate the benefit of the workshop, as shown in Figure 27. Over eighty percent of participants rated the workshop as beneficial. Furthermore, 96.1% of participants indicated they received the education they were seeking through taking the workshop.

Figure 27. Benefit of Workshop and Education Received, AMP Participants, 2025

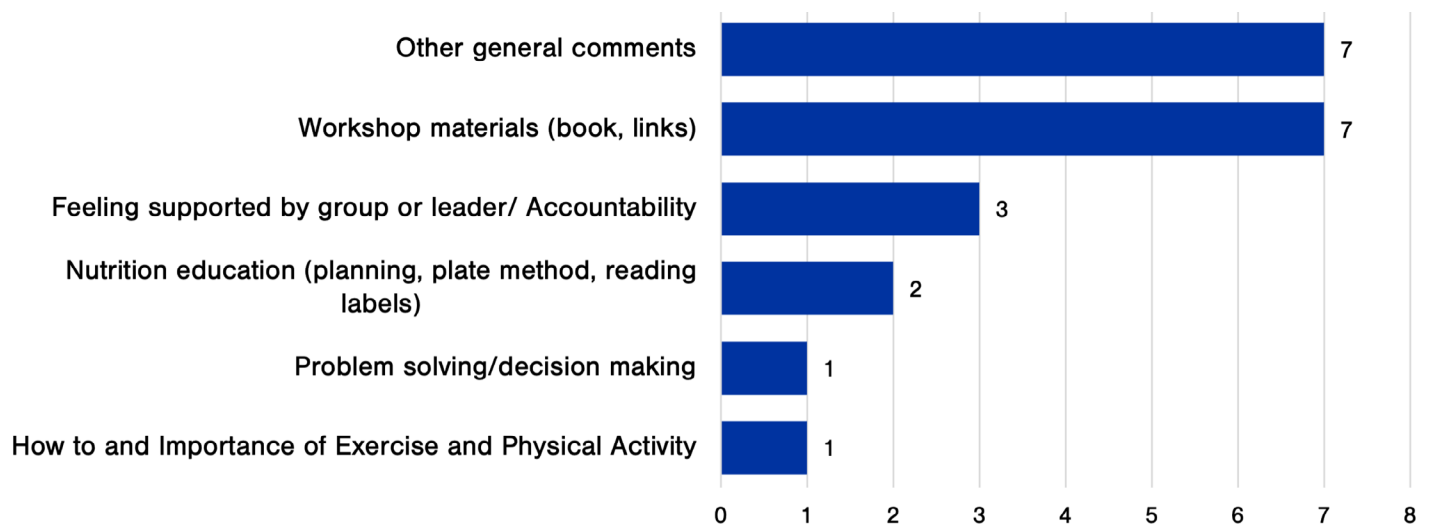


Participants were also asked about any negative experiences during the workshop. One of the 26 participants noted a negative experience, providing additional information as a write-in response: *Death in the immediate family.*

Most Useful Tool/Skill Learned

Participants were asked to report the most useful skill or tool learned while participating in the Aging Mastery Program. Responses were recorded for 14 of the 26 participants completing the post survey. The most frequent responses were about the workshop materials or other general comments (Figure 28).

Figure 28. Most Useful Skills or Tools Learned, AMP Participants, 2025*



*Not summative as comments could be classified into more than one theme.

