EVALUATING SOCIAL CONNECTION PROGRAMS:

FRIENDLY CALLING AND VISITING QUANTITATIVE PILOT STUDY

NOVEMBER 2024

MEALS on WHEELS AMERICA

ACKNOWLEDGMENTS

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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 trusted volunteer workforce, this network delivers a comprehensive solution that begins with a meal and is proven to enable independence and well-being through the additional benefits of tailored nutrition, social connection, safety and much more. By providing funding, programming, 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.
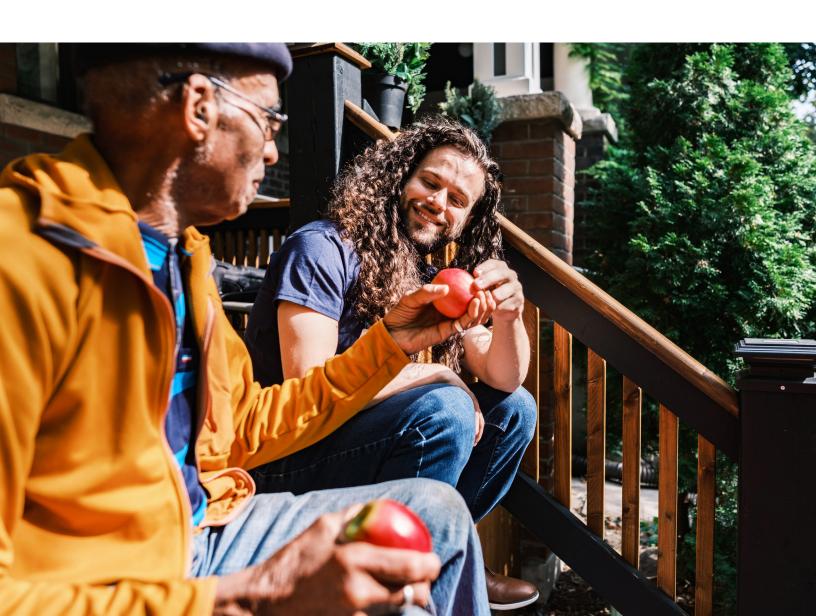
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EXECUTIVE SUMMARY

INTRODUCTION AND PURPOSE

Social isolation and loneliness are growing public health concerns, declared a national epidemic in 2023 by the U.S. Surgeon General. The negative consequences of social isolation include anxiety, depression, cardiovascular disease, cognitive decline, lower quality of life and increased use of health care services.

The Meals on Wheels network prioritizes promoting and fostering meaningful social connections and reducing social isolations and loneliness among older adults. This pilot study is a start in quantitatively assessing the effectiveness of social connection initiatives and evaluating the operational factors essential for their expansion and scalability.

Meals on Wheels America conducted a social connection pilot program with 10 Meals on Wheels organizations to explore the feasibility of scaling social connection programs and demonstrate the efficacy of friendly calling and visiting in reducing disconnectedness. The organization engaged an independent evaluator to thoroughly assess both the outcomes and processes of these interventions.

FINDINGS

At baseline, over 82% of clients were deemed at risk for social disconnectedness. Differences in social connectedness were assessed following three months of visits and/or calls. Overall, on average, clients reported statistically significant reductions in social disconnectedness from baseline to three-month follow-up, with about 53% of clients reporting lower scores at follow-up than baseline. From baseline to follow up, significant improvements were observed in clients' risk associated with "I can find companionship when I want it" and "I am content with my friendships and relationships."

At the conclusion of the pilot, Meals on Wheels organizations were asked to report process metrics about their recruitment and engagement of clients in friendly calling and friendly visiting efforts.

"My niece and nephew call, but they don't really listen, and I don't always tell them how I'm really feeling like I do with her. After all, she will always call me. Everyone else...now and then...on my birthday. My caller will always call.

— **FRIENDLY CALLING PILOT CLIENT**

CONCLUSION

This pilot validates existing findings that Meals on Wheels programs provide impactful social connection programming and uncovers meaningful lessons for scaling these valuable, time-intensive offerings. Despite administrative challenges, Meals on Wheels social connection programs are increasing social connectedness. Clients report a tangible improvement in their ability to find companionship on demand and express greater satisfaction and contentment with their friendships and relationships.

This initiative was an innovative step to overcome key operational challenges and evaluate effectiveness for scaling social connection programs among Meals on Wheels organizations. Pilots like this are important to demonstrate the value of these programs and better understand the benefits and challenges of implementing friendly calling and visiting programs.

INTRODUCTION

BACKGROUND

Of the 79 million people[1] across the country who are age 60 or older, one in four lives alone[2] and one in three reports feeling lonely,[3] increasing their risk of harmful health issues that could impede their ability to stay in their homes and out of institutional settings. Social isolation and loneliness are growing public health concerns, declared a national epidemic in 2023 by the U.S. Surgeon General.[4] The negative consequences of social isolation include anxiety,[5] depression,[6] cardiovascular disease,[7] cognitive decline,[8] lower quality of life[9] and increased use of health care services.[10] Homebound older adults are particularly vulnerable to social isolation and loneliness.

Promoting meaningful social connections and reducing social isolation and loneliness are key priorities for the Meals on Wheels network. For over 50 years, the Meals on Wheels network has been at the forefront of addressing the unique needs of homebound older adults, providing social connection programs that cater to their specific circumstances. For many homebound Meals on Wheels clients, the person delivering their meal may be the only person they see that day or even that week. To this end, 93% of local Meals on Wheels programs offer social connection programming beyond the provision of a meal. For example, 64% provide socialization opportunities with other seniors, 56% provide friendly visiting via phone or social calling, 52% provide opportunities for clients to also be volunteers (e.g., mentoring, tutoring, social calling), 45% provide in-person group classes or group activities, and 44% provide pet assistance or pet food delivery (helping clients to keep their pets, who are an important source of social companionship for many older adults).[11] This pilot specifically explored friendly calling and visiting social connection programming.

[1] Meals on Wheels America calculations based on data from the U.S. Census Bureau. Population Estimates by Characteristics, for ages 60 and older, 2022. Count derived by aggregating values for all ages of women and men 60+ years old. Data sourced from "NC-EST2022-AGESEX-RES: Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States: April 1, 2020 to July 1, 2022." U.S. Census Bureau, Population Division. Released April 2023. Available at: https://www.census.gov/data/datasets/time-series/demo/popest/2020s-national-detail.html.

