

FINAL REPORT V3

# **Integrating Lori's Hands into Home-Based Primary Care Services to Support Food Security and General Independence Among Individuals with Chronic Illness: Final Program Report**

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## **Suggested Citation**

Karpyn, A., Halverson, M., Wallace, J., & Oluwadero, J. (2023). *Integrating Lori's Hands into Home-Based Primary Care Services to Support Food Security and General Independence Among Individuals with Chronic Illness: Final Program Report (T23-003)*. Newark, DE: Center for Research in Education and Social Policy.

## EXECUTIVE SUMMARY

**Introduction.** In 2022, Lori's Hands launched a collaboration with ChristianaCare's Primary Care at Home (PCaH), a home-based primary care provider. The purpose of this collaboration was to pair PCaH clients with Lori's Hands student volunteers from the University of Delaware and Delaware Technical Community College. The Center for Research in Education and Social Policy (CRESP) conducted an evaluation of this collaboration, and this report provides insight into its effectiveness.

**Methods & Program Format.** The Lori's Hands x PCaH collaboration worked to support clients' well-being by addressing loneliness and depression, food insecurity and poor nutrition, and assisting with day-to-day tasks and grocery shopping. To be eligible for the program, clients had to be willing and interested in receiving visits from student volunteers, COVID-19 vaccinated, and live within the Newark, Delaware area. In addition to student volunteers and clients, the social worker was an essential part of this program, serving as a liaison between the students and the healthcare team and facilitating the client referral process. The social worker met with students regularly to provide guidance and feedback. To evaluate the collaboration, a variety of data collection methods were undertaken. At the end of the 2022 spring and fall semesters, CRESP collected administrative data, client surveys, a client kitchen inventory assessment, and conducted student focus groups as well as interviews with the social worker. A student survey was also administered at the end of the fall semester. In addition to capturing student and social worker program perceptions, measures evaluating client well-being included general diet, fruit and vegetable consumption, eating and medication routines, nutrition support and access, food insecurity, instrumental activities of daily living (IADL), task support and home environment, and connection with college student volunteers. Summary and descriptive statistics were used to describe the survey data. In addition, open-ended survey responses were qualitatively coded using open coding to identify themes.

**Results & Outcomes.** In total, 13 clients participated in the pilot program. Clients received over 300 hours of support which primarily included student home visits and face-to-face support, although phone calls were also a common mechanism of support. Clients most frequently requested and received companionship (80%), shopping and errands (19%), and cleaning and organizing (13%). Client dietary data indicates that participants believed they maintained a healthy diet with average scores in the good range: 2.27 in the spring and 2.17 in the fall (using a scale that ranges from 1 = Excellent to 4 = Poor). Although most clients consumed at least one fruit or vegetable daily, several ate less than the recommended two servings of fruit and three servings of vegetables per day. Two clients were food insecure and reported worrying whether their food would run out before they had money to buy more. Clients identified shopping, housekeeping, and meal preparation as IADLs where the most assistance was needed. Findings from the social worker interviews suggested that clients avoided hospitalizations as a result of preventive measures taken by students and herself (e.g., identifying a client with depression and suicidal ideation and connecting them to needed mental health support). In total, 18 student volunteers participated in

the Lori’s Hands x PCaH collaboration. Findings from the student focus groups and surveys demonstrated that students created meaningful relationships with their clients, acquired professional competencies and skills (e.g., communication), and opened their minds to working with older adults and/or people with chronic illnesses.

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## INTRODUCTION

Since 2009, Lori's Hands has connected college students and Delawareans living with chronic illness through service-learning partnerships. Student volunteers conduct weekly visits with clients and provide companionship and assistance with instrumental activities of daily living (IADL) such as grocery shopping, meal preparation, and housekeeping. Lori's Hands not only benefits clients by providing them with quality care and support but also benefits students by providing them with valuable hands-on experience and by enhancing their understanding of the challenges faced by individuals with chronic illness. Students provide tangible assistance and social support to community-dwelling clients, and clients serve as mentors for students, preparing the next generation of healthcare leaders to deliver patient-centered, equity-driven care.

The present report examines a strategic partnership that was formed between Lori's Hands and Primary Care at Home in February of 2022. ChristianaCare's Primary Care at Home (PCaH) provides comprehensive care to patients facing compounding health and social challenges via regular home visits from physicians, nurse practitioners, nurses, and social workers. This pilot project was called, "Integrating Lori's Hands into Primary Care at Home to Support Food Security and General Independence Among Individuals with Chronic Illness (Lori's Hands x PCaH)" and aimed to improve the well-being of PCaH clients by pairing them with Lori's Hands college student volunteers from the University of Delaware and Delaware Technical Community College. The goal was to provide added support to PCaH patients living in the Newark, DE area who might benefit from and be open to visits from student volunteers.

In the initial phase (spring semester) of the program, partners met to examine the planned approach, to identify students and referral criteria and strategies, as well as to finalize evaluation plans. Referrals of prospective program clients from PCaH were accepted, screened, and enrolled. Lori's Hands staff, student volunteers, and the PCaH social worker met prior to student - client interactions to develop participation goals and understand ways to best address clients' unmet needs. Students then made weekly visits to clients to assist with their identified needs (e.g., grocery shopping, meal preparation, kitchen cleaning/organization, housekeeping, companionship, technology to access telehealth appointments) and documented their participation through a Lori's Hands mobile app. In addition, students and social workers met bi-monthly to review client progress and identify additional unmet needs.

Lori's Hands x PCaH collaborated with the University of Delaware's Center for Research in Education and Social Policy (CRESP) to evaluate the extent to which this integrated care model could support the services of the ChristianaCare healthcare team, improve the health and wellbeing of PCaH clients, and provide valuable professional development opportunities for Lori's Hands college student volunteers. This report reflects descriptive data regarding client and student perspectives generated in the spring and fall semesters of 2022.

## PROGRAM GOALS:

Two key goals, which form the foundation of the evaluation, include:

1. Evaluate the potential of Lori's Hands services to address client food insecurity and general IADL deficiencies when incorporated into a home-based primary care practice.
  - (a) Conduct food access and general dietary surveys with clients.
  - (b) Engage clients, PCaH social workers, and Lori's Hands students in care planning to shape Lori's Hands services and the team's awareness of clients' food security and needed resources.
  - (c) Conduct interviews with a PCaH social worker to understand the strengths and weaknesses of Lori's Hands services.
  - (d) Conduct interviews with Lori's Hands student interns to understand the learning benefits associated with providing coordinated, team-based services and improved awareness of dietary needs and resources.
2. Improve food access and IADL confidence among homebound, or near-homebound, individuals living with chronic illness.
  - (a) Develop a training module (for student volunteers) on food insecurity and available resources for older adults and individuals with chronic conditions. Strategies to suggest referrals and support adults will be included.
  - (b) Provide weekly visits to community members with chronic illness facing food insecurity to assist with grocery delivery, meal preparation, and other food access issues; to assist with additional IADLs; and to provide companionship.

See **Appendix A** for analysis of the alignment between program goals and evaluation measures.

## METHODS

### Clients

Lori's Hands program staff received client referrals from the PCaH social worker. To be eligible for the Lori's Hands x PCaH program, clients had to be willing and interested in receiving visits from student volunteers, COVID-19 vaccinated, and live within the Newark, Delaware area. Lori's Hands enrolled 11 clients at the start of the 2022 spring semester and six clients at the start of the 2022 fall semester, four of whom continued their participation from the spring semester. In

total, 13 community members with chronic illness were engaged in this pilot project. To be eligible to participate, clients must be diagnosed with a chronic illness, live in Newark, DE, be a patient of PCaH, pass a criminal background check, and provide verification of their COVID-19 vaccination status.

### **Student Volunteers**

Lori's Hands recruited for participation 18 student volunteers from University of Delaware and Delaware Technical Community College. Eleven of the student volunteers were recruited in the spring semester and seven in the fall semester. To be eligible to volunteer, students had to be in good standing at their institution, pass a criminal background check, provide verification of their COVID-19 vaccination status, and complete a Lori's Hands-tailored training.

### **Data Collection**

Evaluation efforts for this period included several different types of data collection strategies, including administrative data (fall and spring), a social worker interview (fall and spring), client surveys (fall and spring), student surveys (fall), a client Kitchen Inventory assessment (fall and spring), and student focus groups (fall and spring).

- **Process Related Metrics:** Administrative data from Lori's Hands was collected in partnership with the Lori's Hands staff and leadership. This administrative data includes the number of hours students volunteered, the types of services students provided to clients, and the number of meetings between students and the PCaH social worker.
- **Social Worker Interview:** An interview with the PCaH social worker was conducted each semester by CRESA staff to gather additional information on program implementation and impact. Questions asked about service delivery, interactions between PCaH and Lori's Hands students and staff, and the patient experience and benefit.
- **Client Survey (Orally administered, Qualtrics recorded):** Students administered the 23-item client survey (**Appendix B**) with patients in the spring and fall semesters. The tool included questions about clients' overall diet, servings of fruits and vegetables consumed daily, assistance and support with daily living tasks, food/nutrition security, assistance with technology and household tasks, companionship and social support, and perceptions of Lori's Hands relationships.
- **Pilot of a Client Kitchen Inventory Assessment:** Students administered the 8-question tool (**Appendix C**) with clients. The tool included questions about clients' access to healthy food, sugary beverages, and salty snacks and what was readily available on counters, the freezer, and in the pantry. It also captured the amount of food in the home and the extent to which food was expired.
- **Student Focus Groups:** The student focus groups were conducted by CRESA staff in the spring and fall semesters and sought to understand students' perceptions of their role as



volunteers with Lori's Hands and their experiences with the PCaH collaboration, including the program's impact on clients' food access and nutrition and overall well-being and the impact on students' learning and professional development related to healthcare delivery. The focus groups also addressed students' experience using the various program survey tools and their recommendations for the program and its evaluation.

- **Student Survey (Qualtrics):** The student survey was administered by CRESA staff during the fall semester and assessed students' perceptions of the program, shifts in professional confidence and future career goals, and understanding of and connection with clients. The survey also captured students' activities with clients and their feedback on program delivery.