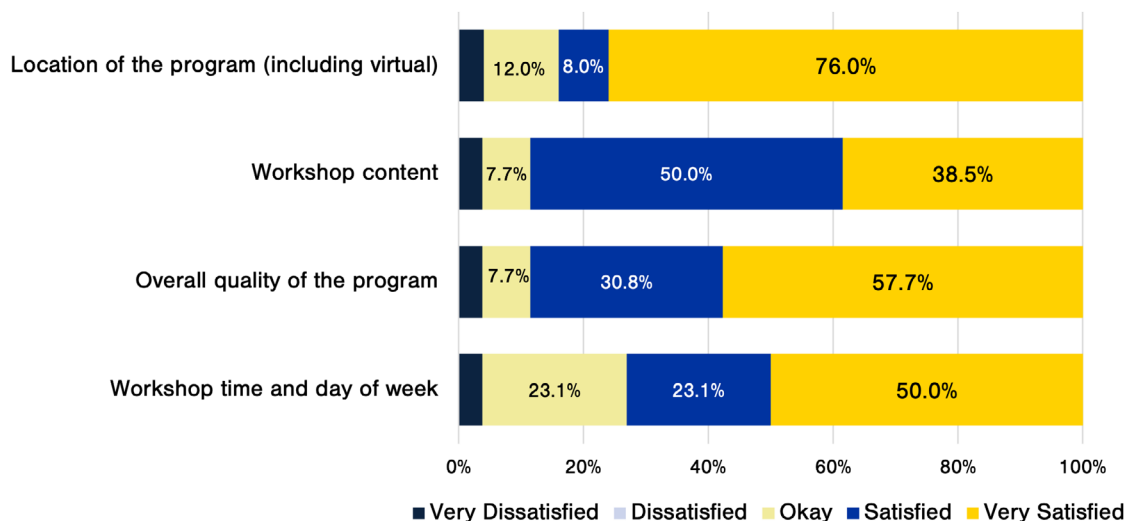
All comments are provided as follows:

- A great deal of interaction with others about a wide range of topics to improve the quality of life. I was able to review many aspects for healthy living and I have the booklet to keep for a reference.
- Better hydration and “age-proofing” our home
- Each section enhanced my awareness of its content.
- Exercise and activity can help me avoid a fall. This really hit home when my brother fell and broke his hip the week our class ended. This will encourage me to dig deeper into learning more about exercises for balance.

- Explanation of estate planning
- Financial fitness-All of the information, worksheets, etc. are such useful tools. I'm inspired to use them!
Advance Planning- Comfort One information! All of it really. My family and I talk a lot about it but have not put anything in place. NOW is the time! I've enrolled my daughter in working together on this. The information re: other Resources is invaluable. I enjoyed being in a group of others and knowing we're together in this aging/ living space. I'm glad I have the workbook. Been dealing with Walking Pneumonia and not much interested in doing anything. Much better now and getting back into it and taking on the "assignments". Lots to handle and so appreciative for the program. Helps to make it doable!
- I can't name a specific one... I already knew the importance of most of the material... it's incorporating in into my life and schedule that is the hard part. Knowing what you need to do, should do, or want to do is one thing, but actually doing it is sometimes not easy. It's like being over weight...you know you should eat less, eat healthy food, and exercise more to lose weight, but it most of the time you don't do it.
- I enjoyed every session. The resources and knowledge of the presenters was great.
- I was amazed at the number of references and resources that were provided. Many of those sources were new to me even though I consider myself o to be a student of longevity. In many ways the class as whole reinforced the concept that I was on the right track and was covering lots of bases as needed. Thank you so much for including me and hope you continue to provide access to more participants.
- Information regarding sleep & sleep aids.
- Interaction with other participants and listening to stories and testimonials
- Learned how to use Zoom. I think the information I learned and will use is nutrition. Better sleep comes in second.
- The tips on sleep were helpful. I hadn't realized how much my reliance on my phone was interfering with my sleep and making the decision NOT to use it to look at the time when I wake up at night has made a significant difference. The session on Financial Fitness inspired me to get serious about being more aware of how I use my \$. I shared the advance planning section with my oldest daughter for us to work on. It was a bit awkward for me in that my sister who has been diagnosed with the possibility of Alz wanted to be involved and was present for most of it and I was distracted by having her with me. I much appreciate the written material and the information on resources. All in all, it was a good experience, both from the perspective of the presenters and the other's involved in the discussions.
- The Whole Handbook

