Capitol Hill Village
Peer Partner Connections

ICAM Final Evaluation Report
2019 – 2021

This document was prepared by Sharp Insight, LLC on behalf of Capitol Hill Village (CHV), with funding from the Federal Transit Authority (FTA) through the Metropolitan Washington Council of Governments (MWCOG).

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Executive Summary

CHV's Innovative Coordinated Access and Mobility (ICAM) Peer Partner Connections program was designed as a peer-to-peer intervention to support low-income DC seniors and people with disabilities with their goals to thrive in their community as they age. Trained peer health educators (PHEs) were to be paired with up to five community members at a time for partnerships that would last up to four months. Through weekly interaction with their peers, the PHEs would provide support to their peers based on the peers' individual goals, including assistance identifying and preparing to use transportation options, support of social and wellness goals, and assistance with technology. The program went through three main phases as circumstances changed and new information became available: **Phase I** (original program concept impacted by funding delays), **Phase II** (COVID / virtual adaptations to the program model); and **Phase III** (shift to a place-based Help Desk model staffed by PHEs).

Throughout the initiative, there were a total of **192 encounters with PHEs**, with 143 encounters in the Peer Partners Connections Program and 49 encounters through the Help Desk.

- From October 2020 to October 2021 (Phase II), 17 Peer Partners had 143 encounters with a PHE. Those who participated in an exit interview (n=12) generally achieved the transportation and social / wellness objectives outlined for this program.
- Between September and December 2021 Phase (III), 35 individuals visited the Help Desk for a total of 49 encounters. After receiving assistance for their immediate need, 13 visitors to the Help Desk joined CHV, ensuring that they will have longer-term support and access to information and activities.

Encounters related to transportation topics and social / wellness topics occurred with similar frequency in the original Peer Partner Connections program and through the Help Desk.

Introduction / Background

Villages are membership-driven, grassroots, nonprofit organizations that support older adults as they age in community. By offering a variety of wellness, social, and educational activities and providing services, including transportation and assistance around the house, Villages help older adults age in community as well as provide opportunities for them to be active through engagement and service. Capitol Hill Village (CHV), the second oldest and among the largest Villages in the country, serves older adults living in the Capitol Hill neighborhood, primarily in Ward 6.

At many Villages, including CHV, transportation is a major service need for individuals to access village programming as well as attend medical appointments and social activities. Lack of transportation can exacerbate isolation and loneliness – a key challenge for many older adults. In 2015, AgeFriendly DC reported that DC's vulnerable adults were experiencing social isolation, lack of transportation, and poor access to community and health services. Social isolation is a key contributor to cognitive & physical decline in health. Aging can lead to loss of social contacts, declining health, and diminished social connectedness (Cornwell B, "Social Connectedness of Older Adults: A National Profile," American Sociological Review 73, 2008). Socially isolated older adults are at greater risk for poor health and death than well-connected peers. Medicare spending data indicates that a lack of social contacts among older adults is associated with an estimated $6.7 billion in additional annual Federal spending (Medicare Spends More on Socially Isolated Older Adults. AARP Public Policy Institute, 2017).

Through transportation programming, Villages improve the health of older adults by removing barriers to accessing medical appointments, social activities, and groceries and prescriptions. CHV uses a variety of methods, including the Innovative Coordinated Access and Mobility (ICAM) Peer Partner Connections program funded by the FTA, to ensure that older adults know about and use the range of transportation options available to them, experience increased social connection and decreased isolation, and achieve health and wellness goals.

Project Description

CHV's Innovative Coordinated Access and Mobility (ICAM) Peer Partner Connections program was designed as a peer-to-peer intervention to support low-income DC seniors and people with disabilities with their goals to thrive in their community as they age. Trained peer health educators (PHEs) were to be paired with up to five community members at a time for partnerships that would last up to four months. Through weekly interaction with their peers, the PHEs would provide support to their peers based on the peers' individual goals, including assistance identifying and preparing to use transportation options, support of social and wellness goals, and assistance with technology.

The program went through three main phases as circumstances changed and new information became available.

- Phase I: As originally conceived in the fall of 2019, the ICAM program focused heavily on transportation as an important means of helping Peer Partners achieve their social and wellness goals (e.g., traveling to social gatherings, visiting their healthcare providers, participating in physical activity). This model was not fully implemented, due to delays in funding and then restrictions on in-person activities resulting from COVID-19. Staff were hired and trained before the program was paused.
- Phase II: Given the dangers of in-person activities due to the COVID-19 pandemic, especially for older adults, the Peer Partner Connections program was redesigned as a virtual experience. Program staff increased the emphasis on increasing social connection and reducing isolation among all program participants. Staff remained focused on helping Peer Partners achieve their personal health and wellness goals through the identification of appropriate transportation options available while social distancing restrictions were in place as well as options that may be available once restrictions are lifted. In addition, staff and PHEs assisted Peer Partners with using technology to achieve their personal health and wellness goals, including through telehealth and online participation in activities.
- Phase III: As recruitment for the online program became increasingly difficult and COVID restrictions loosened, CHV determined that the virtual model and/or 4-month partnership were not maximizing potential. CHV then designed a place-based Help Desk model at Capitol Hill Towers, where a Peer Health Educator (PHE) sat in the community room and offered assistance to anyone who visited – with a prior appointment or as a drop-in.