Data collection procedures were reviewed by the Institutional Review Board of the University of Delaware and were determined exempt. All surveys were conducted using Qualtrics, an online survey platform. Student focus groups were conducted via Zoom in a focus-group style format. The social worker interview was conducted via phone in the spring semester and via Zoom in the fall semester.

## **Data Analysis**

Qualitative data were transcribed where appropriate. Where transcripts were not possible, detailed notes were taken and used as the basis of analysis. Interviews were analyzed for key themes, and supporting quotations were provided accordingly. Descriptive statistics and frequency data from survey data were analyzed in SPSS (v.15). Additional statistical analysis was not performed due to small sample sizes. This report reflects data generated in the spring and fall semesters of 2022.

## **ORGANIZATION OF REPORT FINDINGS**

This report is organized by the data collection approach for both the spring and fall semesters. It examines the schedule, objectives, and outcomes of data collection. The report begins by discussing Program Metrics followed by results of the Client Survey, the Pilot Kitchen Inventory Assessment, Student Survey, Student Focus Groups, and Social Worker Interview.

## FINDINGS

### Program Metrics

In total, 18 students and 13 clients were part of the approximately yearlong (2022) effort. During the spring semester, 11 student volunteers were recruited for the program. They worked collaboratively with the PCaH social worker to assist 11 dually enrolled Lori's Hands/PCaH clients. The student volunteers spent 188.75 hours with the clients. Ten of those hours were spent on phone calls, and 178.75 hours were spent on home visits or other in-person activities. The social worker - student meetings included five monthly meetings, each lasting about 30 minutes [2.5 hours in total].

**TABLE 1 - MOST COMMONLY PERFORMED LORI'S HANDS SUPPORT ACTIVITIES, SPRING AND FALL 2022**

| Type of Support (Note: multiple types allowed during same visit) | % Time |
|--|--------|
| Companionship  | 80%    |
| Shopping and Errands   | 19%    |
| Cleaning/Organizing  | 13%    |
| Pet Care   | 4%     |
| Clerical   | 3%     |
| Laundry  | 1%     |
| Outdoor work   | 1%     |
| Food Prep  | 1%     |

During the second six months [fall semester], seven student volunteers were recruited for the program; they assisted six clients. The student volunteers spent 117.25 hours with clients during this period. Eighteen of those hours were spent on phone calls, while 71 hours were spent on home visits or other in-person activities. The social worker and students engaged in two meetings, each lasting about 30 minutes [1 hour in total].

Over the course of the program, 13 clients received 209 visits/phone calls. These were reported based on type of interaction and the most frequent type was companionship, followed by shopping and errands (Table 1). Cleaning and organizing were another common activity. Seventy three percent (73%) of these activities were done in person, while 26% were completed as a phone call.

### PCAH SOCIAL WORKER INTERVIEW

The PCaH Social Worker interview was conducted in June 2022 (spring semester), and in December 2022 (fall semester). This interview aimed to capture the role of the social worker, their

perceptions of the program, and relationships with the clients, difficulties in their role, and personal impacts of Lori's Hands. The interview contained nine questions, which are listed in **Appendix B**.

### **PCaH Social Worker Interview (Spring Semester)**

The social worker served as a critical liaison between students and clients and came to know both well. She described the clients whom she referred to and were ultimately enrolled in the program as having significant challenges moving around their home and using vehicles; she also identified that these clients experienced a considerable need for companionship and home-based support. For example, clients participating in the program were described as *"typically homebound with ambulatory dysfunction, so they can't get out of their home. Many [clients] have extreme physical hardship in getting out of their home and physical hardship in getting in and out of a vehicle. Two are bed-bound, and one truly cannot get out of bed ever."*

Many clients were lonely, and student support helped to address the need for companionship. While some program participants had some family to support them at times, these relatives also have jobs and other responsibilities that make constant companionship and care a challenge. For example, as the social worker noted: *"Many [clients] are lonely. One client has a daughter in Florida and a granddaughter that can help, but [they] work a lot."*

The loneliness is exacerbated for clients when their physical mobility is severely compromised, such that moving out of bed or getting in and out of the car is so taxing that it becomes nearly impossible. In these cases student support was particularly valued. As the social worker recalled, *"Her physical limitations are significant. She would say it's tough to get out of the home and 'not even worth it.' A student teacher of nursing loved having the students there, and the*

*students would play games with her.*

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*"Some patients have nobody, nobody at all and the time with students helps them find joy and gives them something to look forward to."*

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*Some patients have nobody, nobody at all and the time with students helps them find joy and gives them something to look forward to."*

Supporting caregivers is another example of how the program helps clients. For example, in instances where the caregiver is regularly available, the program allows those caregivers some respite, which is documented to improve client outcomes as well. The social worker identified this benefit as well, stating *"One [client] has a caregiver at home, but it's overwhelming for the caregivers, too, and they need a break. The program allows them to step aside and get the break they need."*

Clients received a variety of types of support, which the social worker found to be valuable additions to their care and well-being. This included help with grocery shopping, playing games (such as card games), and walking their dog. The social work commented on how well students connect with clients and readily identify and serve these needs *"[...] Students just seemed to know what the patient needed: grocery shopping, playing games, and walking the dog."*

Clients with more severe challenges may have benefited to a greater extent from the PCaH pilot than those with fewer limitations. There are several examples of clients who, for example were hearing- impaired and home-bound, or dependent on medical equipment which had broken, or were in need of immediate assistance from a medical team due to suicidal ideation that received immediate attention because of the connection between Lori's Hands and the social worker. In one example, a hearing-impaired client shared with a student that they could no longer watch TV due to a broken setting, and student volunteers assisted in fixing the audio bar on their TV. The client also noted that they were not able to use their cell phone, and students proceeded to help them set that up as well. The social worker described the incident stating *"The [students] sit and reminisce- reminisce therapy...Sometimes it's just the little things in life that students would help with. For example, there was a client that had no audio from her tv and the students discovered it was her audio bar and reconnected it. The client was hearing impaired, so the client was finally able to enjoy a form of entertainment during the day. The students fixed it and it was a Godsend for the patient, she had no one to help her. When it was fixed, the client was so relieved and happy and excited. They also helped her with her cell phone which allowed her to connect with family and doctor offices again."*

In another situation, students assessed that a client with multiple comorbidities required additional in-home support beyond what they were currently receiving. Because of their existing relationship with the PCaH social worker, students elevated these concerns and the social worker was able to promptly act on the information and refer the client for additional support. Without this program, it is not clear when the client would have been identified as eligible for and in need of this support. The PCaH team manages a large roster of patients and is not able to make weekly home visits to all patients; Lori's Hands students, then, making weekly visits allowed them to serve as the "eyes and ears" of the medical team, escalating concerns they had not yet witnessed because of the necessary gap between their home visits. The social worker recalled that *" Yes, [student 3] did call me once because one of the patients [...] had some hoarding going on, and was very lonely. This patient was alone in the world, she needed so much, and it was overwhelming...She needed to hire a home aide."*

Lori' s Hands students also communicated to the social worker that one client' s durable medical equipment was broken; while a referral for new equipment had been made, several weeks had gone by with no change. Because they were making weekly visits, the Lori' s Hands students were able to keep the social worker informed on the client' s status and the social worker followed up to ensure the client received the equipment they needed. In another situation, students identified worsening symptoms of depression and suicidal ideation in a client. They immediately communicated with the PCaH social worker, who was able to relay these concerns to the care team, who in turn adjusted the client' s medication and care plan. According to the PCaH Administrator, *"Not only were our patients and families appreciative of the students, the collaboration helped to identify issues before they escalated. In a few situation[s], it may have prevented hospitalizations."*

In addition to these direct client benefits, the social worker also noted that student volunteers also benefited from program participation by stating, *"The emotional reward of the students helping these patients, they need the help with errands being run, and the students are*

*invaluable. They are just so caring and wonderful. An amazing group of [students].”* Additionally, the social worker reported watching the students grow through their interactions with the clients. Specifically, she said, *“I could hear self-gratification from the students. The more they got to know the patient, the more personal satisfaction they got from helping them.”*

Additionally, the social worker discussed some difficulty with program recruitment. She said, *“Only one hospital care team is in Newark, so it’s a little harder to recruit there. I do have two more patients to refer to the program this week. I am also the social worker for the larger area. Only a small portion is Newark.”* The social worker also reported that some clients are not vaccinated which limited her recruitment efforts stating, *“Some are not COVID vaccinated, so some patients refuse vaccines which limits the possibilities.”*

### **PCaH Social Worker Interview (Fall Semester)**

The key themes from the social worker interview conducted in the fall were largely consistent with those in the spring (e.g., social worker role, client benefits and needs, student support). The social worker began the fall interview by briefly describing her role within the PCaH program by stating, *“I am meeting with the students on a monthly basis, and if there [are] any issues that are in between [these meetings] then (Lori’s Hands staff) will text me about that. [...] That has been my role.”*

The social worker reported appreciating the feedback she received from students regarding client well-being. The social worker is responsible for serving a large client base, making it challenging to fully understand each clients’ unique needs. Thus, the feedback she received from Lori’s Hands

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student volunteers enhanced her understanding of client needs and improved her ability to provide tailored services to program participants. For example, she said, *“The students have brought up concerns every month about certain patients, [...] which have been great, because there’s some information that I wasn’t aware of, so then I can go back and address those issues, and then report back the following month.”*

The social worker reported that clients benefit from their participation in Lori’s Hands. In particular, she perceived that clients who lack a support system benefit from the companionship provided by Lori’s Hands student volunteers. Specifically, she stated, *“The patients that we have in the program are feeling very supported by Lori’s Hands, I mean, some of our patients really just don’t have anybody in the world. And so even just having the students come to support them to provide companionship has been really great.”*

The social worker reported that clients have greatly appreciated and benefited from the diverse range of supports provided by Lori's Hands student volunteers including running errands, doing household chores, and providing companionship. Additionally, she reported that these supports are particularly valuable to those clients with limited family support. In particular, she reported, "Our patients are very receptive to [the program] and look forward to the visits. So, I think

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*Yeah depression is significant. Stress does have consequences on their health; loneliness, boredom and depression. Mental health, of course, affects physical health. And this is day in and day out. This is every day."*

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*it's been extremely helpful. And there's also some patients that have needed some errands run, you know, just some of the household tasks that they're not able to do for themselves and have limited family support. So, it's been really helpful in that manner."*

According to the social worker, many clients struggle with mental health challenges including loneliness, depression, boredom, and stress. These challenges, in addition to physical disabilities, often limit clients' ability to utilize services that would help them to leave their home and interact with others (i.e., Delaware Authority for Regional Transit (DART)). For example, she stated, "I think that the primary issue that we see a lot is just absolute depression. And for some patients that are able to get out a little bit, we do provide the DART, paratransit, we set all those services up for patients who can get out like to a senior center. That has been helpful, but the majority of our patients truly are homebound. And so, getting onto the DART paratransit bus or getting into a family member's vehicle is a physical hardship for them, and also physical hardship for the family too if there is family support. Yeah depression is significant. Stress does have consequences on their health; loneliness, boredom and depression. Mental health, of course, affects physical health. And this is day in and day out. This is every day."

