

# Berkeley Continuum's Gateway Program Evaluation

## Executive Summary

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June, 2020

### SUMMARY OF KEY FINDINGS

- ✓ Gateway's home visit approach to planning for healthy aging does result in participants taking action/steps toward their goals for healthy aging, with 88% of participants acting on an average of 2 goals by their 30-day post-visit phone call;
- ✓ Participants continue to take action on their goals for up to a year;
- ✓ The top areas where participants are most likely to take action steps include: safety, isolation reduction/active living, medical/mental health needs, in-home supports, and transportation;
- ✓ Existing Gateway relationships transitioned easily into acceptance for "friendly visitor" calls during Covid-19 Shelter-in-Place, and these calls lent themselves to addressing urgent needs raised by Covid-19 as well as reviewing Action Plan items that could be worked on during Covid-19;
- ✓ Friendly visitor calls to older adults referred to Gateway by other agencies showed promise for using this phone/Zoom/Facetime context for conducting future planning efforts.

#### 1. Gateway Program Overview

Gateway is a peer-based, prevention/early intervention program using home visits to assess, educate, and offer linkages to older adults for social and logistical needs/resources to support wellness. Gateway is designed to activate and motivate elders to take charge of their aging experience to make the most positive and proactive choices available to them in the context of their age and their specific challenges.

The goal is to identify elders age 65 and older (or younger with disabilities/functional need) who do not qualify for case management services but could benefit from limited support to anticipate their aging needs no matter what barriers they face. In addition to benefits at the individual/couple/ family level, Gateway is expected to have the long-term effect of reducing medical costs and use of critical/ emergency care systems and homelessness.

While beginning and ending with an individual's or couple's personal wants, needs, and concerns, home visitors (planners) assess and address additional issues that we know are important for all of us to age well in the community. These include adherence to medical regimens, fall hazards, social isolation, ability to afford home costs (own or rent) in the future, access to healthy prepared food, access to transportation to medical care and social life, internet connection and ability to use the internet for information.

The program leaves participants with a colorful resource manual divided by domains that are similar to the Age Friendly Cities and Communities domains. Each section has a listing of local resources, informational brochures, and a space for taking notes. Gateway's domains are:

- Family & Community
- Financial & Housing Stability
- Safety
- Home Environment
- Health & Community Resources
- Food
- Transportation
- Technology

The home visitor (planner) may follow up immediately with additional resources that were not available during the home visit. Planners always follow up with a phone call 30 days after the visit to see how the participant is doing, offer additional resources, and encourage ongoing efforts toward positive, healthy aging. A sample of participants also receive an evaluation phone call at 90 days or later.

**Note on Covid19:** Covid19 shelter-in-place did not begin until near the end of this evaluation period and did not affect Gateway’s ability to recruit participants. However, Covid-19 created new needs and affected participants’ ability and motivation to follow through on their Action Plans. It affected 30-day follow-up and evaluation interviews significantly. This no-doubt affects the findings of this evaluation and impact or suggested impact will be noted throughout.

## 2. Number Served and Participant Characteristics

196 participants were served through 149 home visits and were predominantly ages 65 to 84 with a few 85 or older. 76% were female. 69% lived in the 5 lowest income zip codes in Berkeley. An estimated 23% were of color including 13% African American, 12% Asian/PI, and 3% Latino. This is slightly below the American Community Survey’s 2015 estimate of 31% of Berkeley residents being nonwhite (all ages).

Emphasis on caregivers has increased over time. Data on caregivers was not collected until Year 2. In that year, 4 paid caregivers sat in on planning visits. Two family caregivers actually initiated contact with Gateway for planning visits and participated in those visits. Data also show that at least 8 spouses reported being caregivers and two participants who were over 65 reported taking care of a parent as well.

## 3. Findings

### Participant-Defined Priorities at Home Visit

A much broader range of issues/needs are discussed during visits than actually get summarized on the participant’s “first steps” Action Plan. Most participants, however, do end up with 3-5 action items which are summarized below.



Many participants shared challenges they were not ready/willing to do anything about. There were also instances where planners observed challenges that the participant did not recognize. Often, when raised by the planner, participants were not interested in addressing those issue(s). Additional observed challenges include: safety, cognitive decline, mental health, isolation, clutter and overwhelm.