Project Goals

The primary goals of this project were to support older adults and people with disabilities by:

- Increasing awareness and use of COVID-safe transportation options in support of social and wellness goals
- Increasing social connection and decreasing isolation and loneliness
- Assisting with technology in support of personal health and wellness goals

Key Partnerships

To support this work, CHV engaged a number of partners in the community. Each is listed below with a brief summary of the nature of the partnership.

Capitol Hill Towers

Capitol Hill Towers and CHV already had a partnership, but ICAM offered a new way for residents and CHV to interact. Capitol Hill Towers is an affordable senior housing community on Capitol Hill, geographically within the CHV footprint. Capitol Hill Towers residents were a good fit for the program since residents were eager to learn more about resources they hadn't utilized in the past. Peer Health Educators were matched to residents who agreed to participate in the pilot program and worked through health-related goals with one another. As the program progressed it was identified that having a physical presence at Capitol Hill Towers would be beneficial for the residents, which resulted in the Help Desk model. This model became even more effective at meeting the residents where they were and providing them with resources and assistance navigating those resources, as necessary, especially because many in the building lack internet access.

DC Wellness Centers and DACL Community Dining Sites

In the early days of Peer Partner Connections, CHV recruited many Peer Partners from DC wellness centers and DACL community dining sites. When in-person activities were no longer possible, these partnerships were phased out; however, as in-person gatherings become more feasible, these may again become sites for further partnership.

Transportation Service Providers

Multiple transportation service providers conducted trainings for Peer Health Educators on their services so that they would be able to share their knowledge with other older adults. Those transportation service providers included MTM, Metro Access and Transport DC.

Sharp Insight, LLC

Sharp Insight is an evaluation consulting firm based in the DC region. CHV engaged Sharp Insight to serve as the external evaluator for the ICAM program. Sharp Insight's role included developing the evaluation plan and tools, analyzing data, and reporting findings to CHV.

Implementation

Peer Partner Connections was awarded funding in May 2019 and a staff member (Care Services Specialist) was hired in October 2019 and the program launched with PHE trainings in January of 2020, based on our understanding that we had pre-award authority. Due to the decision to move the grant under the administration of the Metropolitan Washington Council of Governments (MWCOG) and the questions that raised about the pre-award authority, CHV was forced to delay further implementation of the program until those questions were settled in July 2020.

Adjustments to Peer Partner Connections Approach

As shown in the table below, this original project concept was modified twice – once after the COVID-19 pandemic began in March 2020 and again with a pilot of the Help Desk model beginning in September 2021. The first round of modifications, which took place between July and September 2020, resulted in shifting the entire program online, redesigning all tools, and repeating all recruitment efforts as there was a great deal of attrition during the uncertain early months of the pandemic. Without the funding delay, the virtual program would have launched sooner than it did. The second round of modifications came after a mid-year evaluation of the program and resulted in a shift away from the 4-month virtual peer engagement model toward an on-site "Help Desk" model focused on one-on-one support offered in a single encounter.

Table 1. Three Phases of the ICAM Program

	Phase I Original Program Concept *Nov. 2019 Feb. 2020*	$$ Gap *Mar. July*	Phase II COVID Modified Approach *Aug. 2020 Oct. 2021*	Phase III Help Desk Model *Sept. 2021 Dec. 2021*
Recruitment / Promotion of Services	In-person	Funding Gap	Online Word of mouth	On-site through Help Desk
Training and Supervision of PHEs	In-person		Zoom or phone	In-person and by Zoom or phone
Focus of Encounters	Transportation options Social / wellness goals Technology assistance		Transportation options plus in-home access (e.g., grocery delivery, telemedicine) Social / wellness goals Technology assistance	Focused one-on-one support based on immediate needs (not long-term goals), incl. transportation options, social / wellness activities, technology assistance
Encounter Structure	In-person partnership Weekly 4-month engagement		Virtual partnership Contact as desired Varied engagement length	Help Desk Contact as needed One-time assistance

Peer Partner Connections **Recruitment and Enrollment**

Peer Health Educators (PHEs)

The original program, which launched with an orientation on January 6, 2020, started with a total of 6 Peer Health Educators (PHEs), exceeding the original target by one. When their training was nearly complete, the COVID-19 pandemic was leading to widespread closures and restrictions on movement across DC and Peer Partner Connections was put on hold. In the months that followed, the program was re-designed and launched as an all-virtual program in October 2020. By that time, three PHEs had decided not to continue in their roles. Of the remaining **3 PHEs**, all remained active through the end of the Peer Partner Connections program in October 2021. Two PHEs remained engaged through the Help Desk in November and December, with one staffing the Help Desk and the other conducting follow-up phone interviews with Help Desk visitors.

