



**A New Model of
Telephone Reassurance
to Better Support the
Unmet Needs of
Vulnerable Older Adults**

Presenters

Orion Bell, President & CEO, Benjamin Rose
“The Benefits of Nutrition Services for Older Adults”

Fatima Perkins, Director of Community Outreach & Advocacy, WRAAA
“Western Reserve Area Agency on Aging TeleCare”

David Bass, Senior Vice President & Senior Research Scientist, Benjamin Rose
“Adapting BRI Care Consultation™ for Telephone Reassurance”

Morgan Minyo, Research Scientist, Benjamin Rose
“Initial Outcomes from a Research Study Evaluating Telephone Reassurance”

Project Partners

Benjamin Rose

- Dr. David Bass
- Dr. Morgan Minyo
- Kate McCarthy
- Catherine Franz
- Lisa Weitzman
- Lauri Scharf

WRAAA

- Dr. Doug Beach
- Fatima Perkins
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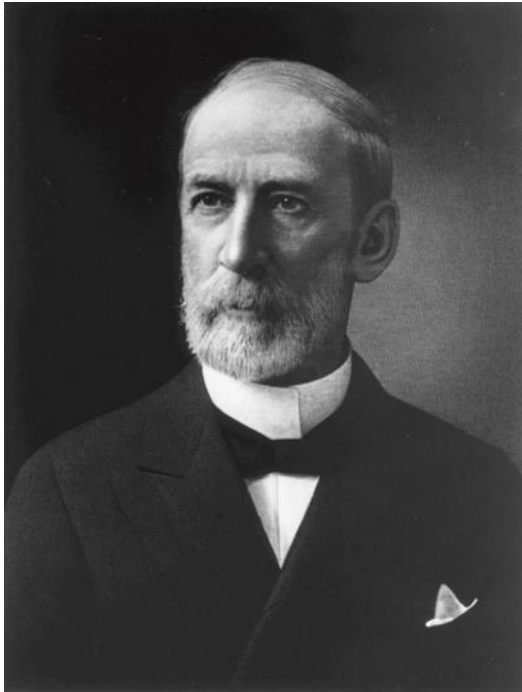


The Benefits of Nutrition Services for Older Adults

Orion Bell
President & CEO
Benjamin Rose

Our Mission

To serve as a trusted partner in the aging journey for individuals of all backgrounds as well as those who care for them.



An endowment

“...for the relief and assistance of needy, aged people....”

“...to enable them to stay in their homes and maintain their comfort and dignity.”

Meals on Wheels Clients

- More likely to be in “fair” or “poor” health
- Difficulty with ADLs
- Managing multiple chronic health conditions
- Live below 200 percent of federal poverty level

--Health Affairs, March 2024

Meals on Wheels Clients

- More likely to live alone
- Many report the only person they speak to is the driver who delivered their meal
- Home meal delivery is often the only HCBS program the individual receives

Strategies to address. . .

- Food insecurity
- Malnutrition
- Social isolation
- Hospitalization and ED use
- Aging-in-place

-- The Case for Meals on Wheels 2023

Funding Sources

- Older Americans Act and SSBG
- State and county funds
- Medicaid Waivers
- Contracts for service
- Grants and Philanthropy
- Participants (project income)





Nutrition Solution

- Medically-tailored meals
- Prescribed as part of plan of care
- Follow-up counseling and wellness checks

Food as Medicine

Studies show that up to 53 percent of older adults admitted to the hospital are malnourished.*

Nutrition Solution...