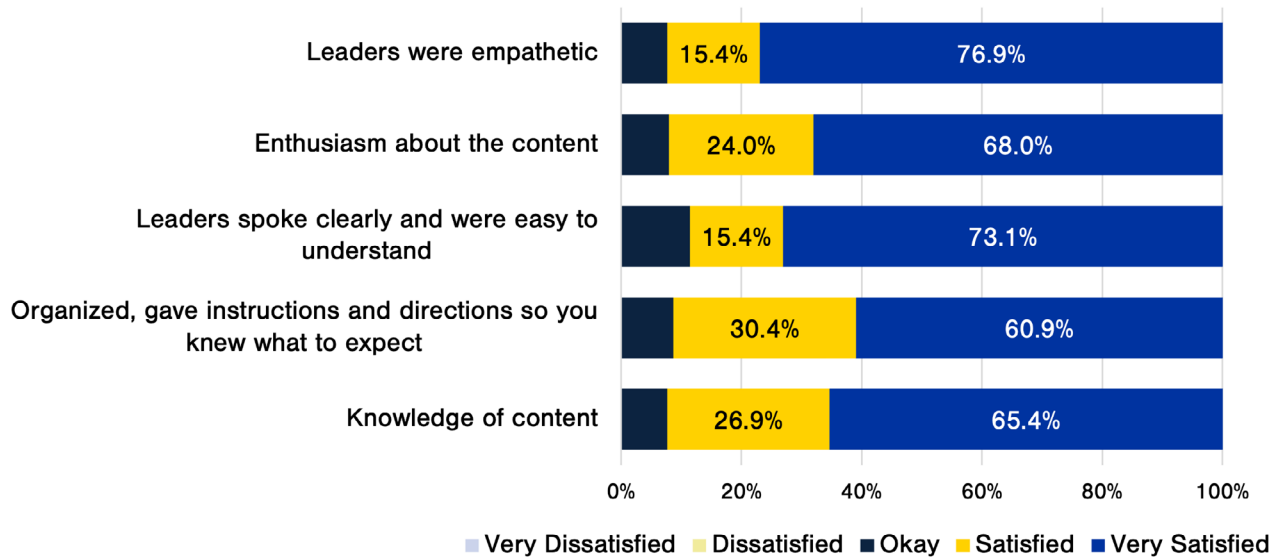
Participants were asked to rate their experience with the workshop, assessing aspects shown in Figure 29 on a five-point scale from very dissatisfied to very satisfied. Participants noted high levels of satisfaction with the program overall. Workshop time and day of week was the lowest rated.

Figure 29. Workshop Satisfaction Ratings, AMP Participants, 2025



Participants were asked to rate their experience with the workshop leaders, assessing aspects shown in Figure 30 on a five-point scale from very dissatisfied to very satisfied. Participants noted high levels of satisfaction with the workshop leaders overall.

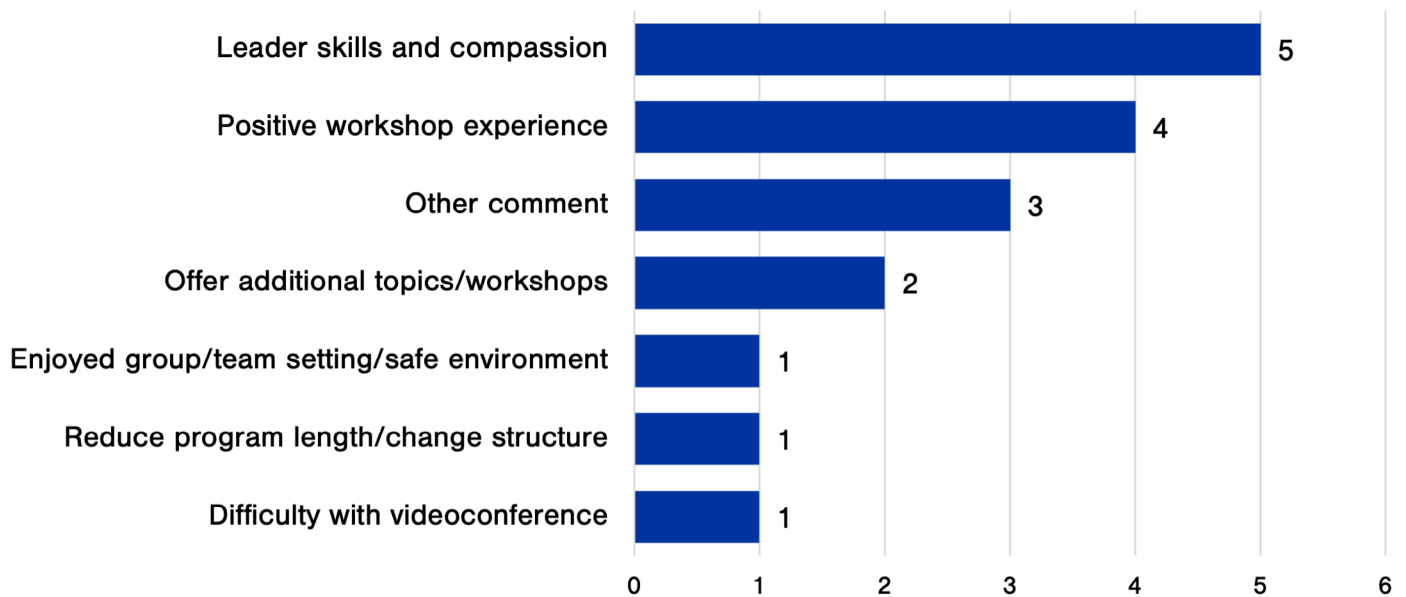
Figure 30. Workshop Leader Ratings, AMP Participants, 2025