Additionally, clients' mental health challenges can strain their relationships with family and friends by increasing their reliance on them for errands and other tasks. The social worker reported that in some instances, this increased reliance can lead to burnout among these caregivers. For example, the social worker commented, "[The client] is so lonely [and] she doesn't have anyone in the world. So, we talked a lot about some of the kind of personality issues that are going on with her. She has a couple of friends doing some errands for her, but she's burning them out because her expectations for those friends are just way too high." By engaging Lori's Hands students to expand her support system, she was able to decrease her dependence on these friends, and hopefully decrease their caregiver burden.

While the collaboration intended to enroll more clients into the pilot, fewer than anticipated were enrolled. The social worker described a challenge with identifying potential PCaH clients who lived close to the Newark campus. For example, the social worker recounted, "With some patients they do have strong family support. And [...] that fit [with Lori's Hands] may not be there. We provide care from North Wilmington, all the way down to Middletown. Newark is [...] a small portion of who we provide care for. So that's why I guess there just hasn't been as many referrals."

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The social worker reported that she was able to provide guidance and support to some of the students as they navigated their career paths in the field of social work. She stated, "I've had conversations with one student who was considering getting into social work, gaining some experience, and going to grad school. Another student reached out to me to

explore their options for a master's degree and licensure in social work. I really enjoy being able to provide that kind of information and support."

## LORI'S HANDS CLIENT SURVEY ANALYSIS

The Lori's Hands Client Survey was conducted between February and May 2022 for spring semester and August to December 2022 for fall semester. The survey contained 23 questions, which are highlighted in **Appendix C**.

While initially data was collected to compare client scores at baseline to client scores after receipt of the program, such comparisons were not possible due to changes in client enrollment and small sample size. Findings from this section, which provide information on client well-being, can continue to shape Lori's Hands services and advance understanding of clients' needs. Table 2 presents data on clients' general diet. Using a scale of 1-4 with one being Excellent and four being Poor, client diet was generally reported as Good, with a mean score of 2.27 in the spring and 2.17 in the fall. However, two respondents reported that their diet was Poor.

**TABLE 2 - GENERAL DIET, SPRING AND FALL 2022**

| Question                                      | Semester      | Excellent (1) | Good (2)  | Not very good (3) | Poor (4)  | Mean Score |
|---|---------------|---------------|-----------|-------------------|-----------|------------|
| In general, how healthy is your overall diet? | Spring (n=11) | 2 (18.2%)     | 5 (45.4%) | 3 (27.3%)         | 1 (9.1%)  | 2.27       |
|   | Fall (n=6)    | 2 (33.3%)     | 2 (33.3%) | 1 (16.7%)         | 1 (16.7%) | 2.17       |

Table 3 presents data on clients' fruit and vegetable consumption. Although most clients consumed at least one fruit or vegetable per day, many consumed less than recommended amounts (i.e., two servings of fruit and three servings of vegetables per day). For example, nearly 60% of respondents (58.82%; n=10) across semesters reported eating one or zero servings of fruits each day, while over 80% of respondents (82.35%; n=14) ate two or fewer servings of vegetables daily.

**TABLE 3 - FRUIT AND VEGETABLE CONSUMPTION, SPRING AND FALL 2022**

| Question  | Semester      | 0 Servings | 1 Serving | 2 Servings * | 3 Servings | Mean Score                  |
|---|---------------|------------|-----------|--------------|------------|-----------------------------|
| How many servings of fruit do you eat on an average day?      | Spring (n=11) | 3 (27.3%)  | 4 (36.4%) | 4 (36.4%)    | 0 (0%)     | 1.09 servings of fruit      |
|   | Fall (n=6)    | 2 (33.3%)  | 1 (16.7%) | 1(16.7%)     | 2 (33.3%)  | 1.5 servings of fruit       |
| How many servings of vegetables do you eat on an average day? | Spring (n=11) | 0 (0%)     | 6 (54.5%) | 5 (45.5%)    | 0 (0%)     | 1.45 servings of vegetables |
|   | Fall (n=6)    | 1 (16.7%)  | 1 (16.7%) | 1 (16.7%)    | 3 (50%)    | 1.5 servings of vegetables  |

*\*Note: Two clients provided a range of servings of vegetables, which included 2 to 3; these are tabulated here in the category representing 2 servings.*

Table 4 presents data on medication and meal routines. Most clients (88.23%, n=15) reported taking multiple medications, daily. Regarding meal routines, the majority of clients (82.35%, n=14) eat most of their meals alone each day. Just under half of the clients (47.05%, n=8) have teeth or mouth concerns that make eating difficult. Most eat three meals per day (82.35%, n = 14) and nearly all clients (94.12% (n=16) reported having fewer than three alcoholic drinks per day.

**TABLE 4 - EATING AND MEDICATION ROUTINES, SPRING AND FALL 2022**

| Question  | Semester      | Yes (n, %) | No (n, %) |
|---|---------------|------------|-----------|
| Do you take 3 or more different prescribed or over-the-counter drugs a day? | Spring (n=11) | 9 (81.8%)  | 2 (18.2%) |
|   | Fall (n=6)    | 6 (100%)   | 0 (0%)    |
| Do you eat alone most of the time?  | Spring (n=11) | 8 (72.7%)  | 3 (27.3%) |



|   |               |            |            |
|---|---------------|------------|------------|
|   | Fall (n=6)    | 6 (100%)   | 0 (0%)     |
| Do you have tooth or mouth problems that make it hard for you to eat?                   | Spring (n=11) | 6 (54.5%)  | 5 (44.5%)  |
|   | Fall (n=6)    | 2 (33.33%) | 4 (66.67%) |
| Do you have an illness or condition that changes how much or what kind of food you eat? | Spring (n=11) | 5 (44.5%)  | 6 (54.5%)  |
|   | Fall (n=6)    | 2(33.33)   | 4 (66.67%) |
| Do you usually eat fewer than 2 meals per day?  | Spring (n=11) | 2 (18.2%)  | 9 (81.8%)  |
|   | Fall (n=6)    | 1 (16.67%) | 5 (83.3%)  |
| Do you have 3 or more drinks of beer, liquor, or wine each day?                         | Spring (n=11) | 1 (9.1%)   | 10 (90.9%) |
|   | Fall (n=6)    | 0 (0%)     | 6 (100%)   |

Table 5 provides details regarding clients' nutrition support and access. Many clients (62.5%, n=10) usually or always had someone to assist them with meal preparation. Additionally, several clients (68.75%, n=11) reported they usually or always had access to foods they would like to prepare. Most clients (76.5%, n=13) reported they always or usually had adequate assistance with grocery shopping when needed. Many clients usually or always felt as though they received adequate nutrition through their meals (82.35%, n=14).

**TABLE 5 - NUTRITION SUPPORT AND ACCESS, SPRING AND FALL 2022**

| Question  | Semester      | Never (1) | Rarely (2) | Sometimes (3) | Usually (4) | Always (5) | Mean Score |
|---|---------------|-----------|------------|---------------|-------------|------------|------------|
| <i>In general, do you...</i>  |               |           |            |               |             |            |            |
| Have someone who can assist you with meal preparation if you need it? | Spring (n=10) | 1 (10%)   | 1 (10%)    | 2 (20%)       | 1 (10%)     | 6 (60%)    | 3.91       |
|   | Fall (n=6)    | 2 (33.3%) | 1 (16.7%)  | 1 (16.7%)     | 0 (0%)      | 3 (50%)    | 2.40       |
| Feel that you have access to foods you would like to prepare?         | Spring (n=10) | 1 (10%)   | 0 (0%)     | 2 (20%)       | 1 (10%)     | 6 (60%)    | 4.10       |
|   | Fall (n=6)    | 1 (16.7%) | 0 (0%)     | 0 (0%)        | 1 (16.7%)   | 3 (50%)    | 4.00       |
| Have adequate assistance with grocery shopping when needed?           | Spring (n=11) | 1 (9.1%)  | 1 (9.1%)   | 1 (9.1%)      | 0 (0%)      | 8 (72.7%)  | 4.18       |
|   | Fall (n=6)    | 1 (16.7%) | 0 (0%)     | 0 (0%)        | 1 (16.7%)   | 4 (66.7%)  | 4.17       |
| Feel as though you receive adequate nutrition through your meals?     | Spring (n=11) | 0 (0%)    | 1 (9.1%)   | 0 (0%)        | 4 (36.4%)   | 6 (54.5%)  | 4.36       |
|   | Fall (n=6)    | 2 (33.3%) | 0 (0%)     | 0 (0%)        | 0 (0%)      | 4 (66.7%)  | 3.67       |

Table 6 presents data on clients' food insecurity. Ninety percent (87.5%; n = 14) of clients were food secure, and reported never having been worried about whether their food would run out before they had to buy more in the preceding 12 months. Throughout the duration of the program 12.5% (n=2) of clients screened positive for food insecurity, often or sometimes worrying that food would run out before being able to buy more. This information was shared with the social worker during the program to ensure that additional resources were provided to the clients.