Peer Partners (October 2020 through October 2021)

In February and March 2020, Peer Partner recruitment was conducted in-person at lunch sites[1] and wellness centers. Following suspension of the program in the early stages of the COVID-19 pandemic, recruitment efforts resumed in mid-2020 through online events and outreach. Common sites for outreach and/or flyer distribution included:

- Lunch sites (prior to COVID-19)
- Senior wellness centers (in-person prior to COVID-19, virtual town halls during the pandemic)
- Faith communities
- Senior housing communities
- Community partners (including citywide case management meetings)
- CHV events, information sessions, or trainings

Recruitment efforts ceased in August 2021 when the program had less than 4 months remaining. At that time, many of the existing partnerships were extensions of an original 4-month partnership and it had become clear that some Peer Partners required a partnership that would extend beyond four months. At the same time, the Help Desk was preparing to launch in September as a pilot of a new approach to peer outreach and assistance.

A total of **17 Peer Partners** participated[2] in the program from October 2020 to October 2021.[3]

[1] "Lunch sites" are weekly lunches hosted by each Ward at senior housing sites. CHV staff presented the program while seniors ate lunch, offering seniors the opportunity to enroll in the program at the end of the meal.

[2] Participation includes enrollment in the program after an outreach attempt as well as weekly encounters between the PHE and Peer Partner. "Graduation" from the program occurs at a different time for each Peer Partner, based on their needs.

[3] A total of 10 people, 8 women and 2 men, signed up to participate as Peer Partners prior to COVID-related closures. The program was then interrupted by COVID-related shutdowns in the city. Once virtual programming launched in October, CHV staff and PHEs followed up with all ten people who had expressed interest earlier in the year. Four of these ten (40%), all of whom were women, began working with a Peer Partner in October. Six of the 10 (60%) did not ultimately participate in the program following the COVID-related program delay. In some cases, CHV staff and PHEs were unable to reach the individuals. In others, the person had either moved out of the area or was no longer in need of services. One additional person was recruited in the summer and had an initial call with a PHE in August 2020. This individual was then unreachable and is not counted in the program enrollment tallies.

Help Desk (September through December 2021)

Recruitment was not necessary for the help desk model. The CHV Peer Health Educator sat in the community room at Capitol Hill Towers, a senior living community, and provided information and assistance to anyone who approached. A total of **35 individuals** approached the Help Desk for assistance during the pilot period (September to December 2021). The majority were residents of Capitol Hill Towers, but three were non-residents.

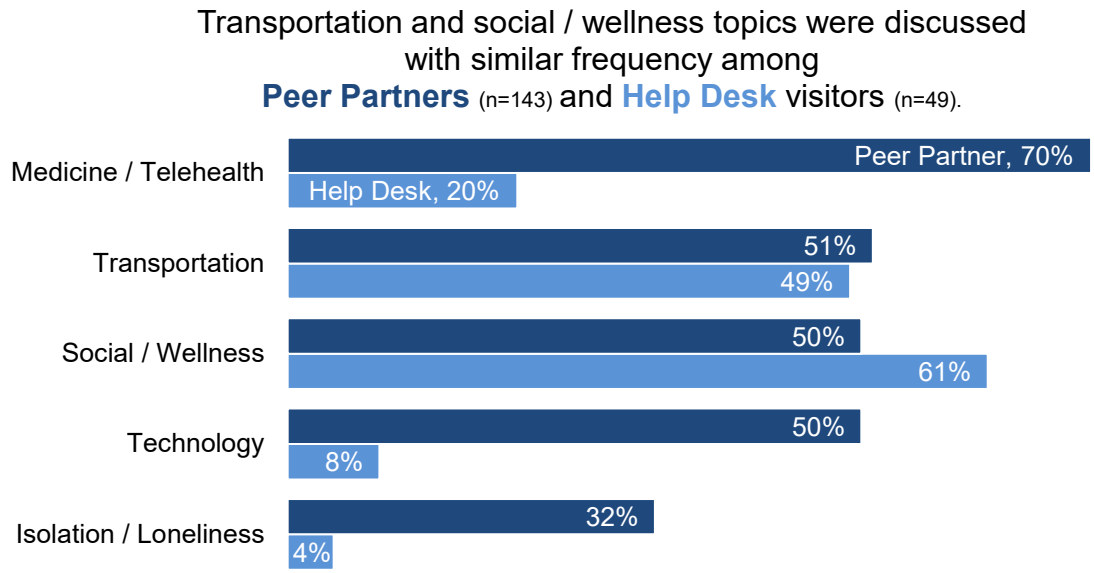
Peer Partner Connections **Encounters**

There were a total of **192 encounters with PHEs** through the Peer Partner Connections program. Encounters took place with Peer Partners and Help Desk visitors as follows:

- **143 Peer Partner encounters** between October 2020 and October 2021
- **49 Help Desk visitor encounters** between September and December 2021

PHEs used an encounter form to track the topics discussed during their encounters with their Peer Partners or Help Desk visitors. The majority of conversations involved at least one of the five topic areas listed in the chart below, and frequently Peer Partners and Help Desk visitors mentioned more than one topic during a single encounter. The chart below shows the frequency with which each topic area arose.

Figure 1. Frequency with which Topics were Discussed with PHE



When a mid-year program evaluation was conducted in March 2021, transportation was the leading topic with 65% of Peer Partner encounters including a conversation about transportation. At that time, medicine / telehealth was the second most frequently mentioned topic, with 60% of encounters including a conversation about medicine or telehealth. The other three topics occurred with similar frequency as at the end of the program (54% for social / wellness and technology, 33% for isolation / loneliness).

Satisfaction with Peer Partner Connections Experience

Peer Partner and Help Desk Visitor Satisfaction

All Peer Partners who completed an exit interview (n=12) reported that they were **satisfied with their experience** in the program and that they **would recommend the program to another senior**. The following quotes came from Peer Partners during their exit interview. One person described Peer Partner Connections as *"an outstanding program"* and another commented, *"I can't think of any changes or improvements that need to be made. Adapting to working over the phone instead of in person worked really well."* A third said,

> *"I think it should be continued and expanded. If [CHV] hadn't told me about these transportation programs, I wouldn't know about them. My doctor moved a few times. It was like $70 getting there before I got connected to affordable transportation options. … In normal times it wouldn't be feasible for me to see my neurologist because transportation was a barrier. … If it's transportation options keeping [others] from getting medical attention they need, this program could really help."*

Similarly, all Help Desk visitors who completed a follow-up interview (n=15) reported that they were satisfied with the help they received and 14 out of 15 visitors would recommend the CHV Help Desk to another resident of Capitol Hill Towers. One person commented, *"[The PHE] has got ALL the answers!"* and another *"appreciates that the Help Desk is in the building."*

PHE Satisfaction

All three Peer Health Educators were interviewed at the mid-year mark (in March 2021) and through a discussion group at the end of the program (in November 2021). Open-ended feedback was positive for all three PHEs in both March and November. Particular highlights of the program, as expressed by PHEs, included *"giving back"* and *"helping the senior population;"* finding the work *"rewarding"* and *"satisfying;"* building *"relationships,"* and gathering *"knowledge and information"* and resources for their own future use. At the mid-year mark, on a multiple choice satisfaction item, two reported that they were "satisfied" with their experience as a PHE over the prior month and the third reported being "somewhat dissatisfied."

> *"I enjoyed what I was doing, I felt I was making a difference."*
>
> ~ PHE

One PHE discussed the changes between expectations when she initially signed up for the program and the way the program ultimately operated during the COVID-19 pandemic:

> *"Going into this I had one set of ideas about what I'd be doing and what my contribution would be. Basically it would be providing one on one info in a relaxed setting in someone's home. When COVID set in that all changed. But the program has proved to be so beneficial because of this pandemic. [Service providers are not] at their office, you get a recording because everyone is working from home. … I've appreciated being that person [Peer Partners can call]. We can be a liaison between the person and the service. We're not as frustrated listening to the recording; being the middle man is a good role for me."*

Performance Measures

At the start of the ICAM project, CHV had established a series of performance measures to align with their pre-COVID Peer Health Educator model and funder requirements. As previously noted, once the COVID pandemic arrived in Washington, DC, programming was dramatically impacted. In-person outreach, trainings, and workshops were no longer possible. Transportation was not always a person's highest need during the pandemic, when older adults were advised to stay at home. In response, the evaluation plan was significantly modified.

Because the shift to online programming was unprecedented, it was difficult to anticipate future participation or engagement. A new evaluation plan to guide this pilot program was drafted and approved in September 2020. The following process and outcome evaluation questions guided the evaluation activities for the ICAM program in 2020 and 2021.

Process Evaluation

The **process evaluation** questions guiding this project are:

- Who are the Peer Partner Connections participants?
- To what extent are community members participating in Peer Partner Connections?
- To what extent are PHEs and Peer Partners satisfied with their Peer Partner Connections experience?