[2] 2022 Administration for Community Living (ACL), American Community Survey (ACS) Demographic and Household Data, 1-Year Public Use Microdata Sample (PUMS). Data reflects the number of seniors living alone in the state or nation in 2022 who are age 60 and older. Accessed via ACL AGing, Independence, and Disability Program Data Portal (AGID) Custom Tables (SPR). Available at: https://agid.acl.gov/.

[3] Special data file request from AARP Research, report by A. Oscar and C. Thayer, "Loneliness and Social Connections: A National Survey of Adults 45 and Older," September 2018. Estimate calculated by Meals on Wheels America for adults ages 60 and older living in the United States.

[4] United States. Public Health Service. Office of the Surgeon General. (2023). Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community. Department of Health and Human Services. Available at: https://www.hhs.gov/sites/default/files/ surgeon-general-social-connectionadvisory.pdf.

[5] 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;5(1)

[6] 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.

[7] 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.

[8] 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.

[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] 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;105(5):1013-1019 and Valtorta NK, Moore DC, Barron L, Stow D, Hanratty B. "Older Adults' Social Relationships and Health Care Utilization: A Systematic Review." American Journal of Public Health. 2018;108(4)

[11] Meals on Wheels America, "2023 Member Benchmarking Survey."

RESEARCH SIGNIFICANCE

Local Meals on Wheels programs are key players in addressing social disconnectedness, and they have developed ways to build quality connections with homebound seniors beyond the social interactions that occur during regular meal deliveries and congregate meal gatherings. Two of the social engagement programs most commonly implemented by Meals on Wheels programs are:

FRIENDLY CALLING: Regular phone calls by a volunteer or staff to provide conversation and companionship

FRIENDLY VISITING: In-person, regularly scheduled one-on-one engagements between an older adult and a volunteer over an extended time

While friendly calling and visiting programs are prevalent nationwide and commonly provided by Meals on Wheels programs, there is variation in how programs reach at-risk clients, little operational standardization and limited evidence about effectiveness in reducing social isolation and loneliness. We've seen the impact qualitatively in our 2023 report, Effective Solutions to Address Social Isolation and Loneliness Through Meals on Wheels, but this pilot begins to quantitatively measure the impact of social connection programming for older adults and understand operational considerations for reach and scale.

To this end, with support from Caesars Foundation, Meals on Wheels America launched a pilot program aimed at reducing operational barriers to providing social engagement programs, improving the depth and quality of social interactions and demonstrating the impact of these programs through a robust program evaluation.

ABOUT THE PILOT

In 2023, Meals on Wheels America conducted a social connection pilot program with 10 Meals on Wheels organizations to explore the feasibility of scaling social connection programs and demonstrate the efficacy of friendly calling and visiting in reducing disconnectedness.

The key operational challenges to scalability identified by Meals on Wheels programs to be addressed by the pilot included:

- Inadequate data systems
- Lack of staff bandwidth
- Privacy considerations
- Inadequate training for meaningful conversations with clients
- Lack of uniform and appropriate measures to identify social disconnectedness

Meals on Wheels organizations participating in this pilot tested tools and processes for training, onboarding, client recruitment, client interactions, evaluation and data collection. The pilot included four standardized components:

1. **DATABASE HUB:** All organizations utilized ServTracker, a software for senior service agencies to manage client relationships. ServTracker served as the "hub" of technology integration for this project, which allowed Meals on Wheels programs to directly connect each of the project components (e.g., risk assessment, friendly calling scheduling and tracking).

2. **SOCIAL CALL SOFTWARE:** Organizations implementing friendly calling used CallHub, a HIPAA-compliant technology built for managing telephone-based interactions. CallHub facilitates telephone connections between friendly callers and older adults for companionship and wellness checks. CallHub masks phone numbers to protect client and volunteer privacy and enables programs to track social calling in real-time, facilitating program monitoring and evaluation.

3. **COMMUNICATION AND ENGAGEMENT TRAINING:** Staff and volunteers were trained with TimeSlips™, an evidence-based communications strategy focused on building connections and improving mood, communication and quality of life among older adults. Utilizing their "Beautiful Questions," Meals on Wheels staff and volunteers were trained to engage clients in meaningful interactions. Beautiful Questions are designed to appeal to older clients' emotional memory, spark joy and playfulness, and create opportunities for connection.

4. **CONSISTENT EVALUATION TOOL:** All organizations assessed clients using the Upstream Social Interaction Risk Scale (U-SIRS-13), a validated 13-item measure[12,13] that assesses an individual's feelings of social disconnectedness (e.g., feel isolated from others, can find companionship when wanted, miss having people around, attended community groups or organizations in past 2 weeks). Each response choice is scored on a three-point Likert-type scale, with response categories of "none of the time," "some of the time" and "often." Responses are dichotomized to be coded as "no risk" (scored 0) and "risk" (scored 1) based on the directionality of each item. Responses are summed to create a count variable where higher scores indicate greater risk for social disconnectedness (range from 0 to 13).

[12] Smith, M.L., L.E. Steinman, and E.A. Casey, Combatting Social Isolation Among Older Adults in a Time of Physical Distancing: The COVID-19 Social Connectivity Paradox. Front Public Health, 2020. 8: p. 403.

[13] Smith, M.L. and M.E. Barrett, Development and Validation of the Upstream Social Interaction Risk Scale (U-SIRS-13): A Scale to Assess Threats to Social Connectedness among Older Adults. Front Public Health, 2024. 12.

THESE FOUR COMPONENTS WERE INTEGRATED INTO THE PILOT DESIGN TO: (1) prepare staff members and volunteers to meaningfully engage clients during friendly calls and friendly visits; and (2) create a cohesive technological system capable of gathering client data, scheduling meal deliveries, coordinating and tracking friendly calls and collecting risk assessments. Together, these training and technological solutions were implemented to support effective social engagement with clients and alleviate Meals on Wheels organization burdens associated with managing multiple softwares to implement social engagement programming.