**TABLE 6 - FOOD INSECURITY, SPRING AND FALL 2022**

| Question (n=10)   | Semester      | Often     | Sometimes | Never     | % Food Secure |
|---|---------------|-----------|-----------|-----------|---------------|
| Within the past 12 months did you ever worry whether your food would run out before you had money to buy more?* | Spring (n=10) | 0 (0%)    | 1 (10%)   | 9 (90%)   | 90%           |
|   | Fall (n=6)    | 1 (16.7%) | 0 (0%)    | 5 (83.3%) | 83.3%         |

\*Note: A second food insecurity question “Within the past 12 months the food you bought just didn’t last and we didn’t have money to get more” was administered in Qualtrics to two clients, both of which indicated “never” in response. These data were not reported in this data because of the small sample size, which was due to a Qualtrics operational error.

Table 7 depicts IADLs and client perceptions of the level of assistance needed with these activities. Clients reported needing the most assistance with shopping, followed by housekeeping, meal preparation, and finance and money. Specifically, 82.4% (n = 14) of clients rating shopping as “dependent” (cannot be done alone) or “assistance” (needs some assistance to do this). Thirteen clients (81.25%) rated housekeeping as dependent or assistance. Eleven clients (68.75%) rated preparing meals as dependent or assistance. Nine clients (52.94%) rated finance and money as dependent or assistance.

**TABLE 7 - INSTRUMENTAL ACTIVITIES OF DAILY LIVING, SPRING AND FALL 2022**

| Question (Do you have any difficulties with...) | Semester      | Independent (1 - Easy to do alone) | Assistance (2 - Needs some assistance to do this) | Dependent (3 - Can't be done alone) | Mean Score |
|---|---------------|------------------------------------|---|-------------------------------------|------------|
| Shopping  | Spring (n=11) | 3 (27.2%)                          | 1 (9.1%)  | 7 (63.6%)                           | 2.36       |
|   | Fall (n=6)    | 0 (0%)                             | 3 (50%)   | 3 (50%)                             | 2.50       |
| Housekeeping                                    | Spring (n=10) | 3 (30%)                            | 3 (30%)   | 4 (40%)                             | 2.10       |
|   | Fall (n=6)    | 0 (0%)                             | 4 (66.7%)   | 2 (33.3%)                           | 2.33       |
| Preparing Meals                                 | Spring (n=10) | 2 (20%)                            | 5 (50%)   | 3 (30%)                             | 2.10       |
|   | Fall (n=6)    | 3 (50%)                            | 3 (50%)   | 0 (0%)                              | 1.50       |

|                      |                  |           |           |           |      |
|----------------------|------------------|-----------|-----------|-----------|------|
| Finance & Money      | Spring<br>(n=11) | 5 (50%)   | 2 (18.2%) | 4 (36.4%) | 1.91 |
|                      | Fall<br>(n=6)    | 3 (50%)   | 2 (33.3%) | 1 (16.7%) | 1.67 |
| Bathing              | Spring<br>(n=10) | 4 (40%)   | 3 (30%)   | 3 (30%)   | 1.90 |
|                      | Fall<br>(n=6)    | 2 (33.3%) | 3 (50%)   | 1 (16.7%) | 1.83 |
| Taking Medications   | Spring<br>(n=11) | 5 (45.5%) | 5 (45.5%) | 1 (9%)    | 1.64 |
|                      | Fall<br>(n=6)    | 5 (83.3%) | 1 (16.7%) | 0 (0%)    | 1.17 |
| Dressing             | Spring<br>(n=11) | 7 (63.6%) | 2 (18.2%) | 2 (18.2%) | 1.55 |
|                      | Fall<br>(n=6)    | 4 (66.7%) | 1 (16.7%) | 0 (0%)    | 1.20 |
| Transferring/Walking | Spring<br>(n=11) | 8 (72.7%) | 1 (9.1%)  | 2 (18.2%) | 1.45 |
|                      | Fall<br>(n=6)    | 1 (16.7%) | 3 (50%)   | 2 (33.3%) | 2.17 |
| Toileting            | Spring<br>(n=11) | 9 (81.8%) | 0 (0%)    | 2 (18.2%) | 1.36 |
|                      | Fall<br>(n=6)    | 4 (66.7%) | 2 (33.3%) | 0 (0%)    | 1.33 |
| Eating               | Spring<br>(n=11) | 8 (72.7%) | 2 (18.2%) | 1 (9.1%)  | 1.36 |
|                      | Fall<br>(n=6)    | 6 (100%)  | 0 (0%)    | 0 (0%)    | 1.00 |
| Using the telephone  | Spring<br>(n=11) | 9 (81.8%) | 2 (18.2%) | 0 (0%)    | 1.18 |
|                      | Fall<br>(n=6)    | 6 (100%)  | 0 (0%)    | 0 (0%)    | 1.00 |

Table 8 presents data on clients' perceptions of home and emotional/miscellaneous task support. Most clients (88.24%, n = 15) usually or always had someone who could pick up their prescription if needed. Additionally, many clients (82.35%, n = 14) usually or always had someone to assist them with contacting their healthcare provider. Additional results regarding task support are presented in Table 8.

**TABLE 8 - HOME & EMOTIONAL/MISCELLANEOUS TASK SUPPORT, SPRING & FALL 2022**

| Question  | Semester      | Never (1) | Rarely (2) | Sometimes (3) | Usually (4) | Always (5) | Mean Score |
|---|---------------|-----------|------------|---------------|-------------|------------|------------|
| <b>In general, do you...</b>  |               |           |            |               |             |            |            |
| Have someone who can pick up a prescription for you if you need it?   | Spring (n=11) | 0 (0%)    | 0 (0%)     | 1 (9.1%)      | 1 (9.1%)    | 9 (81.8%)  | 4.73       |
|   | Fall (n=6)    | 0 (0%)    | 0 (0%)     | 1 (16.7%)     | 0 (0%)      | 5 (83.3%)  | 4.67       |
| Have someone who can assist you with contacting your healthcare provider if you need it (e.g., filling out paperwork) | Spring (n=11) | 0 (0%)    | 1 (9.1%)   | 1 (9.1%)      | 0 (0%)      | 9 (81.8%)  | 4.55       |
|   | Fall (n=6)    | 0 (0%)    | 1 (16.7%)  | 0 (0%)        | 3 (50%)     | 2 (33.3%)  | 4.00       |
| Have people you can rely on when you have problems?   | Spring (n=11) | 0 (0%)    | 0 (0%)     | 3 (27.3%)     | 0 (0%)      | 8 (72.7%)  | 4.45       |
|   | Fall (n=6)    | 1 (16.7%) | 0 (0%)     | 2 (33.3%)     | 1 (16.7%)   | 2 (33.3%)  | 3.50       |
| Have someone who makes you feel appreciated?  | Spring (n=11) | 1 (9.1%)  | 0 (0%)     | 0 (0%)        | 2 (18.2%)   | 8 (72.7%)  | 4.45       |
|   | Fall (n=6)    | 1 (16.7%) | 1 (16.7%)  | 0 (0%)        | 0 (0%)      | 3 (50%)    | 3.60       |
| Have someone who will listen to you when you need to talk?  | Spring (n=11) | 0 (0%)    | 1 (9.1%)   | 1 (9.1%)      | 2 (18.2%)   | 7 (63.6%)  | 4.36       |
|   | Fall (n=6)    | 0 (0%)    | 3 (50%)    | 0 (0%)        | 0 (0%)      | 3 (50%)    | 3.50       |
| Feel content  | Spring        | 0 (0%)    | 1 (9.1%)   | 1 (9.1%)      | 3 (27.3%)   | 6 (54.5%)  | 4.27       |

|  |               |           |           |           |           |           |      |
|--|---------------|-----------|-----------|-----------|-----------|-----------|------|
| with the cleanliness of your home environment?   | (n=11)        |           |           |           |           |           |      |
|  | Fall (n=6)    | 2 (33.3%) | 0 (0%)    | 0 (0%)    | 1 (16.7%) | 3 (50%)   | 3.50 |
| Have someone to assist you with household tasks such as housework, yardwork, and pet care? | Spring (n=11) | 1 (9.1%)  | 1 (9.1%)  | 0 (0%)    | 2 (18.2%) | 7 (63.6%) | 4.18 |
|  | Fall (n=6)    | 0 (0%)    | 0 (0%)    | 2 (33.3%) | 1 (16.7%) | 3 (50%)   | 4.17 |
| Feel comfortable moving around all parts of the home?                                      | Spring (n=11) | 0 (0%)    | 2 (18.2%) | 1 (9.1%)  | 2 (18.2%) | 5 (45.5%) | 4.0  |
|  | Fall (n=6)    | 0 (0%)    | 1 (16.7%) | 1 (16.7%) | 2 (33.3%) | 2 (33.3%) | 3.83 |
| Have someone that can assist you with using technology?                                    | Spring (n=11) | 1 (9.1%)  | 2 (18.2%) | 0 (0%)    | 1 (9.1%)  | 6 (54.5%) | 3.90 |
|  | Fall (n=6)    | 0 (0%)    | 1 (16.7%) | 1 (16.7%) | 2 (33.3%) | 2 (33.3%) | 3.83 |

Table 9 presents data on the clients' connections with college student volunteers after starting the program. Ten participants (58.8%) reported that they sometimes, usually, or always have something in common with college students. Fifteen participants (88.2%) reported that they feel they can sometimes, usually, or always help college students feel valued.