Information to answer the process evaluation questions was collected through Enrollment Forms; Encounter Forms, which are completed by Peer Health Educators (PHEs) after each meeting with their Peer Partner as well as after each Help Desk encounter; and interviews conducted by CHV staff with PHEs, Peer Partners, and recipients of Help Desk services.

Findings from the process evaluation are found above in the Implementation section as well as in Appendix A.

Outcome Evaluation

The **outcome evaluation** questions guiding this project are listed below.

As a result of participation in Peer Partner Connections, to what extent do participants report:

- Achievement of **transportation** objectives? *Peer Partners only*
- Achievement of **social / wellness** objectives? *Peer Partners and PHEs*
- Achievement of **training** objectives? *PHEs only*

Outcomes for PHEs and Peer Partners were measured throughout the program using the following tools (please see Appendices for additional detail). Note that the Help Desk model was launched at Capitol Hill Towers in late summer 2021. Customized tools were developed for the Help Desk program, though they fit into the same general categories.

Figure 2. Evaluation Tools

Tool	PHE	Peer Partner	Help Desk
Enrollment / Intake Interviews or Form	●	●	●
Training Survey (administered following PHE trainings)	●		
Discussion Groups, Supervision, and Interviews	●		
Encounter Form		●	●
Exit / Graduation or Follow-up Interview		●	●

Outcomes

Summary

The **outcome evaluation** questions that were outlined at the start of this project are listed below.

As a result of participation in Peer Partner Connections, to what extent do participants report:

- Achievement of **transportation** objectives? *Peer Partners only*
- Achievement of **social / wellness** objectives? *Peer Partners and PHEs*
- Achievement of **training** objectives? *PHEs only*

The three sub-sections below address each outcome in turn, presenting the specific indicators associated with each.

The Peer Partner Connections program met its stated goals by achieving the objectives in each of the areas above. An additional success was learning that the Help Desk model shows promise as a starting point for reaching more individuals with a shorter intervention and identifying those who might benefit from a longer-term intervention. The following are highlights from the Help Desk model:

- Between September and December 2021, the PHE at the Help Desk supported **35 individuals** in a total of 49 encounters.
- Help Desk visitors discussed transportation and social / wellness topics as frequently at the Help Desk as Peer Partners did with a PHE.
- The Help Desk can coordinate support that benefits a large number of older adults. For example, during this pilot program, the PHE noted that technology support would be helpful for residents. She arranged for an expert in assisting older adults with technology to offer a series of 5 tech trainings at Capitol Hill Towers. A total of 22 people attended these trainings, ranging from 1 to 3 sessions per person.
- The barriers to engagement are low because the Help Desk PHE is located in the building and no long-term commitment is required.
- At the same time, some Help Desk visitors were interested in a longer-term partnership with CHV. **Thirteen** Help Desk visitors (37%) joined CHV after visiting the Help Desk, which means that they will have access to CHV's range of supports, services, and programs over time.

Please see Appendix C for more information on the Help Desk approach.

Achievement of Transportation Objectives

The transportation objectives, outlined in the Peer Partner Connections Program Evaluation Plan, are listed in the table below. The number (and percent) of Peer Partners responding "yes" is indicated in the right-hand column. It is important to note that not every Peer Partner had transportation-related goals. Two Peer Partners indicated that they already had transportation resources prior to enrolling in the program. Given the mobility restrictions associated with COVID-19, one Peer Partner reported, *"Transportation was not the main the reason I joined the program"* and another said, *"I'm not sure what the near future holds so it's hard to say."*

Table 2. Achievement of Transportation Objectives

Transportation Objective *As a result of their participation in Peer Partner Connections during the COVID 19 pandemic, Peer Partners report increased:*	Peer Partners Responding "yes" (n=12)
Awareness of viable transportation options during the pandemic **	9
Awareness of viable transportation options after COVID-19 risk has passed **	8
Confidence about using a new transportation option ***	6
Preparedness for traveling safely (e.g., options, masks and hand sanitizer) ***	5

For each item, two (**) or three (***) Peer Partners responded "no or N/A."

Five out of 12 Peer Partners reported that they **planned to use (or continue to use) a transportation option** that their PHE assisted them with. Only two reported *"no"* and five reported *"not sure or N/A."*

Transportation objectives were not restricted to the Peer Partners or Help Desk visitors. One PHE reported, *"I got Metro Access for myself"* as a result of Peer Partner Connections.

Help Desk

Due to the informal, drop-in structure of the Help Desk model and the fact that residents could visit once and not return, these transportation outcomes were not measured as part of the follow-up interview. However, among those who had discussed transportation with the PHE at the Help Desk (n=7), **all reported that they left the Help Desk with the information or tools they needed to address the challenge they were facing**.

Achievement of Social / Wellness Objectives

The social / wellness objectives, outlined in the Peer Partner Connections Program Evaluation Plan, are listed in the table below, along with the proportion of Peer Partners (n=12) who reported each.

