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Supportive Community
An Evaluation Study, 2010

Ayelet Berg-Warman ◆ Jenny Brodsky ◆ Zohar Gazit

The study was initiated by the Nash Family Foundation
in cooperation with JDC-ESHEL, the Association for
the Planning and Development of Services for the Aged

RESEARCH REPORT

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Executive Summary

1. Background

The Supportive Community Program was developed with an "aging in place" approach, according to which a range of services is provided to the elderly in an effort to improve their quality of life and to help them continue living in their homes. The program is an additional component in the system of community services and it provides a number of key services that respond to needs that are not met – or not adequately met – by other services in the community: a 24-hour-a-day emergency call service, home visits by a doctor and social activities. Additionally, in every community there is a community facilitator (in Hebrew termed "Av Kehila" – a community parent), who helps with repairs in the apartment, provides social support and serves as someone to turn to for all sorts of help. The underlying premise of the program was that there was a need to focus on a set of services that contributed to the feeling of security of the elderly. Moreover this in turn, could impact on their ability and willingness to continue to live in their own homes. The Supportive Community Program was established by JDC-ESHEL and the Ministry of Social Affairs and Social Services. It is implemented by local associations for the elderly, local authorities and for-profit companies. The participants pay membership fees of about NIS 100 a month per household. The Ministry of Social Affairs and Social Services subsidizes low-income elderly.

This report summarizes the findings of the study, which was commissioned and financed by the Nash Family Foundation in cooperation with JDC-ESHEL, in an effort to provide a comprehensive picture of the program and its contribution to its elderly members. The evaluation examined the extent and patterns of utilization of the services provided, members' satisfaction with the services and the degree to which they met members' needs, and sought to ascertain whether there were any unmet needs.

This is the third evaluation study of the program. Nine years have passed since the previous one, conducted in 2001. During that time, the program has experienced accelerated development. Currently, the program is implemented in many areas across the country (246 communities) and serves more than 46,000 elderly. These developments necessitated a re-assessment of the current situation regarding the members' needs and the responses offered by the program as well as the network of services provided in the community. Up-to-date information was also necessary to ascertain whether the program had maintained its level of quality as it expanded and established itself in the service system. The information obtained from the evaluation will help decision-makers to determine the desired directions for its further development. The study included interviews with 714 members in 18 communities in both the urban and rural sectors, some implemented by nonprofit organizations, others by for-profit companies. In addition, in-depth interviews were conducted with 15 staff members who were involved in implementation of the program, in order to obtain a complementary perspective.

2. Main Findings

We present the main findings in relation to a number of the study's key questions.

a. Who is the Program's Target Population?

The program serves a varied population from the standpoint of sociodemographic and health characteristics. The findings indicate that the program is suited to the various needs of different populations, which benefit from it in different ways.

Whereas in its first years, the program tended to serve a population of independent elderly, today the program also includes elderly at high risk. For example, the data indicate that the program members are older than Israel's general elderly population (about a quarter are 85+ years old) and include a high percentage of women (about three-quarters) and widows/widowers (about two-thirds). Similarly, it was found that a considerable number of the members are limited in activities of daily living (ADL) tasks, such as bathing (about a quarter), and about a fifth are housebound. On the other hand, a large number of the members are independent and maintain active social lives.

b. Does the Program Meet the Members' Needs?

A considerable number of the elderly reported that over the previous year, they had needs in the areas that the program aims to provide through its service package. For example, nearly 40% reported that they had been ill and needed to see a physician urgently and more than half (56%) needed repairs in their apartment. Not everyone in need of assistance requested it from the program. While 86% of those needing a physician did contact the program, only about half of those needing repairs in their homes called the program for help. The main reason given for not asking for medical assistance was that the member preferred to call another physician (not connected with the program) whom he/she knew. Many of the elderly preferred to receive help with home repairs from neighbors or family members. Notably, 31% of those in need of help with repairs did not ask the community facilitator because they did not know this service was offered by the program. Some members were unaware of the other services to which they are entitled as part of the program. This was more pronounced among the housebound elderly.