**TABLE 9 - CONNECTION WITH COLLEGE STUDENT VOLUNTEERS, SPRING AND FALL 2022**

| Question (n=11)                                | Semester      | Never (1) | Rarely (2) | Sometimes (3) | Usually (4) | Always (5) | Mean Score |
|--|---------------|-----------|------------|---------------|-------------|------------|------------|
| Have anything in common with college students? | Spring (n=11) | 3 (27.3%) | 2 (18.2%)  | 1 (9.1%)      | 3 (27.3%)   | 2 (18.2%)  | 2.91       |
|  | Fall (n=6)    | 1 (16.7%) | 1 (16.7%)  | 3 (50%)       | 0 (0%)      | 1 (16.7%)  | 2.83       |
| Feel you can                                   | Spring (n=11) | 1 (9.1%)  | 0 (0%)     | 1 (9.1%)      | 2 (18.2%)   | 7 (63.6%)  | 4.27       |

|                                    |               |              |           |              |              |              |      |
|------------------------------------|---------------|--------------|-----------|--------------|--------------|--------------|------|
| help college students feel valued? | Fall<br>(n=6) | 1<br>(16.7%) | 0<br>(0%) | 2<br>(33.3%) | 1<br>(16.7%) | 2<br>(33.3%) | 3.50 |
|------------------------------------|---------------|--------------|-----------|--------------|--------------|--------------|------|

Table 10 presents data on the Lori’s Hands Kitchen Inventory Assessment, which was conducted by student volunteers in the spring and fall for 10 clients. The survey, which is highlighted in **Appendix D**, contains eight questions focusing on the availability, accessibility, and variety of foods in clients’ homes. This Kitchen Inventory assessment was a pilot survey and was effective in providing insight into the clients’ food security status, and the support required to meet their needs.

At the time of survey administration, 50% (n = 5) clients had more than three varieties of fruits and vegetables available in the home. However, 40% of clients (n=4) had no fresh fruits and vegetables available in their homes. Only 10% of clients (n = 1) had more than three varieties of salty snacks. A majority of clients surveyed had one of two varieties of sugary sweets and milk (70%, n=7 and 60%, n=6 respectively). Most clients (70% n=7) had no expired foods in their homes. Seventy percent (n = 7) clients had some food available on their counter or within easy reach. However, 30% of clients (n=3) were unable to reach their food. In summary, many of the clients had fresh foods on the kitchen counters; however, some of the clients had expired food items on their counters or were unable to reach certain items.

## LORI’S HANDS KITCHEN INVENTORY ANALYSIS

**TABLE 10 - KITCHEN INVENTORY ANALYSIS RESULTS, SPRING AND FALL 2022**

| Food available in the Kitchen (n=10) |                       |                    |      |      |
|--------------------------------------|-----------------------|--------------------|------|------|
| Available food                       | More than 3 varieties | 1 or two varieties | None | Mean |
| Any fresh fruits and vegetables      | 5                     | 1                  | 4    | 1.90 |
| Salty snacks                         | 1                     | 3                  | 5    | 2.44 |
| Sugary sweets                        | 1                     | 7                  | 2    | 2.10 |
| Milk                                 | 0                     | 6                  | 4    | 2.40 |
| Expired food                         | 1                     | 2                  | 7    | 2.60 |

|  | Frequency | Percentage |
|--|-----------|------------|
| <b>Amount of food (n=10)</b>               |           |            |
| Plenty of fresh healthy food               | 3         | 30%        |
| Some fresh healthy food but some junk food | 3         | 30%        |
| Very little fresh healthy food             | 2         | 20%        |
| Very little food at all                    | 1         | 10%        |
| I don't know                               | 1         | 10%        |
| <b>Conditions of food at home (n=10)</b>   |           |            |
| Most of the food is not expired            | 9         | 90%        |

|  |           |            |
|--|-----------|------------|
| I see some expired items, but most is fine to consume                            | 0         | 0%         |
| Nearly all the food is expired   | 1         | 10%        |
| I don't know   | 0         | 0%         |
| <b>Is it likely that clients can reach their own food? (n=7)</b>                 |           |            |
| Definitely not   | 2         | 28.57%     |
| Probably not   | 1         | 14.29%     |
| Might or Might not   | 1         | 14.29%     |
| Probably Yes   | 2         | 28.57%     |
| Definitely Yes   | 1         | 14.29%     |
| <b>Do you have any concerns about the client's home food environment? (n=10)</b> |           |            |
|  | Frequency | Percentage |
| Definitely not   | 5         | 50%        |
| Probably not   | 2         | 20%        |
| Might or Might not   | 2         | 20%        |
| Probably Yes   | 0         | 0%         |
| Definitely Yes   | 1         | 10%        |

## Focus Group Discussion with Student Volunteers

The student focus group discussions, which were conducted in both the spring (n = 5) and fall semesters (n = 4), aimed to capture students' perspectives on their experience with Lori's Hands x PCaH program. Focus group guide questions are presented in **Appendix E**. Representative quotes from Spring and Fall student volunteers are presented in **Appendices F and G**, respectively.

## LORI'S HANDS STUDENT VOLUNTEER FEEDBACK (SPRING 2022)

### Students reported forming mutually beneficial relationships with clients in the Lori's Hands x PCaH program, and shared positive perceptions of their interactions

Several students discussed the mutually beneficial relationships formed between themselves and the clients they served in the Lori's Hands x PCaH collaboration. Clients with limited social interaction benefitted from the companionship the student volunteers provided during their visits and appreciated the opportunity to discuss their life experiences and personal accomplishments with someone outside of their immediate family.

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*Every single older person that I've met through Lori's Hands has been awesome and I've learned so much through them, so I guess it's just made me feel more comfortable."*

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At the same time, the students reported benefitting both personally and professionally from their conversations with clients. For example, clients provided the students with life advice (e.g., graduate school experiences), job resources, and networking connections. Students also reported benefiting personally by becoming more comfortable around others and enhancing their knowledge about the world. As a result of their positive experiences with the program, one student



reported being more open to working with this population in the future.

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*We had a client who was having issues with the wheelchair that they use. They were on a super long wait to get something repaired, which was urgent, but the company was not addressing it. We had talked to her [Social Worker] about it and she was able to reach out to the wheelchair company and get one of the issues taken care of pretty quickly*

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### **Strong student and PCaH social worker relationships improved outcomes for clients.**

The social worker served as an important resource for the student volunteers and assisted them in addressing client concerns, such as issues with wheelchair use or intensive needs requiring extra resources and assistance. Students appreciated their

interactions with the social worker, with one student requesting that they occur more frequently.

In addition to positive interactions with the social worker, the students reported positive perceptions of their communications with the Lori's Hands Chapter Manager, and felt that the constructive feedback they received helped them to improve and grow.

### **Many clients have complex needs, and student volunteers reiterated the need for training and education to deal with nutrition, mental health, and other ongoing client conditions**

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*We did have another client who needed more help than just us as volunteers. An hour a week really wasn't cutting it. So we were able to let [Social Worker] know and then she gave more resources to that client so he could have extra caretakers come in."*

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Students emphasized the importance of educational opportunities related to the purpose and framework of the program, nutrition, and best practices for dealing with complex scenarios (e.g., client depression). One student mentioned a complex scenario with a client in which they identified a

need for nutrition assistance, but struggled to assist the client or connect them to needed services due to their hesitancy to receive help. The students also stated that educational and training opportunities regarding nutrition and food insecurity would be helpful for future student volunteers. Lori's Hands has now developed a nutrition training for student volunteers,

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*She sent us to the grocery store once, but the list did not have anything of nutritional value or anything we could see her making a meal with, so we were a little concerned...*

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One student also mentioned that it may be beneficial to create a group chat with all of the student volunteers to obtain feedback regarding complex client scenarios.

## Client home assessments conducted by students were informative and not burdensome.

The students enjoyed the process of conducting and leading the *Kitchen Inventory Assessment* with the clients and felt that it was an effective tool for measuring a snapshot of their diets. However, a few students felt that the tool was redundant.

## LORI'S HANDS STUDENT VOLUNTEER FEEDBACK (FALL 2022)

### Clients' overall well-being improved as a result of student volunteer companionship and contributions.

Clients benefitted from a range of support services provided by Lori's Hands students

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*"[...] For my one client, [food insecurity] was a major concern, because there were gnats, and flies in her house. And that was the one that [I] was talking to the social worker a lot about.*

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volunteers including cleaning clients' houses, completing grocery visits, and providing companionship. Clients shared with students that these support services improved their everyday lives. Clients experiencing food insecurity and/or mental health challenges benefited from the Lori's Hands x PCaH

collaboration, as the students were able to identify client needs and work alongside the social worker and Lori's Hands to promptly improve their circumstances. For example, a student and the social worker worked together to obtain additional food support for a client experiencing food insecurity. Additionally, one student identified a client with depression and suicidal ideation and informed the social worker of their mental health status, perhaps preventing a tragic hospitalization. The social worker and family member were then able to talk with the client in order to improve their mental health.

### Student volunteers enhanced their personal and professional outcomes.

Through the Lori's Hands PCaH collaboration, the student volunteers reported that they acquired soft and life skills that enhanced their personal

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*So, it sort of put me in that perspective of, 'okay, I can do this, I can help somebody judgment free', because you have to go in with no judgment.*

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development including teamwork, problem-solving skills, communication skills, patience, adaptability, and time management. Additionally, one student explained that the collaboration allowed her to get out of her comfort zone in helping her to provide judgment-free support to clients. Another student appreciated the opportunity to apply what they had learned in class to their field experience through their interactions with the social worker and clients.

One student who wasn't sure of their interest in social work and public health was able to learn, through participation in the program, that these careers were not something they wanted to pursue longer term.

## STUDENT SURVEY RESULTS

A student survey was administered with three students at the beginning and end of the fall semester and assessed students' perceptions of the program, shifts in professional confidence and future career goals, and understanding of and connection with clients (Table 11). The survey also captured students' activities with clients and their feedback on program delivery. Students' program ratings increased from baseline to the end of the semester on 17 of the 20 questions, indicating that students generally benefited from the program and perceived it as helpful. Program ratings stayed consistent for one of the 20 questions. However, students' rating slightly decreased on the following two questions: "I could envision myself working in a service career with older adults" and "Lori's Hands is responsive to my needs and concerns."

