



# EFFECTIVE SOLUTIONS TO ADDRESS SOCIAL ISOLATION AND LONELINESS THROUGH MEALS ON WHEELS

---

JUNE 2023



MEALS on WHEELS  
AMERICA

## ACKNOWLEDGMENTS

---

Copyright © 2023 by Meals on Wheels America

*Effective Solutions to Address Social Isolation and Loneliness through Meals on Wheels was produced by Meals on Wheels America and prepared by Brown University.*



Meals on Wheels America partnered with Brown University to conduct research to assist in gaining a better understanding of the effectiveness of Meals on Wheels programming aimed at reducing social isolation and loneliness. The Brown University team is nationally recognized as leaders in qualitative research methods, home and community-based services and gerontology.

### WE WOULD LIKE TO THANK THE FOLLOWING MEALS ON WHEELS PROGRAMS THAT PARTICIPATED IN THE RESEARCH PROJECT FOR THEIR GENEROUS SUPPORT:

- Berks Encore, Reading, PA
- Central Vermont Council on Aging, Barre, VT
- Chatham County Council on Aging, Pittsboro, NC
- East Pasco Meals on Wheels, Zephyrhills, FL
- Meals on Wheels San Antonio, San Antonio, TX
- Real Services, South Bend, IN



## ABOUT MEALS ON WHEELS AMERICA

---

Meals on Wheels America is the leadership organization supporting the more than 5,000 community-based programs across the country that are dedicated to addressing senior hunger and isolation. Powered by a dedicated volunteer workforce, this network delivers the nutritious meals, friendly visits and safety checks that enable America's seniors to live nourished lives with independence and dignity. Through funding, leadership, education, research and advocacy, Meals on Wheels America empowers its local member programs to strengthen their communities, one senior at a time. For more information or to find a Meals on Wheels provider near you, visit [www.mealsonwheelsamerica.org](http://www.mealsonwheelsamerica.org).



## TABLE OF CONTENTS

---

EXECUTIVE SUMMARY .....	5
FINAL REPORT	
INTRODUCTION AND PURPOSE .....	6
BACKGROUND AND SIGNIFICANCE .....	6
METHODS .....	8
OVERALL EVALUATION DESIGN .....	8
MEALS ON WHEELS NETWORK PROGRAM SELECTION AND RECRUITMENT .....	8
PARTICIPANT RECRUITMENT .....	8
QUALITATIVE INTERVIEWS .....	8
ANALYSIS .....	9
RESULTS .....	9
PROGRAM CHARACTERISTICS .....	10
PROGRAM BENEFITS .....	10
CONCLUSION .....	21



## EXECUTIVE SUMMARY

---

### INTRODUCTION AND PURPOSE

Social isolation and loneliness are growing public health concerns impacting older adults in the United States. This project examines the components of existing Meals on Wheels programs, which address social isolation and loneliness and/or provide and facilitate social connection for their clients.

### METHODS

This qualitative research project was designed to evaluate social connection program efficacy through in-depth, semi-structured interviews with Meals on Wheels program staff, volunteers and clients. Our interviews were designed to address three objectives:

**Objective 1:** To understand the feasibility and sustainability of incorporating efforts that combat social isolation within Meals on Wheels network programs.

**Objective 2:** To determine which components of this social connection programming are effective, scalable and transferable.

**Objective 3:** To assess the direct impact of social connection programming on Meals on Wheels clients.

### KEY FINDINGS

**Objective 1:** We evaluated six Meals on Wheels social connection programs that incorporated telephone reassurance, friendly visitor or activities/virtual programming. Each was expanded or initiated during the COVID-19 pandemic, and all demonstrated the potential for long-term sustainability and feasibility.

**Objective 2:** These successful programs had a commitment of resources; engaged staff, volunteers and clients; good communication and innovation/creativity. Each of these components can be transferable and scaled as necessary.

**Objective 3:** The programs had positive impacts on social isolation and loneliness for all program staff, volunteers and clients. The interview participants strongly endorsed expanding the programs.

This report synthesizes the findings of a Brown University evaluation of social connection programming for Meals on Wheels America. Included in this report is a detailed description of program recruitment, qualitative interviews, program characteristics, data analysis and findings/results from this work.

**“I’M TALKING FROM MY HEART. I LOVE THIS PROGRAM. IT MAKES ME FEEL ALIVE, LIKE SOMEONE CARES. AND I KNOW I’M NOT THE ONLY LONELY SENIOR.”**



## INTRODUCTION AND PURPOSE

---

Social isolation and loneliness are growing public health concerns impacting older adults in the United States. This project examines the components of existing Meals on Wheels programs, which address social isolation and loneliness and/or provide and facilitate social connection for their clients. Our project had three objectives:

**Objective 1:** To understand the feasibility and sustainability of social isolation programs for Meals on Wheels network programs.

**Objective 2:** To determine which components of social isolation programming are effective, scalable and transferable.

**Objective 3:** To effectively assess the direct impact of social isolation programming on Meals on Wheels clients.

Using qualitative interviews, the understanding gained in this project is a critical first step towards providing evidence-based programming designed to effectively address social isolation and loneliness impacting older adults.