An external evaluator was engaged to conduct outcome and process evaluations of friendly calling and friendly visiting programs that used all four components:
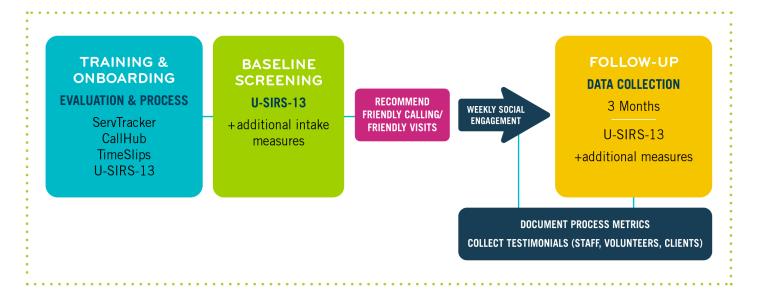
The **OUTCOME EVALUATION** aimed to:

- Assess the effectiveness of client engagement to reduce social disconnectedness over time

- Understand the overall benefits to clients and who benefitted most based on the type of social engagement they received

The **PROCESS EVALUATION** aimed to:

- Document the procedures and consistency of implementation of the participating Meals on Wheels organizations

- Understand what worked well and what could be improved

The figure below provides an overview of the pilot design. The process started with a series of trainings for the Meals on Wheels organizations based on the four integrated components (ServTracker, CallHub, TimeSlips and the U-SIRS-13). After the training and onboarding sessions, the organizations were asked to screen prospective social connection clients with a baseline assessment of social disconnectedness. Meals on Wheels organizations used their discretion to identify clients they believed to be eligible for this pilot. After being screened, the identified clients were invited to participate in a friendly calling or friendly visiting program. Clients' engagement in friendly calling or friendly visiting programming was documented for upwards of six months; however, each organization was asked to focus on collecting three-month follow-up assessments for a minimum of 25 new clients using the U-SIRS-13. Meals on Wheels organizations were also encouraged to document process-related challenges and successes and collect testimonials from staff members, volunteers and clients about their experience.

METHODS

Meals on Wheels organizations collected U-SIRS-13 risk assessment data locally and entered it into ServTracker. CallHub tracked friendly calling engagement, which was linked to ServTracker through the technology integration. Friendly visits were tracked via spreadsheet and matched using client ID. Data exports from ServTracker and CallHub were shared with Meals on Wheels America, which were then de-identified and shared with the external evaluator for data cleaning, dataset concatenation and data analysis.

Between January 1, 2023, and December 31, 2023, 539 unique clients were recruited to participate in social engagement. Given the emphasis on baseline risk and risk change over time, 258 clients (47.8%) were omitted because they lacked a baseline U-SIRS-13 risk assessment. More detailed descriptive statistics were computed to describe the initial sample of clients (n=281) with a baseline U-SIRS-13 assessment and at least one social engagement (i.e., a friendly call and/or friendly visit). Chi-square tests and independent sample t-tests were used to assess differences across clients based on if they had baseline only data or matched baseline and three-month follow-up data. Pearson's r correlation coefficients were computed to assess baseline relationships with social engagement through friendly calling and friendly visits.

After reducing the sample to only clients with matched baseline and three-month follow-up data (n=109), descriptive statistics were again computed, which were compared using chi-square tests and independent sample t-tests to assess differences between those receiving friendly calls (n=78) and friendly visits (n=31). Then, paired t-tests were used to examine the average magnitude of change in social disconnectedness from baseline to three-month follow-up. Sign-rank tests were also used to identify the proportion of clients who improved, declined and stayed the same from baseline to three-month follow-up.

FINDINGS

OUTCOME EVALUATION

PILOT ORGANIZATION DATA

Of the 10 Meals on Wheels organizations participating in the Pilot, eight effectively recruited clients for this initiative. Among these, seven organizations conducted friendly calls and/or friendly visits with clients. Six of these organizations completed a baseline U-SIRS-13 assessment, while five collected comparable U-SIRS-13 data both at baseline and at the three-month follow-up. Consequently, comprehensive outcome data were obtained and analyzed from only five Meals on Wheels organizations participating in the pilot.

CLIENT DATA

All Participating Clients

Between January 1, 2023 and December 31, 2023, 539 unique clients were recruited to participate in social engagement. Of these, 475 (88.1%) received friendly calls and 64 (11.9%) received friendly visits with a high level of engagement:

475 CLIENTS RECEIVED FRIENDLY CALLS

9,497 total calls
19.80 average calls per client

111,959 total minutes
8.74 average minutes per call

64 CLIENTS RECEIVED FRIENDLY VISITS

952 total visits
14.88 average visits per client

Clients with Matched Outcomes

430 clients were omitted from analysis because they lacked a baseline U-SIRS-13 risk assessment and/or three-month follow up. Of the remaining 109 clients, 78 (71.6%) received friendly calls only, 14 (12.8%) received friendly visits only, and 17 (15.6%) received friendly calls and friendly visits. Clients who received at least one friendly visit were grouped together for analyses (n=31, 28.4%) because the shorter mean call duration was indicative of calls primarily to schedule friendly visits (i.e., 2.9 minutes for those with friendly calls and friendly visits vs. 14.1 minutes for those who only received friendly calls).

See Appendix A, Table A1 for the amount of engagement among clients with and without complete risk assessment data.

Client Demographics

On average, clients were ages 78.3 (±9.8) years (range: 54 to 98 years; n=107). On average, clients who received friendly visits were older than their counterparts who received friendly calls (81.9 vs. 76.8 years; t=6.43, P=0.013).

Four contextual items were collected with the U-SIRS-13, revealing that:

- 76.1% (n=83) lived alone
- 71.6% (n=78) had transportation to where they wanted to go
- 69.7% (n=76) had access to a computer/tablet/smart phone
- 52.3% (n=57) were worried or stressed about having enough money to meet their basic needs

BASELINE SOCIAL DISCONNECTEDNESS

At baseline, clients with matched data reported an average U-SIRS-13 score of 7.71 (±3.01) on a scale of 0 to 13, with higher scores indicating greater disconnectedness. **Over 82% of clients were deemed at risk for social disconnectedness** with scores within the medium (31.2%), medium-high (27.5%), and high (24.8%) categories.

When looking at the baseline risk for individual U-SIRS-13 items, the highest risk was with respect to "I miss having people around me," "I feel isolated from others," "I lack companionship" and "had not attended a social group in the past two weeks."