**TABLE 11 - STUDENT SURVEY FEEDBACK (SEPT 2022 - DEC 2022), ORDERED BY GROWTH**

| Item  | Baseline Mean (n=3) | End of Semester Mean (n=3) | Difference |
|---|---------------------|----------------------------|------------|
| I feel... - connected to the people who live in the community surrounding my university's campus  | 3                   | 4.67                       | +1.67      |
| I am confident in my ability to: - Talk on the phone with organizations that provide services to older people in the community  | 3.67                | 5                          | +1.33      |
| I am confident in my ability to: - Apply an understanding of the social determinants of health (e.g., transportation and food access) to my work with an older adult population | 3.67                | 5                          | +1.33      |
| I try to understand older adults by imagining how things look from their perspective  | 3.67                | 5                          | +1.33      |

|   |      |      |       |
|---|------|------|-------|
| I am knowledgeable about... - how policy affects racial and socioeconomic health disparities among older adults     | 3.67 | 5    | +1.33 |
| I am knowledgeable about... - challenges with day-to-day activities that affect people living with chronic illness  | 3.67 | 4.67 | +1.00 |
| I am confident in my ability to: - Provide tangible support with daily activities to people I don't know personally | 4.33 | 5    | +0.67 |
| I am knowledgeable about... - the potential implications of isolation and loneliness on health                      | 4.33 | 5    | +0.67 |
| I am knowledgeable about... - how social determinants (e.g., transportation and food access) affect health)         | 4.33 | 5    | +0.67 |
| Lori's Hands... - is a place where like minded students can connect   | 4.33 | 5    | +0.67 |
| I am confident in my ability to: - Effectively communicate with older people who I don't know personally            | 4.33 | 4.67 | +0.34 |
| I understand the challenges that older adults face  | 4.33 | 4.67 | +0.34 |
| I feel like working in community or public health after I graduate might be a good fit for me                       | 4.33 | 4.67 | +0.34 |
| I am confident in my ability to: - Collaborate effectively as part of an interprofessional team                     | 4.67 | 5    | +0.33 |
| I feel... - like I make important contributions to the community  | 4    | 4.33 | +0.33 |

|   |     |      |       |
|---|-----|------|-------|
| surrounding my university's campus  |     |      |       |
| I feel... - like there is someone in my campus community who cares a lot about me | 4   | 4.33 | +0.33 |
| I am confident in my career trajectory  | 4   | 4.33 | +0.33 |
| Lori's Hands... - communicates with me effectively                                | 5   | 5    | 0     |
| I could envision myself working in a service career with older adults             | 3.5 | 3    | -0.5  |
| Lori's Hands... - is responsive to my needs and concerns                          | 5   | 4.33 | -0.67 |

## DISCUSSION

### SUMMARY OF FINDINGS

The Center for Research in Education and Social Policy conducted an evaluation of the Lori's Hands x PCaH program to assess the effectiveness of this strategic partnership in meeting the needs of homebound clients. Results from client and student surveys, student focus groups, and a social worker interview suggest that this program was effective in meeting PCaH clients' needs as well as providing professional development opportunities for Lori's Hands student volunteers.

In total, 18 students and 13 clients were part of the approximately yearlong (2022) pilot program. Clients received over 300 hours of support from the program in 2022. Clients' services primarily included home visits and face-to-face support. The most commonly performed support activities included providing companionship (80%), shopping and errands (19%), and cleaning and organizing (13%).

Critical client needs were often identified during visits with student volunteers, leading to preventive action. For example, students identified cases of food insecurity, accessibility issues (e.g., a need for wheelchair repairs), and mental health challenges (e.g., depression, suicidal ideation, loneliness, stress), which were then addressed by the social worker in a timely fashion.

Clients also benefited from a range of support services provided by Lori's Hands students volunteers including cleaning clients' houses, completing grocery visits, and providing companionship. Results from focus groups with students and interviews with the PCaH social

worker demonstrated that students and clients formed mutually beneficial relationships during their interactions. Clients appreciated the companionship provided by student volunteers, and this was particularly true for those clients whose family members and friends could not provide consistent support and care due to other responsibilities. Additionally, student support and companionship were particularly important for clients with limited physical mobility that compromised their ability to get into and out of bed or cars. During the student visits, the clients enjoyed sharing their experiences, personal accomplishments, and stories with students while providing them with life advice, job resources, and networking connections.

The PCaH social worker reported that her interactions with Lori's Hands students were valuable as they helped her to better serve her large client base and often drew attention to important challenges that were not previously identified. Additionally, findings from these interviews suggested clients avoided hospitalizations as a result of preventive measures taken by students and herself. For example, one student identified a client with depression and suicidal ideation and informed the social worker of their mental health status, who was then able to talk with the client to improve their mental health.

Client dietary data indicates that participants believed they maintained a healthy diet with average scores in the good range: 2.27 in the spring and 2.17 in the fall (using a scale that ranges from 1 = Excellent to 4 = Poor). Although most clients consumed at least one fruit or vegetable daily, several ate less than the recommended two servings of fruit and three servings of vegetables per day. Two clients were food insecure and reported worrying whether their food would run out before they had money to buy more. Clients identified shopping, housekeeping, and meal preparation as IADLs where the most assistance was needed.

Findings from the student focus groups and surveys demonstrated that students created meaningful relationships with their clients, opened their minds to working with older adults and/or people with chronic illnesses, enhanced their communication skills, and acquired professional competencies and skills necessary to effectively work with the older adult population.

Overall, results of this evaluation indicate that the Lori's Hands x PCaH program is well aligned with the needs of its homebound clients. Lori's Hands student volunteers played a crucial role in identifying and addressing potentially life threatening PCaH client needs. The Lori's Hands x PCaH program addressed these needs and more including companionship, mental health support, physical mobility support, and nutrition and food access support. The clients benefited from these services and enjoyed the opportunity to interact with the Lori's Hands student volunteers. The clients appreciated the students' companionship and the opportunity to share their life experiences and personal accomplishments with individuals outside of their immediate friends and family. This was particularly true for individuals with limited social support or physical mobility. Additionally, the PCaH social worker enjoyed working with the student volunteers and reported that they assisted her in identifying and mitigating client needs. Further, student volunteers benefitted both personally and professionally through their participation in the Lori's Hands x PCaH program by obtaining life/job skills and receiving career advice from the clients.

## FUTURE DIRECTIONS AND RECOMMENDATIONS

Based on our observations and findings from this report for the 2022 program cycle, moving forward, we recommend the following for the continued success of the Lori's Hands program:

1. Given the importance and alignment of Lori's Hands services with homebound clients, expansion beyond the Newark area, to the extent feasible, should be considered. Students seeking hours in social work degrees are interested in working with Lori's Hands, so additional geographies such as those near Delaware State or Delaware Technical Community College may be feasible.
2. Consider providing students with clients' histories prior to their interactions to help orient students to client current and potential needs.
3. In addition to the nutrition training that Lori's Hands has developed for students, consider providing students with targeted education on issues relevant to clients such as depression, hoarding, specific dietary needs, and dementia.
4. Client and student surveys should continue to be administered to measure the impact of the program. These surveys should be administered as part of program implementation upon client intake and program completion. Additionally, we recommend documenting client comments and conducting interviews for client feedback when feasible.

## APPENDIX A: ALIGNMENT OF GOALS AND EVALUATION MEASURES

| Goal  | Evaluation Measure and Indicator   |
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| <p>Goal 1. Evaluate the potential of Lori's Hands services to address client food insecurity and general IADL deficiencies when incorporated into a home-based primary care practice.</p>                             |  |
| <p>(a) Conduct food access and general dietary surveys with clients.</p>  | <p>Client Survey: The students administered the client survey using Qualtrics and asked the clients the following questions:</p> <ul style="list-style-type: none"> <li>- In general, how healthy is your overall diet?</li> <li>- How many servings of fruit/vegetables do you eat on an average day?               <ul style="list-style-type: none"> <li>- In general, do you...                   <ul style="list-style-type: none"> <li>- feel as though you receive adequate nutrition through your meals?</li> <li>- have adequate assistance with grocery shopping when needed?</li> <li>- have someone who can assist you with meal preparation if you need it?</li> </ul> </li> <li>- feel that you have access to foods that you would like to prepare?</li> </ul> </li> <li>- Within the past 12 months did you ever worry whether your food would run out before you had money to buy more?</li> <li>- Do you have an illness or condition that changes how much or what kind of food you eat?</li> </ul> |
| <p>(b) Engaging clients, PCaH social workers, and Lori's Hands students in care planning to shape the team's awareness of clients' food security and needed resources and the services delivered by Lori's Hands.</p> | <p>Student Focus Group + Social Worker Interview</p> <ul style="list-style-type: none"> <li>- What is your role within Lori's Hands program?               <ul style="list-style-type: none"> <li>- Student volunteers and social worker</li> </ul> </li> <li>- Describe how you have worked to address food insecurity as Lori's Hands volunteer, if at all               <ul style="list-style-type: none"> <li>- Student volunteers</li> </ul> </li> <li>- What feedback do you have about the Lori's Hands Primary Care at Home program?               <ul style="list-style-type: none"> <li>- Student volunteers and social worker</li> </ul> </li> <li>- Do you have any suggestions for improving this program in the future?               <ul style="list-style-type: none"> <li>- Student volunteers and social worker</li> </ul> </li> <li>- What conditions/challenges do the clients face?</li> </ul>  |



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|  | <p style="text-align: center;">- Social worker</p> <p style="text-align: center;">Kitchen Inventory Assessment: The survey collected on food available in the kitchen, thus providing insight into the clients' food security and the required kind of support that is appropriate to meet their needs.</p> <ul style="list-style-type: none"> <li>- Food generally available in the kitchen.</li> <li>- Food readily available on the kitchen counter.</li> <li>- Food readily available in the refrigerator or freezer counter.</li> <li>- Food readily available in the pantry. <ul style="list-style-type: none"> <li>- Amount of food in the home.</li> <li>- Conditions of food in the home.</li> </ul> </li> </ul> <p style="text-align: center;">See also goal 1C</p> |
| <p style="text-align: center;">(c) Conduct interviews with PCaH social workers and staff to understand the strengths and weaknesses of Lori's Hands services.</p>  | <p style="text-align: center;">Social Worker Interview - administered at semester end</p> <ul style="list-style-type: none"> <li>- What did you get from participating in this role?</li> <li>- What is your relationship like with the student volunteers?</li> <li>- What is your relationship like with Lori's Hands clients?</li> <li>- Are there any areas that can be improved? <ul style="list-style-type: none"> <li>- Tell us more about any significant experiences in your time working with Lori's Hands.</li> </ul> </li> <li>- Are you seeing the student volunteers grow in through their experience with Lori's Hands?</li> </ul>   |
| <p style="text-align: center;">(d) Conduct interviews with Lori's Hands student interns to understand the learning benefits of providing coordinated, team-based services and improved awareness of dietary needs and resources.</p> | <p style="text-align: center;">Student Focus Groups</p> <ul style="list-style-type: none"> <li>- Tell us about your most significant experience with Lori's Hands and the Primary Care at Home program, why?</li> <li>- Can you tell me about any specific patient experiences that you had?</li> <li>- In what ways have you benefited personally or professionally from participation in the</li> </ul>   |