## BACKGROUND AND SIGNIFICANCE

---

While conceptually related and often studied together, social isolation and loneliness are distinct conditions that independently impact health. An expert consensus statement defined loneliness as a subjective negative experience caused by a discrepancy between an individual's preferred and actual experience of their social connections.<sup>1</sup> Loneliness can result from lacking meaningful connections with intimate relations, family or friends, or community life.<sup>1</sup> While no such consensus statement has been issued to define social isolation, the term is most commonly characterized in the literature as an objective state of limited or lacking social interaction and support.<sup>2</sup> Prior to the COVID-19 pandemic, approximately 24% of adults 65 years and older were estimated to experience social isolation,<sup>3</sup> while 43% reported feeling lonely.<sup>4</sup> As social networks naturally shrink due to events more common among older ages including retirement, death, mobility loss and declining health, gaps in social support needs intensify as older adults become more reliant on others to meet increasing support needs yet have fewer people to rely on.<sup>5</sup>

Negative consequences of social isolation have been found to intensify with age.<sup>6</sup> Social isolation is associated with a number of negative health outcomes among older adults, including anxiety, depression,<sup>7, 8</sup> lower self-rated quality of life and poor mental health outcomes,<sup>9</sup> cardiovascular disease,<sup>10</sup> cognitive decline,<sup>11</sup> high blood pressure<sup>12</sup> and mortality.<sup>9, 13</sup> Conversely, social engagement is associated with improved physical and mental health.<sup>14</sup> Additionally, social isolation is associated with increased healthcare utilization<sup>15, 16</sup> and healthcare spending.<sup>17</sup>

Homebound older adults are at increased risk of social isolation and loneliness compared to ambulatory counterparts. In 2020, an estimated 13% of adults 70 years and older were homebound, reflecting a significant increase during the COVID-19 pandemic.<sup>18, 19</sup> Homebound older adults are more likely to experience social isolation due to mobility limitations caused by chronic illness, cognitive decline or injury.<sup>20, 21</sup> Among older adults, homebound status can exacerbate the negative impact of social isolation on health. Socially isolated homebound older adults have a higher risk of all-cause mortality in comparison to ambulatory older adults experiencing social isolation.<sup>22</sup> Despite these conditions, most existing socialization programs are not designed to meet the needs of homebound older adults, as they require participation in a community setting.<sup>23, 24</sup> An important exception are the programs provided by Meals on Wheels providers.

The state of the research on effective interventions for social isolation and loneliness in older adults is still preliminary, with critical gaps in both study design and applicability of interventions to the community setting and homebound older adult population.<sup>25-27</sup> While multiple systematic reviews have been conducted to catalog the

effectiveness of social isolation and loneliness interventions for older adults, the evidence remains inconclusive as to which intervention format or type is most effective in addressing social isolation and/or loneliness.<sup>28, 29</sup> Furthermore, while many studies may detail innovative interventions, these are often resource- and cost-intensive, making them infeasible for implementation by community-based organizations in the absence of additional funding/resources. At the same time, evidence supporting the social isolation and loneliness programs commonly provided by community-based evidence organizations, such as befriending and friendly visitor programs, is lacking. This disconnect makes translating research into practice difficult, especially in terms of bringing novel interventions to scale.

The need to translate evidence into practice and better understand effective components of existing programs is highlighted by the COVID-19 pandemic. In response to physical distancing orders enacted to mitigate the spread of COVID-19, organizations and researchers alike expressed a renewed sense of urgency to develop and deliver solutions to combat social isolation and loneliness among older adults, who are at outsized risk of negative health complications caused by COVID-19.<sup>30, 31</sup> Emerging research on the impact of COVID-19 on feelings of loneliness in older adults has shown that 31% of surveyed older adults in the US reported feeling more lonely and 36% felt more stressed since the start of social distancing. Additionally, more than half (56%) engaged in fewer activities with others compared to before COVID-19.<sup>32</sup>

A 2021 Meals on Wheels survey conducted by NORC at the University of Chicago<sup>37</sup> revealed that feelings of loneliness dramatically increased as a result of the pandemic with three times as many respondents saying they felt left out, four times as many reporting they lacked companionship and seven times as many reporting feeling isolated. Most interview respondents also reported that the COVID-19 pandemic had a negative impact on their social life, precluding them from seeing friends, family and other social networks.

The introduction of quarantine and social distancing restrictions has led to a shift by community-based organizations in adapting existing programming into virtual formats, such as telephone reassurance programs, health promotion programs, group telephone calls, self-guided activities and asynchronous independent learning.<sup>30, 31</sup> However, many of these programs and their adaptations to a remote format have not been studied for their effectiveness in reducing social isolation and loneliness. Meals on Wheels America conducted COVID-19 Member Impact surveys,<sup>38</sup> which found that more than half of programs within the Meals on Wheels Member network either created or tried their hands at creating programs to address social isolation. Additionally, they reported that the most popular social connection programs throughout the pandemic were low-tech solutions, such as continuing to deliver meals daily, making comfort phone calls and mailing cards from volunteers and staff. The COVID-19 pandemic underscores the need for research-practice partnerships to translate evidence on social isolation and loneliness into practice among frontline service providers, as well as the need for cross-sector collaborations to leverage existing resources and infrastructure to continue to deliver services to older adults.<sup>30, 34</sup>

In an effort to meet the needs of vulnerable older adults, Meals on Wheels America is committed to delivering services to address social isolation in their clientele. However, as with other community-based programs, it is unclear which Meals on Wheels social connection services are most effective or acceptable and what organizational components contribute to the success of programs. To create a lasting impact on social isolation and loneliness for homebound older adults, we must better understand the components of programming, barriers and perceptions of older adults receiving services delivered through Meals on Wheels programs nationally. Armed with this information, Meals on Wheels America can begin to sustain and expand the most effective components across the full network of Meals on Wheels organizations, creating the opportunity to overlay the next phase of research and evaluation to understand quantitatively the impacts of social connection programming for older adult clients.

## METHODS

---

### OVERALL EVALUATION DESIGN

We conducted a qualitative research project to evaluate program efficacy through in-depth, semi-structured interviews with Meals on Wheels program staff, volunteers and program participants. Transcripts were analyzed using a content analysis approach to identify overarching themes, understand which components make a program most effective in addressing social isolation and loneliness for clients, identify program elements that provide and/or facilitate social connections for clients and identify program barriers and challenges.