- Reduces hospital readmissions
- Reduces food insecurity
- Reduces social isolation

**Journal of Nutrition and Metabolism, 2016*



Western Reserve

Area Agency on Aging

Western Reserve Area Agency on Aging TeleCare

Fatima Perkins

Director of Community Outreach & Advocacy

Western Reserve Area Agency on Aging

TeleCare...In the beginning

New programs launched to address isolation and loneliness during the COVID-19 pandemic:

- Circle of Food (187,000 meals)
- Black Box Fix – Restaurant Voucher Program (1000 consumers)
- ***TeleCare – Telephone Reassurance (April 2020)***
- Information Packets (500)
- Hygiene/Safety Kit Access (1,500)

Identifying Isolated and Lonely Consumers

- At the time, daily meal delivery of 4,000 increased to 6,000.
- Worked with our partners/service providers to make calls to each of their consumers.
- Provider asked if they planned on calling their consumers to assess their needs during the crisis. If not, WRAAA would be willing to do so. Several providers elected to make calls to their consumers.
- WRAAA made 1000 calls to Congregate and Home-Delivered Meal consumers.
- Convened an interdisciplinary team to determine the logistics/script for the calls (Aging & Disability Resource Center, Community Outreach & Advocacy, Program and Planning and other departments).
- WRAAA determined that at a minimum the calls would be about 10 minutes.

Upon launch...Consumer Profile

- 219 consumers being on a weekly basis.
- 146 females and 73 males.
- A mix of racial and ethnic groups.
- A mix of congregate meal and home-delivered meal consumers.
- The majority of the consumers did not have smart devices.
- The majority believed they had feelings of isolation.

The Weekly Call – TeleCare

- Majority of consumers desired a weekly call.
- Wellness check – Social Model
- Consumers could opt out of calls at anytime.
- A script was developed for the initial calls
 - Emergency contact
 - Food/water needs
 - General conversation about “wellness”
 - Other resource needs

Service Referrals

- Those in need of service were directly referred to our Aging & Disability Resource Center.
- Food needs were referred to our Program and Planning department where we worked with local partners to deliver extra food including shelf stable meals.
- Caregivers referred to the Family Caregiver Support Program.

Social Engagement Evolves

Opportunities to raise awareness about the Area Agency on Aging and programs/services:

- Monthly Virtual Bingo (sponsors)
- Fun and Games
- Monthly Book Club
- Young at HeART.
- Monthly Newsletter
- Holiday Cards
- Care Packages (Activity kits, Hats/Gloves)



The Crisis is over...What to do?

- TeleCare continues (4 years/25,000 plus calls)
- Census attrition
- Telephone calls are more social
- Relationships built with WRAAA staff
- Candid conversation about resources when needed

Transitioning to an Evidence –Based Practice

- CEO reflects on telephone reassurance in the past – current model and how to improve the model
- Benjamin Rose Institute on Aging partnership



**Adapting
BRI Care Consultation[™] for
Telephone Reassurance**

Project Goals

GOAL 1: Develop a new style of telephone reassurance called “*BRI-CC Telephone Reassurance*” adapted from the evidence-based program BRI Care Consultation™.

GOAL 2: Compare *Friendly Check-In Telephone Reassurance* to *BRI-CC Telephone Reassurance* for differences in client outcomes and program feasibility.

<p>Usual Friendly Check-In Telephone Reassurance</p>	<p>compared to:</p>	<p>New BRI-CC Telephone Reassurance</p>
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BRI Care Consultation - Background

12 completed research studies

- Less distress and burden
- Less unmet need
- Fewer hospital admissions & ED visits

Delivered as a regular program (not research)

- 60+ licensed delivery organizations since 2014
- 35 current delivery organizations
- Served over 5,000 clients and caregivers 2023

BRI Care Consultation – Types of Assistance

- Care navigation/care coordination
- Link to and monitor all types of services
- Consumer-ready information
- Mobilize family members and friends
- Emotional support
- Serve both client and family/friend caregiver

BRI Care Consultation - Features

- Consumer-directed
- Simple, practical solutions
- Delivered by telephone, online (live), email, & mail
- Ongoing relationship btw. clients and Care Consultants
- Standardized, structured protocol but personalized content
- For persons needing assistance, their family/friend caregivers, or both

Three Key Components

Assessment

*to help families
identify
problems*

Action Plan

*to move toward
solutions*

Ongoing Support

*as care
situations
change*

Assessment – Key Component for Telephone Reassurance

- Not a traditional clinical assessment
- Safety net to identify help or information that clients want
- 24 medical and non-medical domains for clients and 11 domains for primary caregiver
- Completed during discussions, with optional simple trigger questions to guide conversations
- More detailed measurement tools provided for domains, but only used if needed