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|   | <p>Primary Care at Home project vs. Lori's Hands in general?</p> <ul style="list-style-type: none"> <li>- Do you envision working with older adults or adults with chronic illness in the future?</li> </ul>  |
| <p>Goal 2. Improve food access and IADL confidence among homebound or near-homebound individuals living with chronic illness.</p>   |   |
| <p>(a) Develop a training module (for student volunteers) on food insecurity and available resources for older adults and individuals with chronic conditions. Strategies to suggest referrals and support adults will be included.</p>           | <ul style="list-style-type: none"> <li>- Nutrition &amp; Chronic Disease training video completed with support from two Registered Dieticians</li> <li>- Student feedback was received in the development of the training</li> </ul>  |
| <p>(b) Provide weekly visits to community members with chronic illness facing food insecurity to assist with grocery delivery, meal preparation, and other food access issues; to assist with additional IADLs; and to provide companionship.</p> | <p>Lori's Hands Administrative Visit Data (recorded in app)</p> <p>Student Focus Groups - Administered at the end of the spring and fall semesters</p> <ul style="list-style-type: none"> <li>- Approximately how many hours per week were you involved in the Lori's Hands x PCaH project?</li> <li>- How many weeks were you involved in the Lori's Hands food security project?</li> <li>- Describe how you have worked to address food insecurity as Lori's Hands volunteer, if at all. <ul style="list-style-type: none"> <li>- I am confident in my ability to: <ul style="list-style-type: none"> <li>- Effectively communicate with older people who I don't know personally</li> <li>- Provide tangible support with daily activities to people I don't know personally</li> <li>- Talk on the phone with organizations that provide services to older people in the community</li> <li>- Apply an understanding of the social determinants of health (e.g., transportation and food access) to my work with an older adult population</li> <li>- Collaborate effectively as part of an interprofessional team</li> <li>- I am knowledgeable about...</li> <li>- challenges with day-to-day activities that affect people living with chronic</li> </ul> </li> </ul> </li> </ul> |

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|  | <p style="text-align: center;">illness</p> <ul style="list-style-type: none"> <li>- the potential implications of isolation and loneliness on health <ul style="list-style-type: none"> <li>- how social determinants (e.g., transportation and food access) affect health)</li> <li>- how policy affects racial and socioeconomic health disparities among older adults <ul style="list-style-type: none"> <li>- I feel...</li> </ul> </li> </ul> </li> <li>- connected to the people who live in the community surrounding my university's campus</li> <li>- like I make important contributions to the community surrounding my university's campus <ul style="list-style-type: none"> <li>- like there is someone in my campus community who cares a lot about me</li> </ul> </li> <li>- I understand the challenges that older adults face (likert scale)</li> </ul> |
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## **APPENDIX B: SOCIAL WORKER INTERVIEW QUESTIONS**

1. Can you tell me a little bit about your role with the Lori's Hands food insecurity and general independence project?
  - a. When did you begin? Are you full time?
  - b. Describe how you have worked to address food insecurity and/or general independence in your role in this project, if at all.
2. How do you think the collaboration between ChristianaCare and Lori's Hands impacted your patients' health and well-being?
3. How do you feel that the incorporation of Lori's Hands students into the program impacted the care that you were able to deliver to your patients?
4. What feedback do you have about the Lori's Hands food security and general independence project?
5. Tell us about your most significant experience with Lori's Hands and the food security and general independence project, why?
6. Can you tell me about any specific patient experiences that you had, for example, any stories that might come to mind?
7. Has the Lori's Hands food insecurity and general independence project benefited you personally or professionally?
8. In your opinion, what is the top benefit of having Lori's Hands services involved in primary care at home?
9. Do you have any suggestions for improving this program in the future?

## APPENDIX C: CLIENT SURVEY ITEMS

1. How healthy is your overall diet?
2. How many servings of fruit/vegetables do you eat on an average day?
3. Do you usually eat fewer than 2 meals per day?; Do you have 3 or more drinks of beer, liquor, or wine each day?
4. Within the past 12 months, did you ever worry whether your food would run out before you had money to buy more?
5. Do you have any difficulties with: bathing, dressing, walking/transferring, toileting, eating - using the telephone, shopping, preparing meals, housekeeping, taking medications, finance & money
6. In general do you feel comfortable moving around all parts of your home (e.g. stairs, bathroom, etc.)?

## APPENDIX D: KITCHEN INVENTORY TOOL

Start of Block: Default Question Block

Q1 The purpose of this inventory is to understand the food environment inside the home.

Q2 Student ID

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Q3 Client ID

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Q4 Is the client participating in Primary Care at Home (PCaH)?

- Yes (1)
- No (2)

Q5 Which of the following is available ?

|   | More than 3 varieties<br>(1) | 1 or two varieties (2) | none (3)              |
|---|------------------------------|------------------------|-----------------------|
| Any fresh fruits and vegetables (not rotten)<br>(1) | <input type="radio"/>        | <input type="radio"/>  | <input type="radio"/> |
| Salty snacks (2)                                    | <input type="radio"/>        | <input type="radio"/>  | <input type="radio"/> |
| sugary sweets (3)                                   | <input type="radio"/>        | <input type="radio"/>  | <input type="radio"/> |
| Milk (4)  | <input type="radio"/>        | <input type="radio"/>  | <input type="radio"/> |
| Expired food (5)                                    | <input type="radio"/>        | <input type="radio"/>  | <input type="radio"/> |

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Q6 Describe generally what foods are readily available on the kitchen counter, if any.

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Q7 Describe generally what foods are readily available in the refrigerator or freezer counter.

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Q8 Describe generally what foods are available in the pantry:

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Q9 What statement best describes the amount of food in the home?

- Plenty of fresh healthy food (1)
- Some fresh healthy food but some junk food (2)
- Very little fresh healthy food (3)
- Very little food at all (4)
- I don't know (5)

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Q10 What statement best describes the condition of the food in the home?

- Most of the food is not expired (1)
- I see some expired items, but most is fine to consume (2)
- Nearly all of the food here is expired (3)
- I don't know (4)

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Q11 Is it likely that the client can reach the food on their own?

- Definitely not (1)
  - Probably not (2)
  - Might or Might Not (4)
  - Probably yes (5)
  - Definitely yes (6)
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Q12 Do you have any concerns about the clients' home food environment?

- Definitely not (1)
- Probably not (2)
- Might or might not (3)
- Probably yes (4)
- Definitely yes (5)

**End of Block: Default Question Block**

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## APPENDIX E: STUDENT FOCUS GROUP QUESTIONS

1. Can you tell me a little bit about your role with Lori's Hands this semester?
  - a. In what ways was your role different than in prior semesters? (If relevant)
2. Describe how you have worked to address food insecurity as a Lori's Hands Volunteer, if at all.
3. What feedback do you have about the Lori's Hands x Primary Care at Home program?
4. Tell us about your most significant experience with Lori's Hands x Primary Care at Home program; why?
5. Can you tell me about any specific patient experiences that you had, for example, any stories that might come to mind?
6. In what ways have you benefited personally or professionally from participation in the Primary Care at Home project vs. Lori's Hands in general?
7. Do you envision working with older adults or adults with chronic illness in the future?
8. Do you have any suggestions for improving this program in the future?

## APPENDIX F: REPRESENTATIVE STUDENT VOLUNTEER QUOTES (SPRING 2022)

| Theme   | Representative Quotes  |
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| <p>Mutually beneficial relationships between student volunteers and clients and shared positive perceptions of their interactions</p> | <p><i>“The wife is the sole caretaker for her husband. They really don't have any social interaction outside of each other and then me and the other student. And it's just always really eye-opening when they tell us they don't have any kids, and that we are basically their children- they love to have us. She always talks about how she forgot how much she loves hosting people in their home and cooking dinners for people, so she gets super excited to invite us over and cook for us. We just hang out and talk, she shares a lot of stories, and I think it is really beneficial for them, but also for us. I mean they're basically taking care of us once a week. We're there for them, but she's doing such nice things for us and she's also given me some resources for jobs that she's had and loved in the past and thinks that I would fit in with them. She said she can connect me with someone they know that still works there. She's just been really genuinely nice to us the whole semester and it's been really nice to get to know them.”</i></p> |
|   | <p><i>“She brought us into the office in her apartment and showed us the textbooks that she published...you could just tell she was really proud and happy to show us, which I feel like she probably hasn't done in so long as she mostly just sees her daughter and her immediate family who already know about all of her accomplishments. I think to just show it to someone new and be proud of herself, was a really cool thing to experience...she's just someone that has a lot to share and a lot to learn from, and I feel like I've never met someone that has these amazing experiences before...it just makes you realize there's a lot of cool people in this world that have been through a lot of cool and different experiences than myself...I talked to her about how I'm going to graduate school, and she was able to provide some of her</i></p>   |