### MEALS ON WHEELS NETWORK PROGRAM SELECTION AND RECRUITMENT

In November 2020, Meals on Wheels America conducted a survey of 1,062 network programs to understand the impact of COVID-19. Based on the 350 responses from this survey, Meals on Wheels America identified 193 programs that met eligibility criteria for this evaluation. Eligibility criteria included the presence of an existing, in-house social connection program. Of the 194 programs, 29 indicated their preference to opt out of research projects. The research team, consisting of Brown University and Meals on Wheels America researchers, conducted an extensive review of Meals on Wheels network social connection program descriptions provided during the survey and/or available online, and decided to select telephone reassurance, friendly visitor and activity/virtual programming programs as these were commonly occurring but varying greatly in structure and systems of delivery. We also sought programs with diverse characteristics, including budget, rurality and client racial/ethnic diversity. We identified 26 potential network programs that had these types of offerings, did not opt out of involvement in research projects and varied in program characteristics. The research team contacted these potential programs requesting additional information including number of clients served, the impact of the COVID-19 pandemic on social connection programming and whether the social connection program was still in existence. Based on responses to this request for information, eight programs were invited to participate in the research evaluation. Two declined participation and six programs participated in this evaluation.

### PARTICIPANT RECRUITMENT

Each Meals on Wheels network program identified a principal point of contact who worked closely with the Brown University team, and facilitated interview participant identification and recruitment. To best evaluate and understand each program, we sought to interview five staff members and/or program leaders, five volunteers involved in program administration or delivery and ten client recipients of the program. Once interview participants agreed to participate, their contact information was shared with the Brown University team. The Brown University team contacted interview participants via telephone or email, confirmed participant interest and scheduled interviews by telephone or Zoom depending on participant preference. Contact attempts were made once per week and ranged from one to five attempts before the potential participant was removed from the contact list. Interviews were first conducted with program staff, then volunteers, then clients.

### QUALITATIVE INTERVIEWS

Participants were recruited from January through September 2022. Staff interviews were conducted from February through March 2022; volunteer interviews between March through May 2022 and client interviews from April through September 2022. Interviews were conducted by telephone or Zoom depending on participant preference. Interviews lasted approximately one (1) hour and were audio recorded with participant consent. Two qualitative team members participated in each interview for staff and volunteer interviews: one conducted the interview while the other took detailed notes. This approach was used for five of the 10 client interviews at each site. For the remaining five client interviews per site, one interviewer conducted the interview and took notes. Interview summaries were written and reconciled by both interviewers prior to being shared with the entire project team. The approach of having two qualitative team members on each interview ensured consistency of observations and adherence to the interview protocol.

The qualitative team developed an interview guide with questions designed to understand the efficacy of social connection programming from multiple perspectives and address our three research objectives. Questions for

program staff were designed to learn specifics about the social connection program including its structure, clientele and data/metrics collected (Objective 1). In addition, questions focused on assessing program feasibility and sustainability, with the goal of understanding the most effective and scalable program components while identifying barriers/challenges for program implementation (Objective 2). Staff responses to interview questions informed the questions developed for volunteers. Volunteer interview questions were designed to understand the program from their perspective: the barriers/challenges, the benefits for volunteers and clients and their suggestions for improvement (Objective 2 and Objective 3). Similarly, client interview questions were informed by previous interviews with staff and volunteers. Client questions were designed to focus on participants' experiences with the goal of understanding program successes and challenges (Objective 3).

## ANALYSIS

Qualitative transcripts were analyzed using a modified content analysis approach.<sup>35</sup> A preliminary coding scheme was developed based on the interview guide and informed by the interview summaries. This coding scheme was adjusted iteratively to add/delete codes and refine code definitions. If needed, additional codes were applied to previously coded transcripts to account for new and unanticipated material from the interviews. The resulting coding scheme thus reflects both the a priori codes and areas of interest from the interview protocols as well as the unexpected findings. In addition, a detailed audit trail, or analytic diary, of developing thoughts and interpretations of the data was maintained.<sup>36</sup> This approach is regularly used by the Brown University research team.

## RESULTS

---

This qualitative research project was designed to evaluate program efficacy through in-depth, semi-structured interviews with Meals on Wheels program staff, volunteers and clients. Our interviews were designed to address three objectives:

**Objective 1:** To understand the feasibility and sustainability of social connection programs for Meals on Wheels network programs.

**Objective 2:** To determine which components of social connection programming are effective, scalable and transferable.

**Objective 3:** To effectively assess the direct impact of social connection programming on Meals on Wheels clients.

Our analyses found that the Meals on Wheels social connection programs were feasible and sustainable (Objective 1). As Becker (2008) notes, feasibility refers to the practicality and logistics for program delivery.<sup>39</sup> In the context of this project, a social connection program was considered feasible if the satellite Meals on Wheels organization was able to sustain their social connection programming for an extended period of time (i.e. the program had been in existence for a number of years, such as P1 Friendly Visitor and P4 Telephone Reassurance), was expanded during the pandemic (i.e. innovative programming was developed which increased access to programs, such as P3 Virtual/Activities programming or P6 Friendly Visitor), or was initiated as a direct result of the pandemic (i.e. a new program was created to address loneliness for organization clientele, such as P5 Telephone Reassurance or P2 Virtual/Activities programming). Each of the 6 social connection programs we evaluated met these criteria for feasibility.

We studied three representative types of social connection programs: telephone reassurance, friendly visitor and activities/virtual programming. These programs varied in size and structure, and were sustained or expanded during the COVID-19 pandemic. In addition, all programs demonstrated the potential for long term sustainability, indicated by program benefits cited by clients and suggestions for program expansion. Our analyses found these social connection programs shared the successful components of a commitment of resources; engagement of staff, volunteers and clients; communication and innovation/creativity (Objective 2). Interviews across all participant types (staff, volunteer and client) demonstrated the substantial positive impact of Meals on Wheels social connection programming on their clients (Objective 3). These results are explored in more detail below.