80.7% of participants reported
"I MISS HAVING PEOPLE AROUND ME"

77.1% of participants reported
"I FEEL ISOLATED FROM OTHERS"

75.2% of participants reported
"I LACK COMPANIONSHIP"

73.4% of participants
HAD NOT ATTENDED A SOCIAL GROUP IN THE PAST TWO WEEKS

HIGHEST RISK ITEMS AT CLIENT BASELINE ASSESSMENT

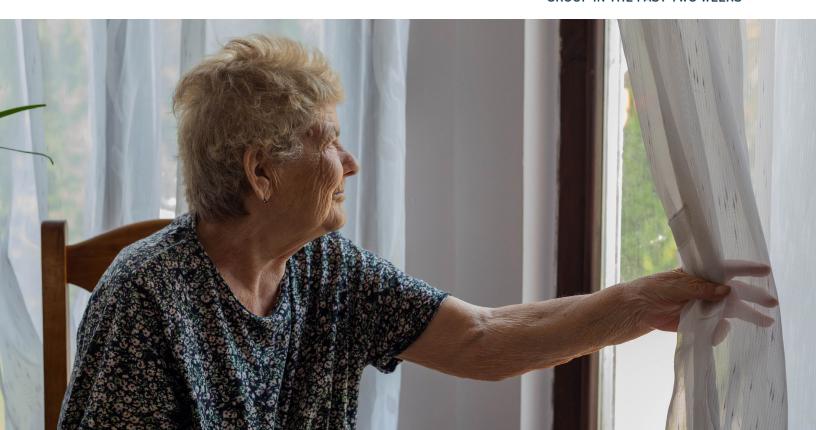| Item	Percentage
Miss People Around	80.7%
Feel Isolated	77.1%
Lack Companionship	75.2%
Perticipate Social Groups	73.4%
Participate Religious Groups	70.6%
Find Companionship	66.1%
Contact with People Can Trust	61.5%
No One Knows Me	49.5%
Content Relationships	48.6%
Enough People to Call for Help	46.8%
Satisfied Friend Relationships	45%
Satisfied Family Relationships	43.1%
Avoid Socializing	33%

When comparing baseline risk between clients who received friendly calls and friendly visits, no significant differences were observed for the U-SIRS-13. However, a significantly larger proportion of friendly calling clients reported risk on items, "I am satisfied with the relationships I have with my friends" ($\chi2=6.42$, $P=0.011$) and "did not attend a social group in the past two weeks" ($\chi2=5.21$, $P=0.022$). A significantly larger proportion of friendly visiting clients reported risk on item "there are enough people I feel close to and could call for help" ($\chi2=5.47$, $P=0.019$). In correlation analysis, on average, having a higher baseline risk score for social disconnectedness was associated with having fewer social calls ($r=-0.19$, $P<0.01$), fewer overall friendly call minutes ($r=-0.18$, $P<0.01$), and fewer friendly calls of 2+ minutes in duration ($r=-0.21$, $P<0.01$).

CHANGES IN SOCIAL CONNECTEDNESS

On average, clients received 60.23 encounters (i.e., calls or visits), ranging from 1 to 243 encounters (total of 6,565 encounters). See Appendix A, Table A2 for a full breakdown of client engagement.

Differences in social connectedness were assessed following three months of visits and/or calls. Overall, on average, clients reported statistically significant reductions in social disconnectedness from baseline to three-month follow-up (t=3.17, P=0.002). About 53% of clients reported lower scores at follow-up than baseline. When broken down into subgroups:

- On average, clients who received friendly calls (n=78) significantly reduced their social disconnectedness (t=3.25, P=0.004) with 56% of clients reporting lower scores at follow-up than baseline (z=-2.92, P=0.004).

- Clients who received friendly visits (n=31) showed no significant difference in social disconnectedness (t=0.61, P=0.550) with 39% of clients reporting lower scores at follow-up than baseline (z=-0.53, P=0.600).

56% of clients
receiving friendly calls

39% of clients
receiving friendly visits

REPORTED DECREASED SOCIAL DISCONNECTEDNESS

See Appendix B, Table B1 for changes over time by type of social engagement.

In terms of individual U-SIRS-13 items, significant improvements were observed in two items from baseline to three-month follow-up. Specifically, clients reduced their risk associated with, "I can find companionship when I want it" (24%) and "I am content with my friendships and relationships" (19%). For a full list of changes over time by assessment item, see Appendix B, Table B2.

IN THEIR OWN WORDS: CLIENT EXPERIENCE

Client testimonials gathered during the social engagement pilot reveal profound insights into the program's impact. These personal accounts underscore the significance of consistent, weekly interactions with empathetic individuals who share similar interests. Clients cherished the reliability and depth of these connections, where they found both companionship and a safe space to express themselves openly. Notably, while appreciative of meeting new people, many were delighted to discover that their caller was also the familiar face delivering their meals, deepening the sense of trust and comfort in these interactions.

"Everyone needs someone to talk to, to know that someone is thinking about them and that they can expect calls regularly."

"I have 16 grandkids. They like to do that thing on the laptop where a bunch of them are all in squares and talk all at once. It makes me nuts! I can't do that. I really like the calls. Right away, we talked about being retired. We talk about the news reports, Bonanza, Gunsmoke, or sometimes he just tells me about his weekend."

"The first interaction was very friendly, he [the volunteer] had a nice attitude and was enthusiastic about connecting with me. Although he is a lot younger than I am, we share similar interests, and he always remembers things about me."

"I could tell from the first call my caller and I were kindred spirits! I knew because she made me laugh. We just cut each other up! She said she would send me pictures of her cats and I told her I would send pictures of my garden. I can't get out too much, so I was happy to have this new friend."

"Most of my time was spent alone tending to my garden, which I love, but I was very lonely. Now I get to share the things I love with someone who has similar interests."

"My niece and nephew call, but they don't really listen, and I don't always tell them how I'm really feeling like I do with her. After all, she will always call me. Everyone else…now and then…on my birthday. My caller will always call."

"It's nice to have someone to talk to about these things. I know I don't answer the phone as often as I should, but I do appreciate the calls. I really do."