### Evidence of Action after Planning Visit

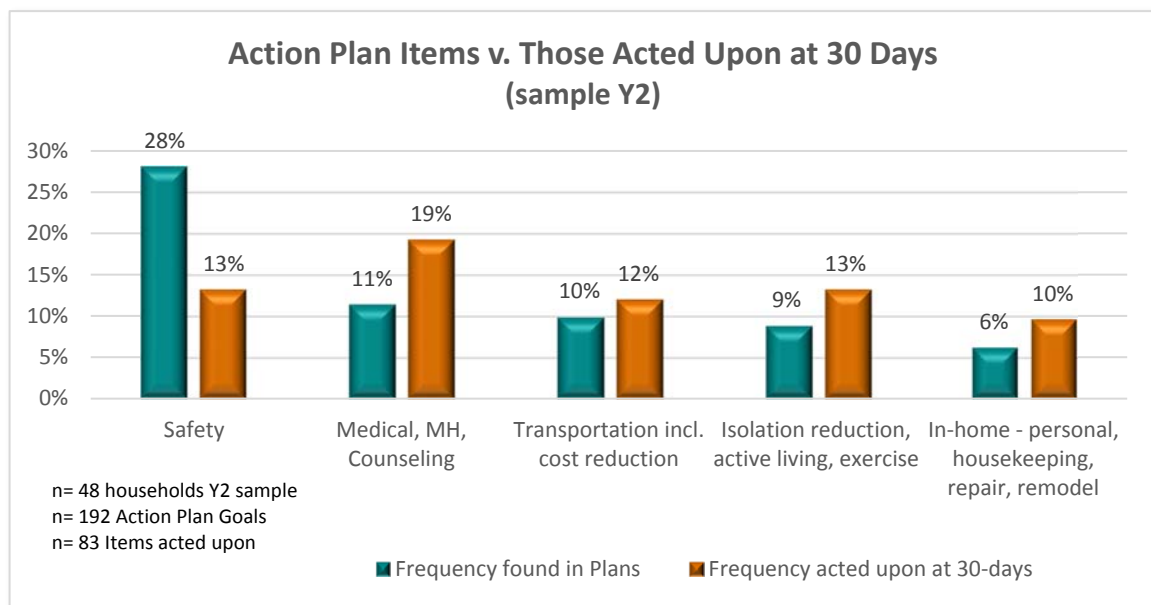
In 30-day calls, evaluation calls, and friendly-visitor calls, we clearly see action taken by participants.

- 98% reported that they either remembered at least 1 of their Action Plan items (Year 1 data) or had continued to think about one or more Action Plan items (Year 2 format);
- At 30 days, 81% in Year 1 and 88% in Year 2 reported having acted on at least one item on their list
  - Many reported that knowing that the Planner was going to call them in 30 days had helped motivate them to take action
  - Reasons for not acting were evenly divided between a) life events getting in the way (travel, illness, etc.), b) not “ready” to take these actions but happy to have a plan and resources identified, and c) not remembering or being motivated to act;
- All but 2 participants (99%) reported that the action items were still relevant to them and that they were likely to act on them in the future.

### Types of Action Taken

Revised data collection tools in Year 2 allowed us to track the types of action items a sample of 48 Year 2 households had actually acted on at 30 days. 5 or 12% had not taken any action steps, while 43 or 88% had acted. This means they had taken beginning steps but does not assure that items were completed.

The top 5 most common action items occurring in Action Plans were also the top categories for those acted upon. While safety items were the most likely to appear in Action Plans (more often suggested by the planner rather than participant), they were acted upon at approximately the same rate as other topic areas. Medical and mental health issues were the most frequently acted upon.



## Action after the 30-Day Phone Call

Planners were pleasantly surprised to learn in friendly-visitor calls that many participants reported continued progress on their Action Plans after their 30-day phone call but before the onset of Covid-19. This was also reported in evaluation phone calls.

Most participants quit working on their action items when the shelter-in-place began – which is not surprising. People felt frozen in place and that it was temporary. However, as time went on, as something to do as much as anything else, quite a few picked up action items that could be done from home such as Advanced Care Directives, organizing clutter, and organizing important papers and sharing those with family members.

## Overall Satisfaction

As with the Year 1, satisfaction with the Gateway experience in Year 2 was reported to be very high in evaluation calls, even among those who did not act on any action items. Even non-actors reported that they had received useful information that would be available to them when they needed it. Satisfaction was even higher among those who had received a friendly-visitor call – as they liked knowing that Gateway was “looking after” them in an ongoing fashion.

At the time of the evaluation call (90-days post-visit or later), 86% of participants contacted in Year 1 and 100% of participants contacted in Year 2 (who could remember their visit) rated their experience as an 8 or higher on a scale of 1-10 (10 highest).

Reasons for high ratings from Year 2 Participants receiving evaluation calls included:

- The home visit gave them information and resources they would otherwise not have;
- The visit helped to focus them on a few important things;
- They felt listened to and supported by their planner;
- Knowing they would receive a 30-day follow-up call kept them on-task;
- Six (50%) of the 12 Year-2 participants had received Covid-related friendly-visitor calls before they received their evaluation call. 100% of them were grateful for the contact and added assistance provided.

Key quotes from participants include:

- *“Our visit was a jumpstart for me.”*
- *“This was exactly as I hoped it would be... now I know where to start.”*
- *“I feel more motivated. This took some of the fear away.”*
- *“Over the top. Beyond expectations. Highly substantive. Actionable content I can start using immediately and I will have results soon.”*
- *“You took my hand and you showed me the road. That’s all I needed.”*

## Friendly Visitor/Well-Being Calls During Covid

Gateway’s shift to “friendly visitor calls” (aka well-being checks, social calls) after shelter-in-place orders were issued related to Covid19 was initially instinctive and then actively reinforced by the City of Berkeley and others making similar calls. Calls were highly welcomed and even participants who chose not to respond to 30-day follow-up calls responded to the call.

Planners report anecdotally that participants were uniformly very grateful for the calls even if they did not have specific referral needs. Many had strong family/friend support systems and others lived in well-organized buildings with communication from management or social workers. Others, however, had nobody to talk to. Gateways calls were very important to this group. Some had very high anxiety about Covid and how long they would have to shelter in place because of it.

Speaking with caregivers and/or participants, planners offered suggestions and referrals for critical resources – most often for home-delivered groceries/meals, online mental health and social support options, and exercise. Those with limited or no computer skills/access had significantly fewer options.

### **Sample Stories**

A series of case stories provide an “image” of the experience and participants’ progress over time and are included in the body and Attachments to this report. This includes a story of “case management lite” and a friendly-visitor call.