Adaptation of the Assessment for Telephone Reassurance

- Reduced the number of assessment domains
 - Focus on domains common to home-delivered meals clients
 - 22 medical and non-medical domains vs. 35
- Domains grouped into 3 categories – 1 category can be discussed per call
- Domains assessed during guided discussions (trigger questions optional)
- Focus on client-expressed need for more help
- Supplements, rather than replaces, content of friendly check-in calls

Daily Living Tasks

Screening of Domains

Domains	Optional Questions	Wants help or information?
Personal Care	<i>Do you have any difficulty with your personal care?</i>	YES / NO
Household Activities	<i>Do you have any difficulty with your daily activities or tasks around the house?</i>	YES / NO
Nutrition	<i>Do you have any concerns about recent changes in appetite or accessing food?</i>	YES / NO
Feelings of Personal Safety	<i>Do you have concerns about your safety because you feel your home is not secure or the neighborhood is not safe?</i>	YES / NO
Safety Equipment	<i>Do you have a need for assistive devices around your house such as grab bars or railings?</i>	YES / NO
Mobility & Balance	<i>Do you have difficulty getting around the house or have fears of falling?</i>	YES / NO
Financial Concerns	<i>Do you had any concerns with your finances or difficulty paying for things like bills and food?</i>	YES / NO
Home Repairs & Maintenance	<i>Do you have difficulty keeping up with the routine maintenance of your home?</i>	YES / NO
Transportation	<i>Do you have difficulty driving or getting to the places you need to go?</i>	YES / NO

Health Conditions & Care

Screening of Domains

Domains	Optional Questions	Wants help or information?
Managing Health Conditions	<i>Do you have difficulty getting the right medical care, including from doctors?</i>	YES / NO
Medications	<i>Do you have difficulty taking medications in the correct amounts or at the correct times?</i>	YES / NO
Pain	<i>Are you experiencing any physical pains, body aches, or discomfort that is concerning you?</i>	YES / NO
Vision and Hearing	<i>Do you have difficulty with hearing, vision, or talking with others?</i>	YES / NO
Sleep	<i>Do you have difficulty falling asleep, staying asleep, or getting up in the morning?</i>	YES / NO
Depression or Anxiety	<i>Have you experienced feelings of sadness, anxiousness, or worry?</i>	YES / NO
Memory Problems	<i>Have you been having periods of confusion or are you worried about your memory?</i>	YES / NO

Informal Social Support

Screening of Domains

Domains	Optional Questions	Wants help or information?
Social Isolation	<i>Do you often feel isolated from family, friends, or others?</i>	YES / NO
Loneliness	<i>Do you often feel alone or wish you had more contact with family or friends?</i>	YES / NO
Quality of Informal Support	<i>Do you often feel family members or friends could be helping you more or in better ways?</i>	YES / NO
Available Family or Friend Primary Caregiver	<i>Is there one family member or friend who is your most important source of help?</i>	YES / NO
The following Domains are only to be covered if they have a <u>family or friend Caregiver Name identified</u>		
Capacity to Provide Care	<i>Do you often feel worried that your family or friend(s) will be unable to continue helping or providing care for you?</i>	YES / NO
Dyadic Relationship Strain	<i>Do you often feel strain in your relationship(s) with family or friends?</i>	YES / NO

Responding to Expressed Needs for Help or Information

Respond to domains with expressed need for more help by offering information and service referrals

List Domains Client “Wants Help of Information”	Referral Offered to Services or Resources	Referral(s) Accepted	Notes: Describe referral made or resource provided
	Yes/No	Yes/No	
	Yes/No	Yes/No	
	Yes/No	Yes/No	

Comparison of Two Styles of Telephone Reassurance



Friendly Check-in Telephone Reassurance	BRI-CC Telephone Reassurance
Unstructured conversations with naturally occurring content.	Unstructured conversations with naturally occurring content.
Information and/or service referrals based on naturally occurring conversations.	Guided discussion and/or use of single-item trigger questions for 22 medical and non-medical domains spread across multiple calls
	Information and/or service referrals that respond to expressed need for help with 22 domains



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Initial Outcomes from a Research Study Evaluating Telephone Reassurance

Morgan Minyo, PhD
Research Scientist
Benjamin Rose

Research Study

Research Question: Does the style of telephone reassurance have an impact on older adult's outcomes?