"I have been sitting here thinking about the fact that it is my late husband's birthday. He would have been 86, and instead of celebrating I'm sitting here alone. I'm really very depressed and sad. I've even cried today. I think you calling was meant to show me that I am not alone. I am so thankful for this call and for the time we had to talk today. I'm going to look forward to further calls. This call turned my day around."

"I didn't want to have just a random stranger calling me and checking in on me, so when I found out it was going to be my regular delivery person, I was happy. It gave us time to just enjoy some chit chat and not be so hurried. We had some interesting conversations."

PROCESS EVALUATION

At the pilot's conclusion, Meals on Wheels organizations reported on their recruitment and engagement process metrics for the friendly calling and friendly visiting initiatives.

STAFF AND VOLUNTEER TRAINING

Throughout the pilot, Meals on Wheels organizations reported that they collectively trained 367 staff members and volunteers to deliver social engagement programming, use the technology platforms and manage data collection specific to this initiative. The number of individuals trained varied significantly across the organizations, ranging from 3 to 185 per site. These training sessions targeted a diverse group including home-delivered meal drivers and assistants, volunteer callers and visitors and organization staff members, and were conducted in both virtual and in-person settings. To reinforce learning and ensure best practices, a variety of resources such as manuals, handbooks and videos were provided during the initial training sessions or distributed via email. Moreover, the organizations reported regularly hosting additional training sessions, occurring either monthly or quarterly. Some organizations also engaged in one-off training sessions with providers like TimeSlips and CallHub to deepen understanding of specific pilot components and to address pertinent questions. Organizations described training topics including:

- Introduction to the organization/agency and their service offerings
- Program policies and procedures
- What social isolation and loneliness are and how they affect your health
- Why friendly calls are important
- Emergency/safety procedures
- How to use TimeSlips
- How to use CallHub
- Data collection (e.g. risk, encounter details), reporting and documentation instructions

- Visitor/caller responsibilities, expectations and commitment
- Client recruitment methods
- Engagement strategies
- Boundaries and restrictions
- Building trust
- Being a good listener
- Signs of concern
- Well-being checks
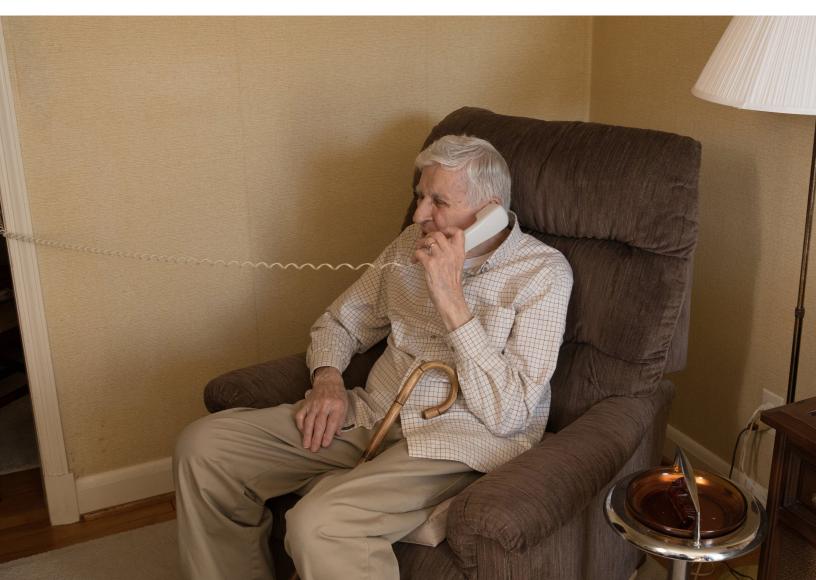- When to escalate to office staff

RECRUITMENT STRATEGIES

Collectively, the nine Meals on Wheels organizations that submitted final reports reported serving 47,469 clients across their locations, 38.7% (n=18,383) of whom they believed were eligible for social engagement programming. Of clients perceived to be eligible, 13.1% (n=2,405) were approached to participate in the pilot. A total of 684 clients agreed to participate in the pilot, which represents 3.7% of clients perceived to be eligible and 28.4% of clients who were approached to participate. Of the 684 clients who initially agreed to participate, 14.9% (n=102) did not actually participate and 15.2% (n=104) started the pilot but discontinued their participation. It should be noted that these were estimates and do not necessarily correspond with the social engagement interaction and risk assessment data collected.

Meals on Wheels organizations reported different strategies to identify clients to participate in the program. Some reported using data about loneliness and social isolation collected during intake, routine assessments to document changes of condition, renewal assessments and/or quarterly or annual client assessments to determine if clients were eligible for social engagement programming. Specific tools used included the U-SIRS-13 and assessments of social determinants of health. Other organizations reported relying on their home-delivered meal drivers and case managers to identify clients they believed would benefit from the program. Additionally, home-delivered meal drivers and case managers played a crucial role in identifying clients who would most benefit from the program, sharing flyers or engaging directly with them to explain the program's benefits and gauge their interest. Internal referrals and referrals from partnering organizations were identified as recruitment strategies. A few also reported having waitlists for social connection programming, which were used to identify clients for this pilot.

Recruitment efforts were also supported through telephone calls, their website, newsletters (delivered with meals) and their social media. Many reported that priority was often placed on clients living alone, recognizing their heightened need for social engagement.

PARTICIPATION BARRIERS

Meals on Wheels organizations identified several reasons why some potentially eligible clients either did not start or discontinued participation in the social engagement program after enrolling. Organizations reported that the primary reason clients did not start the program was difficulty in reaching them to collect essential intake and baseline information. It was also reported that some clients chose not to participate, either declining to receive calls or unwilling to commit to weekly calls or visits. Furthermore, organizations noted that family members sometimes opted out on behalf of clients who faced challenges such as hearing difficulties or cognitive impairments, which hindered participation in phone-based programs. Organizations also noted that some clients discontinued Meals on Wheels services or moved (e.g., out of the service area, into assisted living), which impeded their participation in the program. Language barriers were reported as reasons for not participating in the program, as were difficulty matching clients with callers based on prolonged waitlists and volunteer shortages. The stigma associated with loneliness and social isolation was reported as a large barrier to recruitment because many seemingly eligible clients did not admit they felt socially disconnected. The primary reason reported for discontinuing the program was difficulty reaching the client by telephone (e.g., the client was unreachable, did not answer the phone, disconnected phone number). A few organizations noted death or relocation as reasons for clients discontinuing the program. It was also mentioned that competing programs, services and warm-weather activities may have reduced clients' interest in continuing the program. Additionally, a few organizations mentioned that clients discontinued the program because they found the conversation unfulfilling or uninteresting and/or they did not establish enough rapport with their caller because of limited 'match' of interests.