A key finding was that the overwhelming majority of those requesting the services from the program received the assistance they required (above 90%).

The program also addresses social needs. Here, it was found that about 50% of the elderly took part in some organized social activity, social club/daycare center or "warm home."[1] A lower percentage (30%) reported that they participated in activities offered by the Supportive Community program (though it is possible that some of them did not distinguish between the various frameworks). High participation rates in activities were especially noticeable among the Arab elderly, while low participation was found among the housebound.

[1] In the warm home project, elderly couples or individuals host other elderly people in their home. Participation is free and the content of the meetings is determined by the participants.

c. Are there any Unmet Needs? What are They?

A distinction should be made between two kinds of unmet needs – those for services that the program aims to provide and those for services that it does not provide. Regarding the former, nearly half of the members expressed interest in broadening the social activities. The members noted that they would be interested in additional activities such as lectures, group activities, concerts and other activities that would help them get to know one another better.

The members also expressed interest in adding services to the program that are not currently provided. The three services most frequently noted were: nursing services (42%), cleaning (38%) and physiotherapy (37%). About a quarter of the members were interested in transportation to treatments, home care to assist in activities of daily living, legal assistance and transportation for errands and shopping. Half of the members said that they would be willing to pay a bit more for the added services. Furthermore, close to a quarter of the members (23%) were interested in having a volunteer come to their home, mainly to fill social needs, and a considerable percentage of the members (17%) expressed a desire for contact with a social worker.

d. Are the Members Satisfied with the Services they Receive from the Program?

There is a noticeably high level of satisfaction with the various services provided by the program:

- 97% expressed satisfaction with the emergency call service, with respondents noting speed of response and courteous, sensitive and attentive treatment from the operator.
- 91% (of those who had received assistance) expressed satisfaction with the repair service, especially with the way in which the problems were handled and resolved, and by the community facilitators' dedication in addressing the problem.
- 89% expressed satisfaction with the social/cultural activities, especially with the content of the activities and the activity staff.
- 81% (of those who had received assistance) expressed satisfaction with the physician home-visit service. The main reasons included the respect shown by the physician, the rapid response to their call and the way that the problem was treated. Sources of dissatisfaction with the physician's visit (about 20%) were the lengthy wait for the physician and the physician's lack of professionalism.
- 77% expressed overall satisfaction with the program. Another 19% expressed a certain degree of satisfaction and only four percent reported that they were dissatisfied. New immigrants and housebound members expressed relatively less satisfaction with the program.

e. How do the Members Perceive the Program's Contribution?

The members reported that the Supportive Community program contributed to them in various ways. The services that they felt had made a particular contribution were the emergency call service (78%) and being able to call a physician (74%). In addition, they reported on the program's general significance: 66% cited the contribution to their sense of personal security and

44% to the possibility of continuing to live in the community. The more that they cited these contributions, the more they also reported general satisfaction with the program.

f. Are there Differences between the Agencies Implementing the Program?

As the program expanded, more and more geographic areas were included and the role of for-profit companies in providing the service, as opposed to nonprofit organizations, expanded. It was therefore important to examine whether there were differences by type of provider as well as between urban and rural Supportive Communities. In general, no differences were found between the two types of providers in most of the parameters (such as general satisfaction, use of the medical services, emergency calls). However, there are differences in the characteristics of the populations served. The most prominent difference is that in the urban Supportive Communities managed by nonprofit associations, there is a higher proportion of immigrants and Arabs. We also found differences in the emphases that are given to some of the services. In Supportive Communities operated by for-profit companies, a relatively big emphasis is given to the repair service (this is expressed both in a relatively high level of the members' knowledge about the service, and in the extent of requests for this service), while in rural Supportive Communities the participation in social activities is higher than in urban Supportive Communities.

g. With what Aspects are the Program Implementers Satisfied, and what Issues Concern them?