- **Style 1** → BRI–CC Telephone Reassurance
- **Style 2** → Friendly Check-in Telephone Reassurance

Conducted a 24-month randomized pragmatic pilot study with older adults enrolled in the WRAAAs TeleCare Program who were receiving weekly friendly check-in telephone reassurance and home-delivered meals.

Study Goals

1. **Develop** the BRI–CC Telephone Reassurance intervention to assess 22 potential problems areas, provide ongoing socialization, and offer referrals to supportive services.
2. **Implement** two different telephone reassurance styles with a group of older adults receiving home-delivered meals.
3. **Evaluate** the impact of the two styles on the identification of unmet needs and service use outcomes.

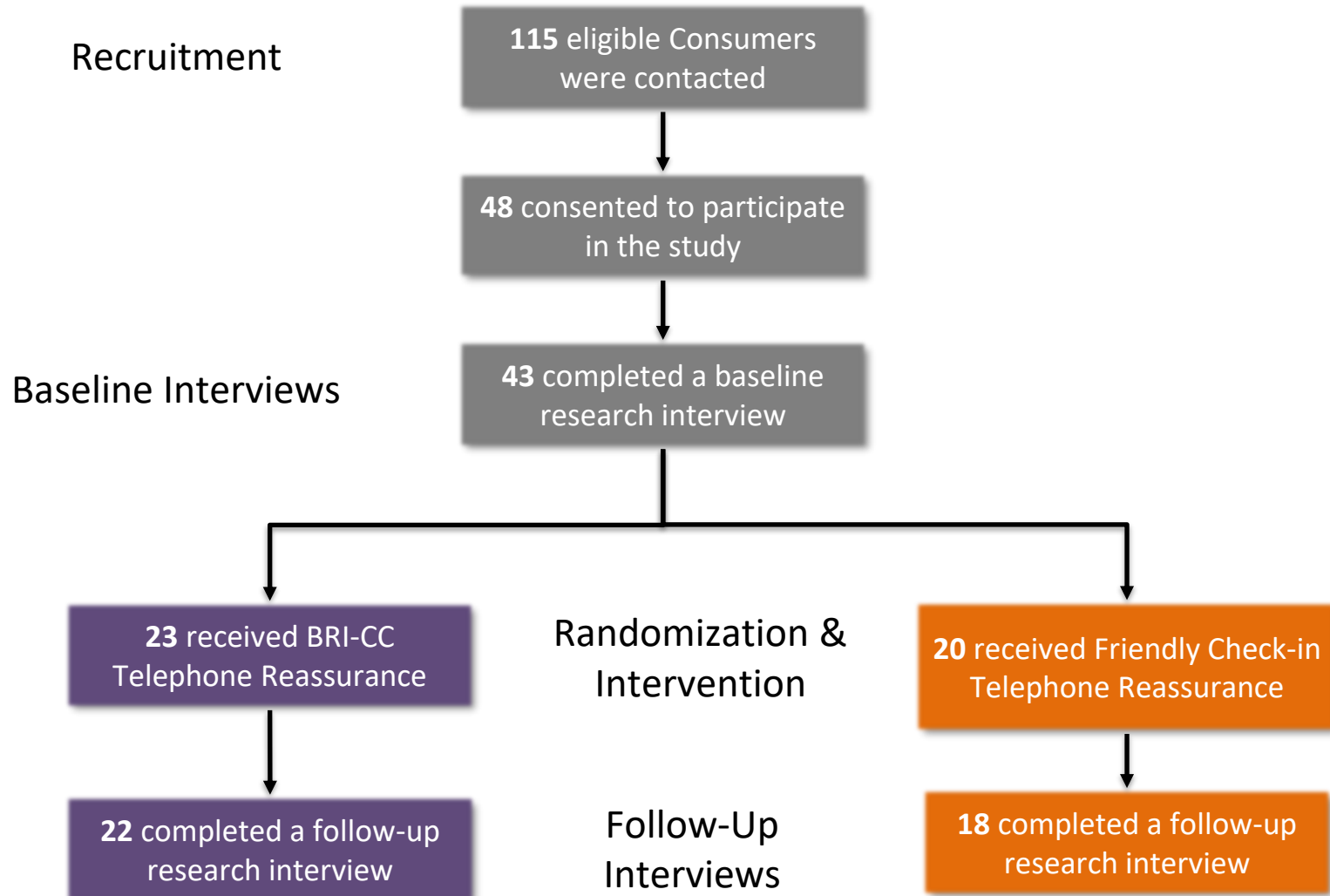
Key Features

- a) Older adults are randomized to receive one of the two telephone reassurance styles
 - Each person has equal chance of being in each group
 - Helps ensure study results are reliable

- b) The study design was pragmatic
 - WRAAA staff delivered both telephone reassurance styles
 - Flexible delivery
 - Expanded eligibility criteria

- c) Started with a small pilot sample

WRAAA TeleCare Study



Characteristics of the Sample

Characteristic	Value
Age (53 -89 range)	72.6
Female	72.1%
Black or African American	55.8%
Graduated High School	79.1%
Monthly Income (\$623 - \$3500 range)	\$1,288.00
Lives Alone	88.4%
Has a Family or Friend Helper	83.7%
Family and Friend Helpers	4.1
Self-Rated Health - Fair	55.8%
Service Use (0-6 range)	3.1

Note. *N* = 43.

Findings

Older adults who received BRI-CC Telephone Reassurance identified 1.75 more problem areas.
(This was statistically significant)