IN THEIR OWN WORDS: MEALS ON WHEELS STAFF AND VOLUNTEER EXPERIENCE

Testimonials gathered from Meals on Wheels staff and volunteers provided deeper insights into the social engagement pilot's impact. Participants expressed gratitude for their involvement, recognizing the significant benefits it offered their clients—particularly those living alone or with limited community mobility. Moreover, staff and volunteers highlighted how the program enriched their own lives, fostering personal connections, instilling a sense of purpose and enhancing their commitment to community service and giving back.

"What [client] loves most about the program is what she calls a "neutral person." To her, this is someone who she can share all kinds of thoughts with - thoughts about friends and family, thoughts about her schedule, and anything that she would feel nervous to share with someone closer to her life. She said this allows her a freedom she is not able to find outside of her weekly friendly call, and when the call ends, she feels 'lighter.'"

"I think it has been a great opportunity for him to speak to someone outside his home. [Client] is confined to the four walls of his condominium because of a foot infection. He has a caregiver and a housekeeper and his brother who comes in regularly to visit, but that is it. He can't leave his condominium. So, my calls are an opportunity for him to engage with someone else. Plus, we have a lot in common; we were both inner city kids and are big sports fans. We reminisce about things from the past. I know he benefits from my calls because he always answers the phone with a warm welcome. I think he would miss me terribly if I ever stopped calling, and that's not a worry for him because I don't intend to ever stop."

"I enjoy it a lot. I have several clients I connect deeply with. They look forward to hearing from me and I look forward to hearing about what they have going on. I do wish I was able to visit the ones who have no one in person; I understand the parameters of the program, but I do wish I could do more as a volunteer."

"I don't know when our paths would have had the chance to cross other than in a program like this, so I'm really grateful that we both had interest in this program and that they were able to match us together and we've been able to make so many fun memories together."

"My clients are doing better because they have a caring person to come talk to and they have an ambassador to help with getting other assistance they may need."

"I like that everything is automated and organized. I think the most meaningful part is that it gives us space and opportunity to treat our clients with the same kindness and integrity I would like to be treated with, which helps them feel understood and release anxiety during calls."

STUDY LIMITATIONS

This study encountered several limitations that constrained the ability to expand the sample size and achieve more detailed findings. Notably, high staff turnover among key pilot personnel affected four out of the ten participating programs, leading to disruptions during the pilot. Additionally, engaging and assessing clients for follow-up data proved challenging due to factors such as hearing impairments, cognitive decline, relocations, language barriers, volunteer shortages and the social stigma associated with loneliness and isolation.

Significant data gaps were evident in the ServTracker system, particularly with missing sociodemographic information, which was more pronounced among clients who participated in friendly visits. There may also have been variability in pilot organizations' perception of who was eligible to participate in the pilot, which could have affected the uniformity and outcomes of the study.

CONCLUSION

This pilot united a diverse array of Meals on Wheels organizations to leverage a unique technology integration, enhancing the delivery, monitoring and evaluation of friendly calling and visiting initiatives for older adult clients. This initiative represented an innovative step forward to address several key operational challenges faced by Meals on Wheels programs, including: (1) inadequate data systems to set up and track program operations; (2) a lack of staff bandwidth to ensure volunteer visits and calls are completed; (3) privacy considerations in setting up phone calling; (4) inadequate communications training to make conversations with clients truly meaningful and (5) lack of uniform and appropriate measures to identify social disconnectedness. The participating organizations engaged in this pilot had the opportunity to leverage and test several key enhancements regarding training, onboarding, client recruitment, client interactions, evaluation and data collection/entry.

KEY FINDINGS AND PROGRAM EFFECTIVENESS

The findings reveal that Meals on Wheels organizations are effectively identifying clients who are at risk for social disconnectedness, with approximately 82% of clients exhibiting medium, medium-high and high levels of risk at baseline, and engage them in social enhancement programming. The pilot further demonstrated the effectiveness of friendly calling and visiting programs in mitigating this risk, evidenced by significant reductions in U-SIRS-13 scores from baseline to the three-month follow-up, with more than half of the participants (53%) showing improvements. Pilots such as this are crucial for validating the benefits of these programs, enhancing social connections and understanding the operational challenges involved in their implementation.

CHALLENGES IN CLIENT ENGAGEMENT

In the current pilot, clients who had higher baseline risk for social disconnectedness received fewer social calls and less time engaged in friendly calling. This is consistent with previous studies that document the difficulty of engaging and retaining socially disconnected older adults in community-based programming. This is often because of social isolation, barriers to community mobility or other self-restrictive behaviors. Despite these challenges, substantial engagement was achieved in this pilot, with 475 clients receiving 952 friendly visits and 9,904 calls (a total of 111,959 minutes of talk time).

DATA AND FOLLOW-UP CHALLENGES

Among the 475 clients who participated in social engagement, only 281 clients had both baseline risk assessment data and social engagement. Of these, just 109 (38.8%) clients had matched data at three-month follow-up. Limited data collection from clients over time differed by Meals on Wheels organization and may indicate challenges in clients' willingness to participate, organizations' capability to monitor clients over time and/or issues with data collection (i.e., adherence to protocol or the technological platform used to collect data). This variability in follow-up substantially weakened the statistical power of analyses, which limited the ability to detect significant differences and perform subset analyses (e.g., more detailed analyses by baseline risk levels; between clients who received friendly calls, friendly visits, or both; between varying levels of friendly calling/visiting). Despite these challenges, statistically significant changes in social disconnectedness (measured by the U-SIRS-13) were

detected in paired-sample t-tests and sign-rank tests. Further, there was substantial missing data captured in the ServTracker system for client sociodemographics (e.g., age, sex, race, education), which limited the ability to document the population served and account for important variables in repeated measures analyses. To better leverage findings and enhance future pilots, it is critical to implement strategic planning that ensures the availability of practical and effective systems. This planning should include robust technical support and training for organizations to adhere strictly to data collection protocols, thereby improving data quality and the robustness of future analyses.