## PROGRAM CHARACTERISTICS

The Brown University research team selected two programs in each of the three different program types (telephone reassurance, friendly visitor and activities/virtual programming) as these programs had been developed to directly address loneliness and facilitate social connection for Meals on Wheels clients. Three programs were located in the south, two in the northeast and one in the midwest. All programs are not-for-profit organizations. The program community types were diverse, consisting of rural, suburban and urban communities. Finally, the budget size categories for these six programs ranged from \$150,000-\$249,999 to \$3,000,000 and more.

At the end of data collection, 116 interviews were conducted across the six programs.

## PROGRAM BENEFITS

Meals on Wheels network social connection programs have had positive impacts on social isolation and loneliness at all levels of the program from staff to volunteers to clients. All participants reported on the efficacy and benefits for each program type: telephone reassurance, friendly visitor and activities/virtual programming. Participants strongly endorsed program expansion, which recognizes the ongoing need in the community for social connection programming, and expressed hope and commitment for social connection program growth and sustainability.

Participant quotes reflect the impact of social connection programs on staff, volunteers, and clients, the hope that the program will be expanded, and the support and enthusiasm for the social connection program to be sustained. While we did not gather data to quantitatively show how each program benefits staff, volunteers, and clients, we feel that incorporating various measures into the next phase of research would be beneficial. The qualitative findings we present build the case for such a next phase of research. Additionally, we learned a great deal about the programs' existing approaches to quantitatively assess impact, and future study would benefit from efforts to standardize and expand upon these strategies. See below table for representative quotes.



**TABLE 1: PROGRAM IMPACT, EXPANSION AND SUSTAINABILITY**

CONCEPT	PARTICIPANT	PROGRAM TYPE	QUOTE
Impact of Program	Staff	Telephone Reassurance	“That’s probably one of the strongest benefits [of the program] is to know that there’s somebody else out there that cares about them.” (P4.S1)
	Volunteer	Activities/Virtual Programming	“Oh, it means the world to me actually. And I just feel like I’m blessed...It makes me feel like I have helped somebody.” (P3.V4)
	Client	Friendly Visitor	“I’m talking from my heart. I love this program. It makes me feel alive, like someone cares. And I know I’m not the only lonely senior.” (P1.C4)
Potential for Expansion	Staff	Friendly Visitor	“Just do it. Don’t wait, if you have any doubts, call me. Even if you only get one senior and one volunteer: start. ...Don’t expect to start with 100 people all at one time. Start small... You can change one person’s life. Why wouldn’t you do it?” (P1.S.1)
	Volunteer	Telephone Reassurance	“Expand it the best you can. This can be everywhere. Every state, every county. It’s overdue, because people are so lonely.” (P4.V.4)
	Client	Virtual Activities/Wellness	“Yeah, I’d love to see this available to many, many people, especially if you can show your [art] work and show somehow that having done that has propelled you into a whole new life, even, for some people. Imagine Grandma Moses. Look at her!” (P2.C.5)
Program Growth and Sustainability	Staff	Friendly Visitor	“I would love to see [the program] grow... because I’ve seen and heard the benefits of the people who are being visited and the relationships that they have been able to build and the volunteers that have gone out...We have people going and picking up prescriptions for someone, we have people picking up groceries for them and just keeping them busy, keeping them engaged. ” (P4.S.3)

Staff	Virtual Activities/ Wellness	<p>“One of the things I'm a huge advocate for is including Creative Aging as an integral part of healthy aging so that hopefully one day we can include these programs as evidence based programs that have a tremendous impact on people's health and wellbeing. We have some hopefully funding options moving forward here in [Program Name] but that is a challenge for anybody starting a project like this from the ground up. So financial resources could definitely impact the sustainability of this going forward, but thankfully we have some excitement here ” (P2.S.1)</p>
Staff	Virtual Activities/ Wellness	<p>“We are going to be scaling it up. The benefit for a virtual program is that if you're out of town, traveling, visiting family today, you can always dial into the program no matter where you are. I mean, in our yoga class, someone was taking the class from Florida. Someone was taking the class from Massachusetts. If you can't make a class, you don't miss it. You have it available.” (P3.V.3)</p>

We conducted 116 interviews with Meals on Wheels program staff (N=31), volunteers (N=30) and clients (N=55) to better understand social connection program components that are most effective in addressing social isolation and loneliness for clients. Qualitative analysis of interview transcripts indicated four major themes for program efficacy. First, commitment of resources throughout the organization from top-most administrators to clients allows for social connection programs to achieve success through advocacy and resource allocation. Second, engagement of staff, volunteers and clients at all levels of social connection programming ensures a consistent program understanding, which aids in marketing materials, recruitment of volunteers and clients, and supports community outreach efforts. Third, communication allows for clear understanding of program mission which is reflected in training materials, feedback to/from staff, volunteers and clients, successful client/volunteer matching and opportunities for volunteers to connect with each other as a support network. Fourth, the innovation and creativity which originally inspired the development of the social connection program is critical for ongoing program adaptation to meet evolving client needs.



**THEME 1: COMMITMENT OF RESOURCES**

Commitment of resources throughout the organization allows for social connection programs to achieve success through advocacy and resource allocation. This commitment includes top-down administrative knowledge and support, developing a standard operating procedure (SOP) or a manual, clearly delineated staff and volunteer responsibilities for implementing and documenting work processes, gathering data/metrics to measure program success and collaborating with community based organizations for resources, community awareness and funding opportunities.