	BRI-CC Telephone Reassurance	Friendly Check-In Telephone Reassurance
Avg. Number of Problems Identified (0-10)	2.0	0.70
Total Number of Problems Identified	46	14

	BRI-CC Telephone Reassurance (n=23)	Friendly Check-In Telephone Reassurance (n =20)
Call #1 - Daily Living Activities		
Personal Care	1	0
Household Activities	3	1
Nutrition	3	4
Feelings of Personal Safety	2	0
Safety Equipment	3	2
Mobility and Balance	2	0
Financial Concerns	2	2
Home Repairs/ Maintenance	3	0
Transportation	3	0
Total =	22	9
Call #2 - Health Conditions and Care		
Managing Health Conditions	2	4
Medications	1	1
Pain	3	0
Vision and Hearing	0	0
Sleep	3	0
Depression and Anxiety	4	0
Memory Problems	3	0
Total =	16	5
Call #3 - Informal Social Support		
Social Isolation	2	0
Loneliness	3	0
Quality of Informal Support	1	0
Available Family/Friend Helper	2	0
Capacity to Provide Care	0	0
Dyadic Relationship Strain	0	0
Total =	8	0

	BRI-CC Telephone Reassurance (n=23)	Friendly Check-In Telephone Reassurance (n =20)
Call #1 - Daily Living Activities		
Personal Care	1	0
Household Activities	3	1
Nutrition	3	4
Feelings of Personal Safety	2	0
Safety Equipment	3	2
Mobility and Balance	2	0
Financial Concerns	2	2
Home Repairs/ Maintenance	3	0
Transportation	3	0
Total =	22	9
Call #2 - Health Conditions and Care		
Managing Health Conditions	2	4
Medications	1	1
Pain	3	0
Vision and Hearing	0	0
Sleep	3	0
Depression and Anxiety	4	0
Memory Problems	3	0
Total =	16	5
Call #3 - Informal Social Support		
Social Isolation	2	0
Loneliness	3	0
Quality of Informal Support	1	0
Available Family/Friend Helper	2	0
Capacity to Provide Care	0	0
Dyadic Relationship Strain	0	0
Total =	8	0