IMPACT OF SOCIAL CONNECTION INTERVENTIONS

At baseline among clients with matched data, the highest risk items (measured by the U-SIRS-13) were "I miss having people around me" (80.7%), "I feel isolated from others" (77.1%), "I lack companionship" (75.2%), and not attending a social group in the past two weeks (73.4%). These specific risk factors are indicative of clients experiencing social disconnectedness; specifically, threats to physical opportunities for social interactions and lacking emotional fulfillment from social interactions. Fortunately, interventions like friendly calling and friendly visiting programs can address such risk factors by expanding social networks and offering new forms of interactions with others. Such programs may be more effective to address disconnectedness when complemented by other Meals on Wheels programs, services and resources (e.g., addressing social determinants of health, overcoming physical isolation). From this pilot, significant improvements were identified at three-month follow-up for risks of "I can find companionship when I want it" and "I am content with my friendships and relationships," which are aligned with the purposes of friendly calling and friendly visiting programming and coincide with aspects of structure and quality aspects of social connection, respectively.

While it was expected that clients receiving more interactions with friendly callers and/or friendly visitors would have larger reductions in social disconnectedness, this dose-response relationship was not observed among clients with matched data. This may be attributed to the small sample size or that repeated measures analysis generally included clients with high interaction levels (i.e., average of 481.56 minutes of friendly calling and average of 17.90 friendly visits). Additional analyses across larger samples should examine the nuances of friendly calling and friendly visiting programs (e.g., duration, changes over time, consistency of caller/visitor) to optimize impact.

This pilot reaffirms the effectiveness of Meals on Wheels programs in fostering significant social connections among seniors, validating prior findings and providing valuable insights for scaling these essential services. Despite facing administrative hurdles, the Meals on Wheels social connection programs are successfully enhancing social connectedness, with a measurable increase in clients being able to find companionship when they want it and feeling content with their friendships and relationships.

Many more clients received ongoing services than those who provided complete pre- and post- assessments, with volunteers delivering an impressive volume of social engagement. Strong volunteer networks are critical in powering Meals on Wheels social connection programs.

This initiative represented a strategic move to address and overcome critical operational challenges, setting a benchmark for evaluating the scalability and effectiveness of social connection programs within the Meals on Wheels network. Pilots like this are crucial not only for demonstrating the intrinsic value of these initiatives but also for gaining deeper insights into the practical benefits and logistical obstacles involved in expanding friendly calling and visiting services.

RECOMMENDATIONS

FOR ORGANIZATIONS

Meals on Wheels organizations were asked to provide recommendations to improve social engagement programming for future organizations wanting to implement friendly calling and/or friendly visiting services. Their recommendations were combined and expanded upon by the external evaluator, and include, but are not limited to:

Take time to adequately and thoroughly onboard staff and volunteers

- Cover content and process, including management and reporting platforms
- Host recurring trainings and check-ins to debrief, share best practices and review program protocols
- Consider the needs of multi-cultural and multi-lingual clients, staff and volunteers (and how to reach, engage and retain them)

Focus on the process and criteria for matching clients with staff and volunteers

- Brief questionnaires to guide initial pairings based on common interests
- Consider concordance (e.g., male clients report wanting male callers/visitors)

Create transition plans for staff and volunteers

- Prepare for program expansion and turn-over

Provide timely and prompt technological support for new and evolving technology platforms used to coordinate scheduling, service provision and assessment

- Have specialists available to give technical assistance

Create training guides that include best practices for friendly callers and visitors

- How to be comfortable with first friendly calls and visits to avoid awkwardness and reduce the odds of "not matching"
- How to establish boundaries and still have a friendly relationship
- How to politely end a call
- How to say "no" to a client's request
- How to "turn around" a negative conversation
- How and when to escalate situations to a supervisor or the organization
- How to determine the right frequency of calls (once a week may be too little or too frequent)

Create ways to identify and support the social needs of volunteers

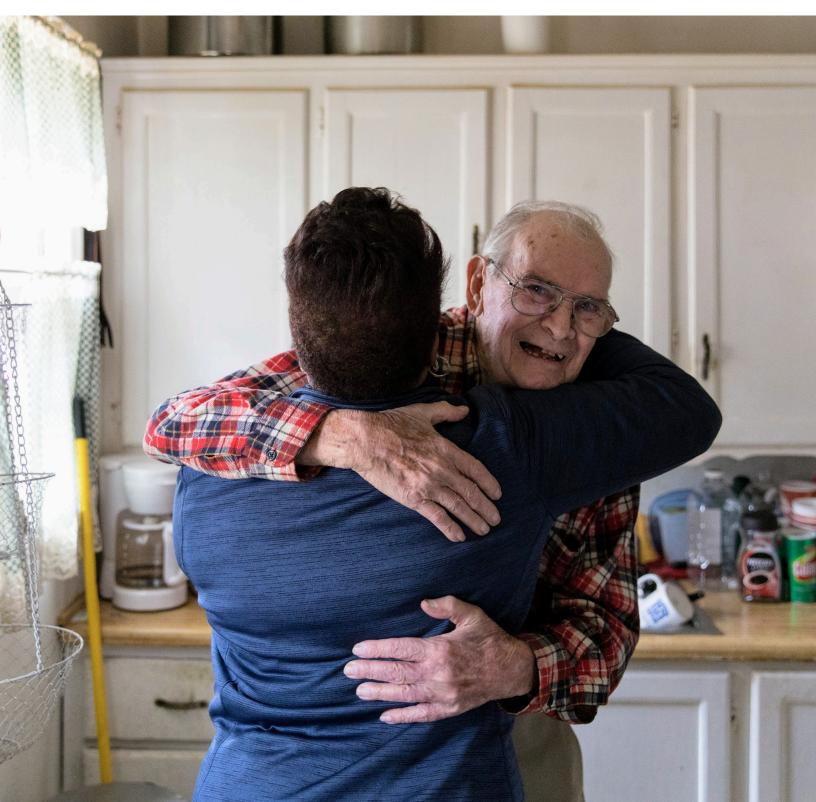- How to prevent 'burn-out', over-sharing and over-committing to clients
- How to deal with frustrations of clients not (or inconsistently) answering the calls
- How to avoid over-burdening when there are limited volunteers

Facilitate peer discussions across Meals on Wheels organizations to share challenges, successes and lessons learned

- Discussions could be small and be organized by client demographics or topic interests

FOR FUTURE RESEARCH

These evaluation findings are encouraging and support the great potential for friendly calling and friendly visiting programs among Meals on Wheels clients. However, additional efforts with larger sample sizes and over longer durations are recommended to: (1) document the effectiveness of these social engagement interventions more definitively; (2) determine the frequency and cadence of social engagement for optimal impact (i.e., recommended dose); and (3) identify programming aspects and supports needed for replication across sites, scalability and sustainability. While suggestive in nature, aspects of this pilot that could be considered replicable and scalable include: (1) robust, tailored training for staff and volunteers; (2) uniform assessment measures to identify baseline risk and improvements over time (the U-SIRS-13 or other measures to assess aspects of social connection); and (3) the use of call scheduling and management software (including CallHub or other systems).