**TABLE 2: COMMITMENT OF RESOURCES**

CONCEPT	PARTICIPANT	PROGRAM TYPE	QUOTE
Top-down administrative support	Staff	Activities/Virtual Programming	“I think it also involved the fact that from a senior management level, there was someone who was promoting it and was able to go to the board, go to the director and say, ‘This is really something that we need to explore. And this is how we can do it.’ So already having an idea of how we could do it, where we could look for funding. It also had someone who was leading the program, who had the skills ability of [key staff] to be able to carry it forward.” (P2.S.3)
Standard Operating Procedure/ Manual/ Handbook	Staff	Telephone Reassurance	“Oh, [the SOP] were vital. They were. You get into the habit, you’re doing it every single day for a year, you get into the habit of ‘I don’t need to look at this anymore.’ Having to explain it to someone ... You just want to be like, ‘Just move it here,’ and they don’t know, they need a reason as to why, so that was super important. It gave that new staff person a reference point, I didn’t have to be with them the whole time, they could go to the notes, see what they needed to do.” (P4.S.3)
	Volunteer	Friendly Visitor	“They gave you a volunteer handbook. Then, they went over their mission statement, the history of [friendly visitor program], like change of condition and reporting. If I would notice, say, something in [client] that all of a sudden she’s not being able to walk and any kind of change in her that you should report that. What they expect of the volunteer, what you can do and not do.” (P1.V.1)

<p>Defining Roles</p>	<p>Staff</p>	<p>Telephone Reassurance</p>	<p>“My role with the Telephone Reassurance Program is to solicit volunteers for it to steward the program as far as looking at the surrounding data with it, so who have we assigned out, who still needs to be assigned, and also just following up with the volunteers weekly as far as... I like to give the volunteers stats, like I was just in the middle of an email telling them how many hours in the month of March that we have just completed, and then looking for any additional resources that the people they're calling need.” (P5.S2)</p>
<p>Data/Metrics</p>	<p>Staff</p>	<p>Telephone Reassurance</p>	<p>“Staff time, volunteer time ... That's really what runs the program. Full transparency, our programming, we've really done it on an Excel spreadsheet that we manipulate every single day and that's how we do our matches. We have that formatting, it worked so we really don't want to change it, as old fashioned Excel is it's been pretty good for us. We do have Alchemer, we use that for our surveys. We have our website that has the link to the TelePals landing page and then I have the link to the Alchemer survey. That's how we get volunteer applications, our client referrals, and that's how we conduct our cross checker surveys on a monthly basis, is through those Alchemer surveys.” (P4.S.3)</p>
	<p>Staff</p>	<p>Friendly Visitor</p>	<p>“We take quarterly surveys, for both the volunteers and the clients to see. ‘Did you feel like the service has helped you?’ ‘Do you feel less isolated?’ ‘Do you feel more connected?’ ‘Do you have most of your needs met or feel like you at least have people to help you connect those needs?’ So quarterly surveys right now is a way that we're informing our future actions on it” (P6.S.5)</p>
<p>Collaboration in the Community and Funding</p>	<p>Staff</p>	<p>Friendly Visitor</p>	<p>“I think just to have really good people in leadership roles, because that really is what lays your foundation for being able to adapt and move forward and getting the funding that you need. Again, going back to make sure you hire the right people.” (P1.S5)</p>
	<p>Volunteer</p>	<p>Friendly Visitor</p>	<p>“So Meals on Wheels, they have the right people in the right places and they know how to get other wonderful organizations involved and keep us engaged.” (P6.V4)</p>

**THEME 2: ENGAGEMENT OF STAFF, VOLUNTEERS AND CLIENTS**

Fully engaging staff, volunteers and clients in the program results in consistent program understanding, enhances marketing materials, helps assess community needs, enlists volunteers to be the ‘face’ of the organization and report client needs or direct clients to resources, defines roles and supports program recruitment and outreach efforts. When people are invested, they do more to ensure success.

**TABLE 3: ENGAGEMENT OF STAFF, VOLUNTEERS AND CLIENTS**

CONCEPT	PARTICIPANT	PROGRAM TYPE	QUOTE
Engagement at all levels of organization	Staff	Friendly Visitor	“I have seen how this organization is so well coordinated with everybody working together for the benefit of our clients. And we are so fortunate to have case managers who are so close to the clients.” (P1.S.3)
Marketing materials	Staff	Friendly Visitor	“For our clients, there's a little more hesitancy. People are a little afraid to admit that they need the help. I feel like it depends on how it's pitched to them, how to get them in on it. But if you pitch it as a Friendly Visitor, ... you say something like, ‘We have a volunteer that'd love to give you a call,’ and then they're more open to that wording.” (P6.S.3)
Assess community needs	Staff	Telephone Reassurance	“Besides just the bodies and the thoughtful minds, I've really been partnering with marketing a lot because [staff] in marketing is the one that does the updates on social media and our website and that. I need more people. I mean, it's so tough because, like I said, when you're running a program like this, you find out the other needs that these folks have, and sometimes they're things that are brand new for us. So I think it comes to the basic needs of the program would be just more volunteers and then more resources in the area and knowledge of them.” (P6.S.2)
	Volunteer	Friendly Visitor	“[Name] had trained me that if you see that your senior is... something isn't going normally, there's a change, let us know. So I reached out to [Name] and said, ‘She's having a difficult time. She's struggling with things. She's not answering her phone. She's just upset with it all and is staying in bed.’ So let's check on this.” (P1.V.3)

Face of the organization	Volunteer	Activities/Virtual Programming	<p>“And it's a win-win for everybody. It's a win for me because I got to do artwork...Every two weeks, it was maybe two hours of my time. I mean very small commitment. And I think it was a win for the recipients because they got great art stuff. They got somebody to check in with them, again...eyes on a little bit from community” (P2.V.3)</p> <p>“But my frontline people, they're the face and eyes and ears and hands of our agency.” (P1.S.1)</p>
Defining Roles	Client	Activities/Virtual Programming	<p>“Definitely both [employees and volunteers] should have immediate instructions on anything technical in the office. I think both should definitely have spelled out for them what is required of them because sometimes when you go in as a volunteer they're going to say, 'I want you to do this,' and then the next thing you do, you're doing something else. I think there should be more of a written outline of your volunteer duties or requirements on a position.” (P3.C.8)</p>
Support program recruitment and outreach	Volunteer	Activities/Virtual Programming	<p>“They had twice as many people want to do it. So then they had to scurry around to find more volunteers. And I think they asked us if we knew anybody...In recruiting, ‘Do you love art? Do you want to get some free art materials? Do you have three hours every two weeks that you could at the most devote?’ It's a pretty easy sell.” (P2.V.3)</p>