Findings

Older adults who received BRI-CC Telephone Reassurance were offered 1.23 more support service referrals. (This was statistically significant)

	BRI-CC Telephone Reassurance	Friendly Check-In Telephone Reassurance
Avg. Number of Referrals Offered (0-4)	0.91	0.30
Total Number of Referrals Offered	23	5
<i>Aging Disability Resource Center</i>	15	4
<i>Caregiver Support</i>	7	0
<i>Other</i>	1	1

Findings

Older adults who received BRI-CC Telephone Reassurance started or continued using 1.39 more support services over 3-months. (This was statistically significant)

	BRI-CC Telephone Reassurance	Friendly Check-In Telephone Reassurance
Avg. Number of Started or Continued Service Use (0-9)	3.7	2.4

Findings

BRI–CC Telephone Reassurance

To complete four calls, it took an average of:

- 70 minutes and 32 seconds
- 7.1 phone call attempts
- 32.5 days

Friendly Check-in Telephone Reassurance

To complete four calls, it took an average of:

- 46 minutes and 54 seconds
- 6.6 phone call attempts
- 37 days

Across four calls, the BRI-CC Telephone Reassurance took an average of 25 more minutes to complete (7 minutes/call) compared to Friendly Check-in Telephone Reassurance.

Important Implications for Aging Services



Greater number of expressed need for help with **self-identified problems.**



More **referrals offered** to home-and community-based support services.



Starting or continued used of more **home-and community-based support services.**

- Empowers older adults to be active in the planning and management of their own care.
- Identified additional problem areas that older adults didn't know AAA staff could help with.
- Ongoing engagement to identify medical and non-medical needs.
- Standardized pathway to home-and community-based services.



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**Next Steps:
Implementing and
Evaluating on a Larger-
Scale**

Next Research Study

- Extend our focus on the home-delivered meal (HDM) population
- HDMs are an essential support service with nutritional and non-nutritional benefits
 - Reduced isolation and loneliness
 - Increased use of needed services
- Can we further improve these benefits by supplementing HDMs with a low-cost telephone reassurance program?

Are the benefits of HDMs increased when BRI-CC Telephone Reassurance is added to standard HDMs?

Next Research Study

Key Features:

- 4-year randomized pragmatic clinical trial
- Multiple Ohio AAA trial sites
- Larger sample of HDM clients and, when available, their family or friend care partners
- Randomization to two groups
 - Group 1 → HDMs + BRI–CC Telephone Reassurance
 - Group 2 → HDMs alone
- Data collected through multiple research interviews over 12-months
- Assess loneliness, isolation, unmet need, and support service use outcomes

Seeking Partners for Research Study on Telephone Reassurance



Telephone reassurance is a low-cost way to provide socialization and check-ins to isolated older adults. These calls are an essential touchpoint for identifying unmet needs and providing connection to support services.

Project Conducted at WRAAA

To determine if the needs of older adults were being identified and addressed, the Western Reserve Area Agency on Aging (WRAAA) and Benjamin Rose Institute on Aging conducted a randomized controlled pilot study with 43 older adults.

The study was designed to determine if a guided approach to telephone reassurance calls, using the newly-created BRI-CC Telephone Reassurance intervention (adapted from the evidence-based program *BRI Care Consultation™*), would lead to better outcomes than the traditional friendly, conversational check-in calls.

Outcomes Experienced by WRAAA Consumers

- Older adults who received calls with the new BRI-CC Telephone Reassurance intervention:
- Expressed wanting more help for identified problems with their AAA staff member.
 - Received more support service referrals.
 - Started or continued using more home-and community-based services.

These positive outcomes are a starting point for designing an evidence-based approach to telephone reassurance that results in significant increases in discussion of unmet needs and utilization of additional services.

Your Role in Next Steps

We are looking for interested service organizations to partner with Benjamin Rose Institute on Aging and WRAAA as we seek funds for a next phase research study testing the BRI-CC Telephone Reassurance intervention. If you would like more information about the study or how you can get involved, please contact Dr. Morgan Minyo.



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Western Reserve
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Looking for partners interested in having a role in the next study!