APPENDIX A – CLIENT ENGAGEMENT

TABLE A1: AMOUNT OF ENGAGEMENT AMONG CLIENTS

	ALL PARTICIPANTS	PARTICIPANTS WITH 1+ U-SIRS	PARTICIPANTS WITH 2+ U-SIRS
FRIENDLY CALLER			
#receiving calls	475	222	78
#total calls	9497	5067	2392
Average calls per participant	19.80	22.82	30.67
Total call minutes	111958.60	63779.60	37561.40
Average call minutes	8.735	9.958	14.13
FRIENDLY VISITOR			
#participants receiving friendly visits	64 (n=21 got calls)	59 (n=21 got calls)	31 (n=17 got calls)
Total # visits	952	922	555
Average # visits per participant	14.88	15.63	17.90
#total calls	497	497	451
Average calls per participant	23.67	23.67	26.53
Total call minutes	2072.30	2072.30	1402.90
Average call minutes	4.057	4.057	2.906

TABLE A2: CLIENT ENGAGEMENT STATISTICS

	n	MEAN	MINIMUM	MAXIMUM	SUM
Number of Total Encounters (calls and visits)	109	60.23	1.0	243.0	6565
ALL CLIENTS RECEIVING A CALL					
Number of Completed Calls to Client	95	29.93	1.0	110.0	2843
Total Minutes of Completed Calls to Client	95	410.15	0.4	3596.5	38964.3
Average Call Duration of Completed Calls to Client	95	12.12	0.4	102.8	
Number of Calls Lasting 2+ Minutes	95	16.39	0.0	84.0	1557
Proportion of Calls Lasting 2+ Minutes	95	50.8%	0%	100%	
Average Call Duration of Calls Lasting 2+ Minutes	87	21.40	2.4	115.9	1862.1
FRIENDLY CALL GROUP ONLY					
Number of Completed Calls to Client	78	30.67	1.0	110.0	2392
Total Minutes of Completed Calls to Client	78	481.56	1.1	3596.5	37561.4
Average Call Duration of Completed Calls to Client	78	14.13	0.6	102.8	
Number of Calls Lasting 2+ Minutes	78	18.01	0.0	84.0	1405
Proportion of Calls Lasting 2+ Minutes	78	56.4%	0%	100%	
Average Call Duration of Calls Lasting 2+ Minutes	74	23.89	3.0	115.9	1767.60

TABLE A2: CLIENT ENGAGEMENT STATISTICS

	n	MEAN	MINIMUM	MAXIMUM	SUM
FRIENDLY VISIT GROUP ONLY					
Number of Friendly Visits with Client	31	17.90	2.0	49.0	555
Number of Total Encounters (calls and visits)	31	36.87	4.0	102.0	1143
Number of Completed Calls to Client	17	26.53	1.0	63.0	451
Total Minutes of Completed Clls to Client	17	82.52	0.4	438.6	1402.9
Average Call Duration of Completed Calls to Client	17	2.91	0.4	19.7	
Number of Lasting Calls 2+ Minutes	17	8.94	0.0	34.0	152
Proportion of Calls Lasting 2+ Minutes	17	25.1%	0%	74%	
Average Call Duration of Calls Lasting 2+ Minutes	13	7.27	2.4	34.5	94.51

APPENDIX B – CHANGES OVER TIME

TABLE B1: WILCOXON SIGN-RANK TESTS: PROPORTIONAL CHANGE OVER TIME (U-SIRS-13)

	n	IMPROVED	DECLINED	STAYED SAME	Z	P
All Participants	109	57 (52.5%)	33 (30%)	19 (17.5%)	-2.97	0.004
Received Calls	78	45 (56%)	22 (28%)	11 (14%)	-2.92	0.004
Received Visits	31	12 (39%)	11 (35.5%)	8 (25.5)	-0.53	0.600

TABLE B2: WILCOXON SIGN-RANK TESTS: PROPORTIONAL CHANGE OVER TIME (n=109)

U-SIRS ITEM	IMPROVED	DECLINED	STAYED SAME	Z	P
Feel Isolated	17 (15.5%)	8 (7%)	84 (77%)	-1.80	0.072
Lack Companionship	13 (12%)	12 (11%)	84 (77%)	-0.20	0.841
No One Knows Me	17 (15.5%)	15 (14%)	77 (70%)	-0.35	0.724
Avoid Socialization	15 (14%)	10 (9%)	84 (77%)	-1.00	0.317
Miss People Around	19 (17.5%)	12 (11%)	78 (71.5%)	-1.26	0.209
Find Companionship	26 (24%)	13 (12%)	70 (64%)	-2.08	0.037
Satisfied Family Relationships	18 (16.5%)	11 (10%)	80 (73.5%)	-1.30	0.194
Satisfied Friend Relationships	19 (17.5%)	15 (14%)	75 (69%)	-0.69	0.493
Contact with People Can Trust	21 (19%)	15 (14%)	73 (70%)	-1.00	0.317
Enough People to Call for Help	21 (19%)	8 (7%)	86 (79%)	-1.46	0.144
Content Relationshops	15 (14%)	9 (8%)	79 (72.5%)	-2.19	0.028
Participate Social Groups	19 (17.5%)	10 (9%)	80 (73.5%)	-1.67	0.095
Participate Religious Groups	17 (15.5%)	13 (12%)	79 (72.5%)	-0.73	0.468