### THEME 3: COMMUNICATION

Communication allows for clear understanding of the program mission which is reflected in training materials and advertising. Clear communication is key for program success. Sharing feedback in a continuous loop to and from staff to volunteer to client benefits everyone. Volunteer and client training helps set boundaries for expectations (volunteer and client), and defines sensitive conversation topics to best avoid (including religion and politics). Matching clients and volunteers based on interests leads to long lasting friendships. Creating support groups for volunteers helps volunteers share strategies and tips, and promotes volunteer retention.

**TABLE 4: COMMUNICATION**

CONCEPT	PARTICIPANT	PROGRAM TYPE	QUOTE
Importance of feedback	Staff	Telephone Reassurance	“At any given point we have about 150, 160 matches in [the telephone reassurance program] through the three counties...We split up the list and we just come back with these quality checks just to make sure [volunteers] are indeed calling. If they're not calling can we rematch [clients] with someone new? Sometimes we'll get really good testimonials out of that, like people just saying they're so grateful. It's really nice to see the impact it's made on our community.” (P4.S.3)
	Staff	Telephone Reassurance	“I always let [volunteers] know, too, if there has been any new people assigned, if we've had anybody leave the program and why. It could be as simple as we have someone pass away. Of course, I don't give names, but it's just numbers and information. Most of the volunteers have told me, 'I love how you keep us updated with how many people we still have to assign because it makes me want to take on one or two more.' So anything that I think is impactful and hits them at the heart.” (P5.S.2)
Setting Boundaries	Volunteer	Friendly Visitor	“They sent you a booklet about things to do and not to do. Things not to talk about like, don't engage in politics, don't engage in any offensive conversation, of course. Some of them are well, common knowledge. Don't be rude, be nice. Don't talk all of the time, let the senior answer. But yes, they are very, very accommodating. They explained to you what's expected of you. So, they help you do a good job.” (P6.V.1)



Matching client/volunteer	Client	Telephone Reassurance	<p>“I look forward to talking to these two women. I happily anticipate them calling. So it's a win for me, because I know I can just talk to them. And we usually talk for over an hour, sometimes more. And I feel, I don't want to say close to them, but I do care about both of them... it's having a friend that you talk to on the phone. Friendship is important.” (P4.C.6)</p>
	Client	Telephone Reassurance	<p>“Well, I think first of all, the personality of the person calling has a lot to do with how the program goes... When I look at [volunteer] and how our conversations go, she's able to relate to me and I'm able to relate to her because we can talk about a lot of the same things and she can understand where I'm coming from. A lot of it has to do with the particular individuals from each end and how they get along with each other.” (P5.C.4)</p>
Support Groups for Volunteers	Volunteer	Activities/ Virtual Programming	<p>“They have these gatherings where we get to share the results of our creative process and all of that really addresses isolation at the same time. But I think it does it really, really well. Just a really high caliber program.” (P2.V2)</p>
	Volunteer	Telephone Reassurance	<p>“[Volunteers] get together as a community. Again, I work, so I don't really get to join in them, but they give us a monthly review of what their get-togethers are like, and they are fun. They have developed friendships. They're pointing out how they've reached out to the community and how they're expanding their ideas and what they're doing. They talk about the things they've learned and they share, it's never something down or negative, so it's uplifting.” (P4.V1)</p>

**THEME 4: INNOVATION AND CREATIVITY**

Innovation and creativity originally inspired the development of social connection programs in response to client needs found in the Meals on Wheels network program community. Ongoing program adaptation to meet evolving client needs, and enabling volunteers to go above minimum programmatic requirements is key for continued programmatic success. During the COVID-19 pandemic this flexibility, innovation and creativity was most apparent as Meals on Wheels network social connection programs had to quickly pivot to meet social distancing requirements and creatively find ways to maintain social connection for their clients.

**TABLE 5: INNOVATION AND CREATIVITY**

CONCEPT	PARTICIPANT	PROGRAM TYPE	QUOTE
Adaptation	Staff	Activities/Virtual Programming	“I asked them...to allow me to be able to do a hybrid programming on a regular basis because I think it's here to stay. Especially for the senior population, whether they have to stop driving or whether there's other things going on, there's going to be reasons why people don't want to be out and about. And if it's easier for them to get on [technology] for those that are able, that would be a great option.” (P3.S.3)
	Staff	Activities/Virtual Programming	“I feel like our staff has been able to just move with the constant changes and adapt. We're either in person or we're not in person or we're in person again and we're not in person, and they just adapt really quickly. We just change up the programming, create links, and I think it's good.” (P3.S.1)
Going above the requirements of the program	Volunteer	Friendly Visitor	“Sending letters is a lost art and I love getting mail. So I think as a senior, it's fun to get something in the mail. It takes time to do that. I appreciate letters, so I think they would too. It's a nice gesture as well as still being positive. I just got a dog, so I tell them a lot of funny stories about my dog. I also have a little Polaroid camera, so I send them little pictures sometimes of my dog and stuff.” (P6.V.3)