The staff of the program also reported significant contributions to the elderly. They emphasized their strong commitment to addressing the needs of the elderly as much as possible. The program staff expressed satisfaction with the partnerships with the local social service departments, the National Insurance Institute, and other organizations in the community. The cooperation found expression in referrals and in the efforts to market the Supportive Community program and introduce elderly to the community facilitator and social coordinators. Other agencies working with the program include schools, some of whose students volunteer with members of the program through the "personal commitment" project. Community centers, neighborhood councils and other local organizations are partners in the planning and implementation of various activities ranging from social home visits to house painting and gardening. Some staff members emphasized the need to continue developing cooperation in order to enrich the program's activities.

The staff of the program expressed the need for the community facilitator's role to be more clearly defined. Despite the fact that there is a forum of community facilitators and written material is available, the issue of the job's boundaries and its areas of responsibility still arises.

There has developed a situation in which more than one company offers similar services in a particular community, and competition between companies was reported to be a major difficulty. The program staff complained that rival companies used aggressive and intensive marketing methods suggesting that elderly cancel membership in the Supportive Community program and transfer to their company.

To further develop the program, the staff presented proposals such as connecting members to the internet to increase the contact among the members, and between them and their families. Similarly, they proposed supplementing services, mainly for the housebound, such as home-delivered meals and transportation services.

3. Directions for Further Programmatic Development

The study raised a number of points that should be considered.

Knowledge of Services

Consideration should be given to reminding members about the various services offered by the program, particularly with regard to the times of activities and the payment required for physicians' home visits and calling for an ambulance. The fact that the members are aging further justifies the need to think about ways to make sure they know, and remember, the range of services available.

Meeting the Needs of Housebound Elderly

The study indicates the need to think of ways of improving the program's response to the needs of the housebound elderly. In the interviews with the staff, they reported that they were meticulous about home visits especially with housebound elderly. However, the findings show no difference in the extent of home visits to housebound elderly and to other members. Moreover, low participation in social activities by elderly who are housebound was found, as was a low level of satisfaction relative to the other members of the program. Consideration should be given to improving access to social activities for the housebound, and the possibility of expanding services such as transporting and escorting them to treatments and providing home-delivered meals. One of the directions worth pursuing is expanding the circle of volunteers for the purpose of home visits and investing effort in increasing and strengthening the connection on the part of the program staff with members who are unable to leave their home. This is especially important in light of the aging of the program members, and the growing need to provide solutions for elderly with various levels of functional limitations.

Strengthening the Communal Aspect

Although about half of the members participate in organized social activities and some of them volunteer in some framework, there is evidently a need to examine ways of strengthening the program's communal aspect. Most of the members reported that they had not met new members since they joined a Supportive Community or that they did not know other members in the program at all. The low percentage of volunteerism within the program itself (3%) also indicates that there is room for increasing members' involvement, expanding the sense of connection between them and the program, and strengthening the ties between them, through special social activities for that purpose, using the internet, etc. Another way to promote the community aspect could be to enlist the general population – schools, community centers, etc. – and mobilize them for activities through the program. Strengthening the communal element would add value to the program, and could very well enrich and empower the members and the program partners.

Partnerships

Apparently, there seems to be untapped potential for further cooperation with additional organizations in the community, in order to enrich the activities and services for Supportive Community members. The program staff reported that there were many close partnerships among those involved in implementing the program. Still they indicated their willingness to be more involved in the overall system of community services and to work more together with other agencies. They also pointed out the need to make efforts to preserve the existing partnerships and increase cooperation with regard to encouraging referrals from agencies in the community entrusted with the care of the elderly.

Competition between Companies

In the situation in which more than one company offers similar services in a particular community, attention needs to be paid to the complaints of many of the implementers regarding competition and the aggressive marketing methods being used. Consideration should be given to establishing governmental regulations or creating a charter among the companies in the hope of resolving the issue.

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