Table 3. Achievement of Social / Wellness Objectives

Social / Wellness Objective *As a result of their participation in Peer Partner Connections during the COVID 19 pandemic, Peer Partners:*	Peer Partners Responding "yes" (n=12)
Established or maintained **connection** with an organizational or institutional support mechanism (e.g., Village, DACL, IONA, resident manager, faith community) *	12
Increased their **knowledge of** CHV & community social/wellness programs	11
Created a plan to stay connected and engaged with their community and in social and wellness activities	10
Felt **more connected** to other members of their community	5
Kept an **in-person doctor's appointment** because of transportation assistance from PHE	4
Joined or stayed engaged in an **online social or wellness activity** due to technology assistance from PHE	3
Kept an **online doctor's appointment** because of technology assistance from PHE	2
Increased their participation in **wellness or fitness** activities	1
Joined or stayed engaged in an **in-person social or wellness activity** due to transportation assistance from PHE	0

* *11 of 12 Peer Partners reported that their PHE connected them to at least one organization; the 12th reported prior relationships. All 12 Peer Partners reported at least one person or organization that they would turn to for support in the future, after their time in the Peer Partners Connection program ended. See the next page for more details.*

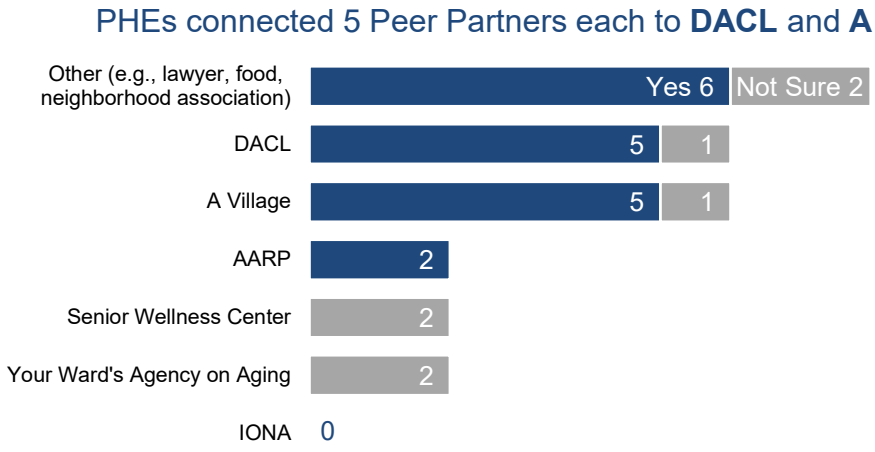
Select open-ended responses demonstrating social or wellness outcomes include:

- Two participants reported assistance with getting a COVID vaccine, including: *"[My PHE] encouraged me to get my [COVID] vaccination."*
- *"[My PHE] connected me with Village programming like Cinephiles."*
- *"Continuing chair yoga."*
- Two Peer Partners reported that their PHE had connected them to *"Mom's Meals."*
- Social / wellness support for Help Desk visitors included: assistance with applying for food stamps / SNAP benefits (2 visitors), assistance with selecting an insurance provider, assistance selecting eyeglasses, and conversations about seeking volunteers to assist with *"upkeep and maintaining a community garden."*

As noted in the table above, all 12 Peer Partners who participated in an exit interview reported that they had established or maintained connection with an organizational or institutional support mechanism (e.g., Village, DACL, IONA, resident manager, faith community). The two charts below depict the new connections as well as the planned future connections to organizations and supports.

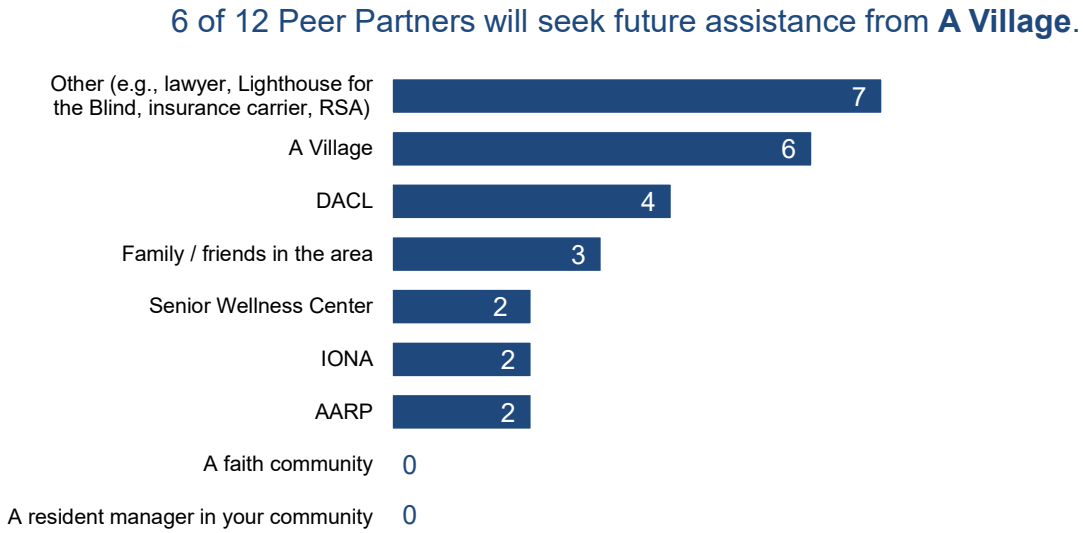
The first chart shows that PHEs connected Peer Partners with DACL and/or a Village, as well as other supports (e.g., a lawyer, food assistance, a neighborhood association, or AARP). Eleven out of 12 Peer Partners said that their PHE had connected them to at least one of these. The remaining Peer Partner reported existing relationships with a Village, AARP, and their Ward's agency on aging.