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|  | <p><i>experiences from going to graduate school and has given indirect advice through that. She talks about her mom a lot and how she wanted her to work really hard and get her degrees. And she told me 'Yeah you know you can do it, if I can do it, you can do it.'</i></p>   |
|  | <p><i>"A lot of [the clients] have really unique experiences and connections, and a lot of them will ask us about what our plans are after graduation. A lot of them are willing to give us advice on career paths or specific jobs. I feel like it gives insight from someone who has gone through their career...As much as it's not necessarily something we're doing as a resume builder, it is something good to have on a resume to show that we have worked with people. A lot of people in our graduating class may have not been able to work with clients or anything in person because the pandemic put so much of our experience online. So, I feel like being able to actually share that we've had these real in-person experiences benefits us."</i></p> |
|  | <p><i>"[The program] helped me become more comfortable around others, and it's helped me become a more accommodating and understanding person... I've been able to build a connection with [clients] pretty quickly and they've been very receptive. Just getting those small talk services with them has been probably the main facet of what's helped me the most."</i></p>   |
|  | <p><i>"Every single older person that I've met through Lori's Hands has been awesome and I've learned so much through them, so I guess it's just made me feel more comfortable."</i></p>  |
|  | <p><i>"[I am an] avid listener too, we like to be as accommodating as possible to the clients...each visit I'm always learning something new."</i></p>  |
|  | <p><i>"One client that me and another student have, her name is [Client], a really sweet lady. She was a professor ...some years ago....Just learning from</i></p>  |

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|   | <p><i>her about what UD was like so long ago, and just her whole life experience because she's been through so much. I think she turned 93 last month, she's been through a lot, she's seen a lot of different cool things, so I think that client, in particular, is who I've learned from the most."</i></p>  |
|   | <p><i>"I had never honestly considered working with this population, but I would say that I have gotten a lot more comfortable and I am open with the idea of working with older people."</i></p>   |
| <p><b>Strong student and PCaH social worker relationships improved outcomes for clients</b></p> | <p><i>"It's nice to have her [Social Worker] to talk to, because if a client voices a concern to us, normally I wouldn't know what to do with that concern. Being able to meet with [Social Worker], I can address the issues with her and she usually knows the person to direct that concern to or the resource to give to the client...We had a client who was having issues with the wheelchair that they use. They were on a super long wait to get something repaired, which was urgent, but the company was not addressing it. We had talked to her [Social Worker] about it and she was able to reach out to the wheelchair company and get one of the issues taken care of pretty quickly...We did have another client who needed more help than just us as volunteers. An hour a week really wasn't cutting it. So we were able to let [Social Worker] know and then she gave more resources to that client so he could have extra caretakers come in."</i></p> |
|   | <p><i>"We meet with [Social Worker] once a month, but maybe even a bi-weekly meeting with her would be good just because there are so many little things that we might forget about throughout the month. Maybe if we met more often more things could get taken care of. Once a month is going great, but I just think even more often would be beneficial."</i></p>   |
|   | <p><i>"[The manager] made herself really accessible to</i></p>  |

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|  | <p><i>us and she's really good with communication and getting back to you very quickly...she left it open to us with how many clients we wanted to take on, or how many visits we wanted to be doing per week. I think that that was really helpful because it made it easier to fit it into my schedule because she was very open to listening to what we wanted and making it work for us as much as the clients. There was a good balance between the two of us."</i></p>  |
|  | <p><i>"I see you've been logging a lot of time doing this, but can you switch focus and maybe make this your priority this week. Or if there was something that came up and we missed a certain client for a week or two she would say to make them a priority and try to reach out to them and see what you can do for them."</i></p>  |
| <p>Many clients have complex needs, and student volunteers reiterated the need for training and education to deal with nutrition, mental health, and other ongoing client conditions</p> | <p><i>"[The client] needs a lot more assistance than we can give her, but she is hesitant to reach out or utilize the services we have tried to connect her with. For example, she sent us to the grocery store once, but the list did not have anything of nutritional value or anything we could see her making a meal with, so we were a little concerned... There was another time that she told us she did not have the money for us to go to the store, but we knew that she did because [...] the [Social Worker] told us that she did have plenty of money, so it was not actually that she didn't have money. I think she just did not want to deal with it all, making a list and sending us [and] stuff...we can only do so much if she's not willing to send us on these errands."</i></p> <p><i>"Maybe just have a couple of trained volunteers meet up with the new upcoming volunteers to give them advice."</i></p> <p><i>"With us in our major, we had an introduction to nutrition, but I feel like some people from other majors who volunteer do not know as much, and food can be a sensitive topic for some people,</i></p> |

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|  | <p><i>especially if you do not have that background information through nutrition courses. They might be uncomfortable talking about it or not know anything about it. Incorporating more about how to talk about food into a short training video would help."</i> Similarly, another student reported, <i>"If clients have questions about nutrition, I probably would not know how to answer all of them, so just having some answers to frequently asked questions would help."</i></p>  |
|  | <p><i>"A group chat or something with a lot of volunteers would be helpful to bounce ideas off of each other because I feel like sometimes other volunteers only have their partners that they know and they don't really know anyone else, so maybe something like that... I know a lot of clubs and organizations use GROUPME because it allows for many people."</i></p>  |
| <p>Client home assessments conducted by students were informative and not burdensome</p> | <p><i>"[We asked] food pyramid-esque type things, such as how many fruits and vegetables you're eating, do you think your diet is overall pretty healthy, and are there any improvements you want to make like eliminating some junk food and maybe substituting it with a healthy snack option...it was through a platform called Qualtrics...We would just ask them the questions and fill out the survey ourselves. I think this is easier than just sending them an email and having them fill it out since you might not get the best answer or they're stuck on a question or need more interpretation or clarification on it. I think the best way to do it is having these in-person surveys and asking them each question as we go."</i></p> <p><i>"[I] thought the survey was cool because it didn't require us to just sit and ask the questions and that was it. We were able to go through the person's fridge and pantry and be looking through it as we're talking to them about the question. So, it made it sort of less monotonous, I guess, more interactive. For example, 'I see this ketchup is expired, do you have a lot of expired food?' In terms of talking about food, Lori's</i></p> |

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|  | <p><i>Hands staff emphasized that before doing this survey with our clients, we should build rapport with them first to make sure it didn't feel like an invasive thing. So, the overall theme of respect around food and the client was really emphasized, which I thought was cool and important."</i></p>  |
|  | <p><i>"[The kitchen inventory was] basic enough, maybe a little redundant, I'm sure most surveys are like that, they tend to just be a little monotonous when you're just asking a lot of questions. I think they were simple enough, where the participant or the clients that we asked didn't really have a hard time with any question in particular that I can recall."</i></p> |

**APPENDIX G: REPRESENTATIVE STUDENT VOLUNTEER QUOTES (FALL 2022)**

| <b>Theme</b>   | <b>Representative Quotes</b>   |
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| <p>Clients' overall well-being improved as a result of student volunteer companionship and contributions</p> | <p><i>"When we meet with [the client] there's some really good times that we can get with her and just talk because she has MS. She is very interested in our lives. And from the communication you can just tell that's what she wants, and that she's missing that; because she can't go out and can't do much. So, for her, I mean, it was good feeling to just be there and just sit and chit chat with her and help her in any capacity that we could."</i></p> <p><i>"It was encouraging to know that, like, we were making a difference in their everyday life and stuff. [...]."</i></p> <p><i>"[...] For my one client, [food insecurity] was a major concern, because there were gnats, and flies in her house. And that was the one that [I] was talking to the social worker a lot about. So, for her, she didn't leave her house, so she wasn't</i></p> |

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|   | <p><i>getting food. And when she did, it was all, you know, outside sources and deliveries.”</i></p>   |
|   | <p><i>“I have a client that I see on Fridays and he is very depressed. He was suicidal. Or at least appeared to be suicidal. I don't want to say he was, but he appeared to be suicidal. Just walking into that kind of situation was a culture shock. Because it was like, ‘What do I do from here? How do I handle this, because I've never had to deal with something like that before.’ ..... Yeah. I mean, I did bring it up to Lori's Hands when I first realized it because I noticed it right away. And they were able to talk to the social worker who talked to him and his uncle who talked to him. And it kind of got better after that.”</i></p>  |
|   | <p><i>“I don't think there is an aide for that person. I guess they need to sign up for that or something. But, I mean, [the social worker] did make visits and she did seem to be on top of the issue.”</i></p>   |
|   | <p><i>“It was nice that [Lori's Hands] actually followed through with that [issue], like they didn't just brush it off. So, I will say that's one thing I like about Lori's Hands is that they actually listen to their students and like their concerns and stuff like that.”</i></p>   |
| <p>Student volunteers enhanced their personal and professional outcomes</p> | <p><i>“I would say, having to work hand-in-hand with a partner for the first time helped with my teamwork, skills and communication skills for sure; like communicate 'if we can meet on this day, and I have this exam and all that'. We had a lot of little speed bumps to work through. But I would say professionally, I improved in those kinds of skills.”</i></p> <p><i>“One of my clients, you can't really understand what he's saying. So, you have to kind of sit there and listen and like take your time with him and go slow with him so that you can understand what he's saying. My other client, she's rowdy, oh my gosh, but you got it. But she's also the kind of person I don't know how to describe her. She</i></p> |



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|  | <p><i>likes to be out there. So, I feel like having patience with that is a big thing, too. Because if you're not patient in that aspect, a lot of things could go wrong."</i></p>   |
|  | <p><i>"I'm not used to going into other people's homes and just sort of, you know, 'Hi, here I am, how can I help you'. So, it sort of put me in that perspective of, 'okay, I can do this, I can help somebody judgment free', because you have to go in with no judgment. And some of these clients, it's hard, because, you know, there is a lot of things that you're not used to seeing, but they are content. So, you have to also put that in perspective and not judge that person, you know. There are some things they are content with, and I can't and you're not really going to change them, but you want to make them comfortable. So that sort of helped me understand that a little bit."</i></p> |
|  | <p><i>"Truthfully, professionally wise? I don't think that, like the path that Lori's hands is on, I don't think I want to work in a path like that, or a career like that one."</i></p>   |
|  | <p><i>"[...] I'm glad we get to meet with the social worker. So that got me into using my notes from class and how to present a client's issues appropriately. So I enjoyed sitting [and] having talks with the social worker and trying to figure out, you know, what's the best regimen for this person? So yeah, I think I've grown just even as an older adult, just going back and having this program. It has taught me you know, patience, love, knowledge, and all of that, you know, wrapped up into one. So yeah, I appreciate it."</i></p>  |