Additional Feedback and Suggestions from AMP Program Participants

Participants were asked to share any additional highlights, comments, or suggestions about the workshop experience. Responses were recorded for 15 of the 26 participants completing the post survey. The vast majority of comments were positive experiences with the workshop and the workshop leaders (Figure 31).

Figure 31. Themes from the Additional Feedback and Suggestions, AMP Participants, 2025



*Not summative as comments could be classified into more than one theme.

All additional comments are provided as follows:

- Diane and Macy were exceptional leaders! They are great listeners and kept everyone engaged. We may have been able to do two chapters per session. I highly recommend this workshop to anyone regardless of age.
- Great leaders who were prepared to get us to think about a wide variety of topics. The setting was quiet, clean, and a great place to learn and interact.
- I appreciated the section on gratitude. That is a subject that often is overlooked
- I don't like Zoom classes, but I realize you can reach more people and save travel and money. I appreciated the special speakers who were more enthusiastic about their topics.
- I enjoyed being part of these sessions and would be interested in future such programs about various subjects such as managing food preparations and storage when one is alone. It would be helpful to learn how to refocus ones life after one becomes a widow(er).
- I felt the curriculum covered all aspects of aging. I learned something new at each class. I would have enjoyed doing more of the class activities as a group though. The Zoom speakers were very knowledgeable & personal.
- I had to miss some sessions due to conflicts with my schedule. it would be great if you could watch them at a later time
- It's late (at night) and I know I'm late in completing this survey so I'm going to call it good. If I think of something I think would be helpful to you, I'll let you know. If there is a possibility of my reviewing the program, please let me know. Blessings!
- Loved the program. Thank you.
- Our workshop leaders were great!
- Thank you. I always enjoy these classes and programs!
- The gardening presentation was informative but I didn't really think it pertained very much to the program and felt it didn't really "belong" somehow...like it was kind of an unrelated subject, but it was still interesting.
- The only suggestions I have is for myself. We had a niece and nephew moving in with us at the time and the house was physically in chaos. I had difficulty concentrating. The facilitators did an excellent presentation of the subject matter and the written material will continue to be of immense value for me. thank you!
- These programs are vital to those who are elderly, alone, and do not get out and interact with others. And to rural South Dakotans who are remote from physical locations.
- Very informative, more people should participate.

Evaluation Recommendations

SDSU Extension launched the Aging Mastery Program in 2025, offering 3 workshops and reaching 33 individuals throughout South Dakota in 2025. Participants report high levels of satisfaction and positive impact in daily life including improved physical activity, improved well-being, and learning tools to better self-manage conditions. Outcome data also supports positive changes including improvements in sleep, feelings of isolation, and activity levels.

Based on the data provided within this report, the following evaluation recommendations are provided to enhance and improve program effectiveness:

- **Promote the Aging Mastery Program through multiple channels.** The majority of AMP participants reported learning about the programs through a leader or the newspaper. Continue to broadly advertise the program through local media and word of mouth. Target health systems for education and referrals. Consider other community level agencies for collaboration including behavioral health providers, physical and occupational therapy offices, and community living centers.

- **Promote programming in key geographic areas to expand the reach of the services to all populations in South Dakota.** Explore options for leader training to offer programming in smaller communities and communities in the West River areas of the state. Look at new promotional options through community organizations. Promotion through senior centers has been effective in reaching the target population in more urban areas of the state and could be replicated.
- **Continue to monitor outcomes.** With the small number of participants in 2025, it will be important to continue to monitor program outcomes as participant numbers grow. Focus on the key areas the program targets and monitor outcomes.

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