Adapting program due to the COVID-19 pandemic	Staff	Friendly Visitor	“So [the friendly visitor program], it started off as a home visitation program. Our volunteers would visit at least once a week with our clients. They would stop by the house. They would do a puzzle or watch TV together, some socialization. With the pandemic, we had to really switch it up. So we really relied heavily on phone calls, letter writing, writing cards, we tried Zoom, just any way to keep them connected with their volunteers, especially during the beginning before there were vaccinations available.” (P6.S.3)
	Staff	Telephone Reassurance	“The Telephone Reassurance Program we began when the pandemic hit. One of the things that we did was we were looking for ways to keep all of our employees engaged in service because our meal program [was] put on pause for a couple of months. So we took all of our employees and we had them call each and every client that we had in the entire agency...So when we started calling folks, one of the things that we realized is that a lot of people were pretty much isolated and lonely just from the conversations that we had during that very first week. So we ended up deciding that we needed to continue this particular program and to be able to reduce out any isolations or feeling of loneliness or anything of that nature.” (P5.S.1)
	Client	Activities/Virtual Programming	“We ended up doing something a little bit different. They asked me if I wanted one [activity kit]. I said, yes. Well, it turns out that my friend [name], the one I got into [the program] last year, she had volunteered to be a [volunteer]. So, we sort of combined me and her and her people...But we've been doing a biweekly Zoom meeting with the four of us and checking in on how it's going. That's working really nicely, I have to say. Some people hate Zoom. I love Zoom. If I didn't have Zoom these last two years, I don't know what would've happened, because I've just been doing everything on Zoom and I like it.” (P2.C.3)

## CONCLUSION

---

This evaluation examined the components of existing Meals on Wheels programs to better understand those that successfully address social isolation and loneliness and/or provide and facilitate social connection for their clients. Our analyses addressed each of the project's three objectives:

**Objective 1:** To understand the feasibility and sustainability of social connection programs for Meals on Wheels network programs.

Our analyses of Meals on Wheels social connection programs (telephone reassurance, friendly visitor and activities/virtual programming) found all programs were feasible and sustainable.

**Objective 2:** To determine which components of social connection programming are effective, scalable and transferable.

Our analysis of 116 interviews with program staff, volunteers and clients indicated four major themes: commitment of resources; engagement of staff, volunteers and clients; communication and innovation/creativity. As evidenced in the quote tables above, these themes are key for programmatic success.

**Objective 3:** To effectively assess the direct impact of social connection programming on Meals on Wheels clients.

Through in-depth, semi-structured interviews with program staff, volunteers and clients, our team found that the social connection program types of telephone reassurance, friendly visitor and activities/virtual programming were successful in addressing client loneliness and social isolation. As this client notes, the benefits of social connection programming are significant:

*"It's a very good thing to have, to know people out there care about you and if you need anything, check over the phone and discuss and talk about them. Life is too short. You got to keep yourself moving, keep yourself going, do what you need to do. Take care of yourself, you know?"*  
(P5, Telephone Reassurance).

This project is a critical first step towards providing evidence-based programming to effectively address social isolation and loneliness impacting older adults by determining which social connection services are effective or acceptable and what organizational components contribute to the success of programs. Understanding the components of social connection programming, the challenges to implementation and the perceptions of older adults receiving services is critical for program sustainability and expansion. We observed that some modes might be more appropriate based on organizational attributes or capacities. A small organization, for example, may want to start with a social connection program that requires less infrastructure cost and volunteer training, like telephone reassurance. Alternatively, an organization that has strong relationships with community partners may have the ability to leverage those relationships to offer different social connection programming, such as a creative arts program or hybrid in-person/online exercise classes and activities. We hope to have the opportunity to apply our findings from this evaluation to the next phase of research and evaluation: to understand the quantitative impacts of social connection programming for older adult clients.

## REFERENCES

---

1. Prohaska T, Burholt V, Burns A, et al. Consensus statement: loneliness in older adults, the 21st century social determinant of health? *BMJ Open*. 2020;10(8):e034967.
2. Dickens AP, Richards SH, Greaves CJ, Campbell JL. Interventions targeting social isolation in older people: a systematic review. *BMC public health*. 2011;11:647-647.
3. Cudjoe TKM, Roth DL, Szanton SL, Wolff JL, Boyd CM, Thorpe RJ. The Epidemiology of Social Isolation: National Health and Aging Trends Study. *The journals of gerontology. Series B, Psychological sciences and social sciences*. 2020;75(1):107-113.
4. Perissinotto CM, Stijacic Cenzer I, Covinsky KE. Loneliness in older persons: a predictor of functional decline and death. *Archives of internal medicine*. 2012;172(14):1078-1083.
5. McPherson M, Smith-Lovin L, Brashears ME. Social Isolation in America: Changes in Core Discussion Networks over Two Decades. *American Sociological Review*. 2006/06/01 2006;71(3):353-375.
6. Cacioppo JT, Hawkley LC. Social Isolation and Health, with an Emphasis on Underlying Mechanism. *Perspectives in Biology and Medicine*. 2003;46(3):S39-S52.
7. Santini ZI, Jose PE, York Cornwell E, et al. Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): a longitudinal mediation analysis. *The Lancet Public Health*. 2020/01/01/ 2020;5(1):e62-e70.
8. Robins LM, Hill KD, Finch CF, Clemson L, Haines T. The association between physical activity and social isolation in community-dwelling older adults. *Aging & mental health*. 2018;22(2):175-182.
9. Courtin E, Knapp M. Social isolation, loneliness and health in old age: a scoping review. *Health & Social Care in the Community*. 2017;25(3):799-812.
10. Barth J, Schneider S, von Känel R. Lack of social support in the etiology and the prognosis of coronary heart disease: a systematic review and meta-analysis. *Psychosomatic medicine*. 2010;72(3):229-238.
11. Bassuk SS, Glass TA, Berkman LF. Social disengagement and incident cognitive decline in community-dwelling elderly persons. *Annals of internal medicine*. 1999;131(3):165-173.
12. Shankar A, McMunn A, Banks J, Steptoe A. Loneliness, social isolation, and behavioral and biological health indicators in older adults. *Health psychology : official journal of the Division of Health Psychology, American Psychological Association*. 2011;30(4):377-385.
13. Steptoe A, Shankar A, Demakakos P, Wardle J. Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences of the United States of America*. 2013;110(15):5797-5801.
14. Cornwell B, Laumann EO. The health benefits of network growth: new evidence from a national survey of older adults. *Social science & medicine (1982)*. 2015;125:94-106.
15. Gerst-Emerson K, Jayawardhana J. Loneliness as a Public Health Issue: The Impact of Loneliness on Health Care Utilization Among Older Adults. *American Journal of Public Health*. 2015/05/01 2015;105(5):1013-1019.
16. Valtorta NK, Moore DC, Barron L, Stow D, Hanratty B. Older Adults' Social Relationships and Health Care Utilization: A Systematic Review. *Am J Public Health*. Apr 2018;108(4):e1-e10.
17. Flowers L, Houser A, Noel-Miller C, et al. Medicare spends more on socially isolated older adults. Washington, DC: AARP Public Policy Institute; 2017.