Figure 3. New Connections to Support



All 12 Peer Partners reported at least one person or organization that they would turn to for support in the future. These are shown in the following figure.

Figure 4. Anticipated Sources of Future Support



A note about Figure 4 above is that three Peer Partners indicated a need for additional support. One person anticipated relying on family, but reported that the family was not dependable. Another wanted to re-engage in Peer Partner Connections to *"get started with TransportDC."* And a third reported they would approach their insurance carrier or Metro Access, but *"not sure where I'd go if I need a social worker."* This third person did not select "a Village."

Help Desk

Due to the informal, drop-in structure of the Help Desk model and the fact that residents could visit once and not return, these social / wellness outcomes were not measured as part of the follow-up interview. However, among those who had discussed social or wellness topics with the PHE at the Help Desk (n=6), **all reported that they left the Help Desk with the information or tools they needed to address the challenge they were facing**. *Three of the six individuals also discussed transportation topics at the Help Desk.*

Peer Health Educator Social / Wellness Outcomes

Peer Partner Connections was designed to benefit the PHEs as well as the Peer Partners. To gauge the extent to which serving as a PHE helped increase connection or improve wellness among PHEs, they were asked about their experiences during a mid-project interview as well as a discussion group at the end of the project.

During their interviews in March 2021, Peer Health Educators were asked, *"In what ways, if at all, did your work as a Peer Health Educator help decrease your feelings of isolation during the COVID-19 pandemic?"* Their responses varied, with two providing examples of ways the program helped them feel less isolated and one indicating that this did not apply.

- *"It gives me structure because I have specific times and days that I make these calls. What I've experienced is that all people that are going through this. It has changed your relationship to time. The day flies by. There's no structure. This has been very beneficial with maintaining contact outside of my space and giving me structure to the day."*
- *"It has quite a bit. One woman contacts me through the Village as part of the Emergency Response team which has helped. Talking with others on the phone, including my peer partners has helped. Sometimes I consider myself in dire circumstances. This experience has given me perspective because some of my peer partners are in very difficult life situations. Being a PHE has improved my self-esteem and confidence level."*
- *"Doesn't apply because I wasn't feeling isolated. I knew it was a health risk. I just did what I needed to do and I was careful about it."*

Similarly, during the November discussion group, two reported benefits and one replied, *"No, I'm good."*

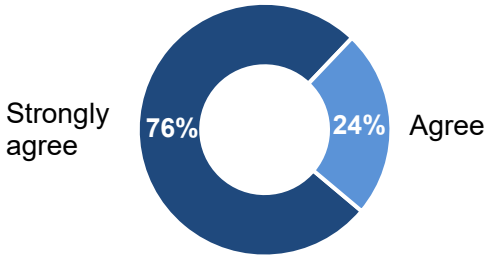
- *"I found that I was a better caretaker to the ones that I love."*
- *"Research I did for clients helped me with services so much. … It made me want to think about my life."*

Achievement of Training Objectives

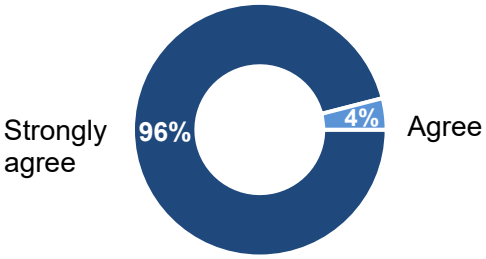
Each of the post-event surveys asked about achievement of the training's objectives along with satisfaction with the training materials and/or the facilitator(s). There were additional opportunities for attendees to provide feedback through two open-ended items in each survey. Complete findings from training surveys were reported separately.

Overall, the trainings were very highly rated by survey respondents. Across all seven sessions, all participants agreed that **training objectives were met** and were **satisfied with the trainings**.