18. Ornstein KA, Leff B, Covinsky KE, et al. Epidemiology of the Homebound Population in the United States. *JAMA internal medicine*. 2015;175(7):1180-1186.
19. Ankuda CK, Leff B, Ritchie CS, Siu AL, Ornstein KA. Association of the COVID-19 Pandemic With the Prevalence of Homebound Older Adults in the United States, 2011-2020. *JAMA Intern Med*. 2021;181(12):1658–1660. doi:10.1001/jamainternmed.2021.4456
20. Qiu WQ, Dean M, Liu T, et al. Physical and mental health of homebound older adults: an overlooked population. *Journal of the American Geriatrics Society*. 2010;58(12):2423-2428.
21. Bedard-Thomas J, Gausvik C, Wessels J, Regan S, Goodnow K, Goroncy A. I Live Alone but Don't Feel Alone: Social Isolation and Loneliness From the Patient Perspective. *Journal of patient-centered research and reviews*. 2019;6(4):262-266.
22. Sakurai R, Yasunaga M, Nishi M, et al. Co-existence of social isolation and homebound status increase the risk of all-cause mortality. *International psychogeriatrics*. 2019;31(5):703-711.
23. Sanders S, Polgar JM, Kloseck M, Crilly R. Homebound Older Individuals Living in the Community: A Pilot Study. *Physical & Occupational Therapy In Geriatrics*. 2005/01/01 2005;23(2-3):145-160.
24. Turcotte PL, Larivière N, Desrosiers J, et al. Participation needs of older adults having disabilities and receiving home care: met needs mainly concern daily activities, while unmet needs mostly involve social activities. *BMC Geriatr*. Aug 1 2015;15:95.
25. Poscia A, Stojanovic J, La Milia DI, et al. Interventions targeting loneliness and social isolation among the older people: An update systematic review. *Experimental gerontology*. 2018;102:133-144.
26. Gardiner C, Geldenhuys G, Gott M. Interventions to reduce social isolation and loneliness among older people: an integrative review. *Health & social care in the community*. 2018;26(2):147-157.
27. Cohen-Mansfield J, Perach R. Interventions for alleviating loneliness among older persons: a critical review. *Am J Health Promot*. Jan-Feb 2015;29(3):e109-125.
28. Fakoya OA, McCorry NK, Donnelly M. Loneliness and social isolation interventions for older adults: a scoping review of reviews. *BMC Public Health*. Feb 14 2020;20(1):129.
29. Jarvis M-A, Padmanabhanunni A, Balakrishna Y, Chipps J. The effectiveness of interventions addressing loneliness in older persons: An umbrella review. *International Journal of Africa Nursing Sciences*. 2020/01/01/ 2020;12:100177.
30. Smith ML, Steinman LE, Casey EA. Combatting Social Isolation Among Older Adults in a Time of Physical Distancing: The COVID-19 Social Connectivity Paradox. *Front. Public Health*. 2020;8:1-9.
31. Morrow-Howell N, Galucia N, Swinford E. Recovering from the COVID-19 Pandemic: A Focus on Older Adults. *J Aging Soc Policy*. Jul-Oct 2020;32(4-5):526-535.
32. Emerson KG. Coping with being cooped up: Social distancing during COVID-19 among 60+ in the United States. *Rev Panam Salud Publica*. 2020;44:e81.
33. Wilson TL, Scala-Foley M, Kunkel SR, Brewster AL. Fast-track Innovation: Area Agencies on Aging Respond to the COVID-19 Pandemic. *Journal of Aging & Social Policy*. 2020/07/03 2020;32(4-5):432-438.
34. Smith BJ, Lim MH. How the COVID-19 pandemic is focusing attention on loneliness and social isolation. *Public Health Res Pract*. Jun 30 2020;30(2).

35. Strauss A, Corbin J. Grounded Theory Methodology. In: Denzin NK, Lincoln YS, eds. Handbook of Qualitative Research. Thousand Oaks, CA: Sage Publications,1994, pp 217-85.
36. Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. Qualitative research practice: A guide for social science students and researchers: sage, 2013
37. NORC at the University of Chicago. COVID-19 And Older Adults: Research Findings and Implications for Meals on Wheels. Spring 2021. <https://www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio>.
38. Meals on Wheel America and Trailblazer Research. COVID-19 Member Impact Study. Nov 4-24, 2020. <https://www.mealsonwheelsamerica.org/learn-more/research/covid-19-research-portfolio>.
39. Becker P. Publishing pilot intervention studies. Research in Nursing & Health. 2008;31:1–3. doi: 10.1002/nur.20268.



TO LEARN MORE, VISIT  
[MEALSONWHEELSAMERICA.ORG](https://www.mealsonwheelsamerica.org)