76% *strongly* agreed that all objectives were met (n=35)



96% *strongly* agreed with all training satisfaction items (n=35)



Exemplary Quotes from Participants

- *"Today's training was very informative and the sharing of the other PHE's was extremely helpful as a resource for future support."*
- *"The presentation provided a wealth of information that I was not aware of. I really enjoyed the professionalism and that they were willing and able to answer questions. Additionally they were very knowledgeable and eager to provide the information."*
- *"Awesome handouts & checklists. Confidential form will help me immensely."*
- *"So grateful that the CHV staff and the other PHE are always willing to offer suggestions and most importantly support whenever I ask."*
- *"Really appreciate being able to connect with others involved in the program"*

Moving Forward / Sustainability

After seeing the need for – and success of – the help desk program at Capitol Hill Towers, CHV decided to continue supporting a part-time Peer Health Outreach staff person at Capitol Hill Towers to provide help-desk support and maintain relationships while we seek funding to support the replication and expansion of this model to other senior housing facilities and wellness centers. Locating a help desk in multiple buildings will give us an opportunity to further evaluate the model and offers a strategy for reengaging with communities that we have lost connections with during the pandemic.

The help-desk model bears some resemblance to a promising program spearheaded by Leading Age which is staffed by licensed health professionals and currently undergoing evaluation. The Peer Health Help Desk Model represents a lower cost, community-based alternative worth investigating. Because Capitol Hill Towers is located in the CHV footprint, we look forward to exploring how the Help Desk can serve as a tool to connect low-income older adults to Villages (CHV and others) as a form of long-term wellness support.

CHV is also working to incorporate lessons learned from the PHE program into a peer-health based program at the village called Village Connections. Village Connections pairs frail older adults with volunteers in their neighborhood to support them with various tasks to age in community. Tasks typically include friendly phone calls, walks and talks, grocery shopping, transportation, and/or medical advocacy. Relationships formed through Village Connections can span many years because there is no time limit imposed, which is a different model than the original Peer Partner Connections design. Lessons learned through Peer Partner Connections will be used to improve peer support relationships in the Village Connections program.

Lessons Learned

Over the course of two years, and with the help of a mid-program evaluation, CHV learned several lessons about implementing a peer-oriented program during various phases of a pandemic – from the early days when risks were very unclear through early 2021 when vaccines became available and then the ups and downs of the Delta and Omicron waves. Over the course of the funded period, participants experienced near lockdown status, approval of COVID vaccines, reopening across the city, reintroduction of restrictions, and then lower prevalence which made in-person assistance (through the Help Desk) possible. Generalizable lessons learned through these ups and downs are presented below, followed by additional findings from the process of implementing this program.

Older adults have varying levels of need and benefit from **multiple ways to engage with peer support**, with options to increase and decrease engagement over time.

Peer Partner Connections was designed as a 4-month (or medium-term) engagement between a Peer Partner and a PHE. Some Peer Partners reported not feeling ready to end their partnership after four months while others did not require the full four months, suggesting that some needed longer-term relationships and others only needed short-term assistance. In addition, some PHEs reported that their Peer Partners needed a higher level of support than they were qualified to provide, specifically referencing the need for a social worker or psychiatrist. Having a range of options, including short-term support (e.g., a Help Desk), medium-term support (e.g., Peer Partner Connections), and long-term support (e.g., connections to a Village or other agencies), would help meet the varied needs of older adults. In addition, fluidity between the three tiers of support would allow for flexibility as needs change over time. And if additional or more complicated needs are uncovered, they can be addressed through a higher tier of support and/or through connection to more intensive support.

The Help Desk model proved to be a successful method of support and engagement.

The success of the Help Desk pilot program, which reached a larger number of people in a shorter amount of time than the PHE / Peer Partner model, suggests that many older adults can benefit from having a person to call on with a question without an intensive, structured relationship. Bringing the service to residential communities of low-income seniors also helps to reduce barriers to access. By locating within Capitol Hill Towers, we were literally meeting people where they live. Given the large proportion of visitors who joined CHV after visiting the Help Desk (37%), the Help Desk model may also be an entry point to offer longer-term support to older adults, again without putting time restrictions or requirements on them. The availability of a Help Desk coupled with potential Village membership, which can connect members to resources and programs over time, may offer sustainable, tailored support.

When working with older adults, a **focus on assistance** may be more appropriate than goal setting.

As initially envisioned, a key component in the design of the Peer Partner Connections program is that PHEs work with Peer Partners to establish goals at the outset of the program, and then track progress toward meeting those goals throughout the partnership. It was discovered through the mid-year evaluation that goals were not a primary focus of every relationship. At the time, one Peer Partner reported during the exit interview, *"I don't remember what goals I had initially"* and another focused on health concerns without mentioning goals. In fact, the word "goal" may not resonate with older adults who may be focused on meeting needs rather than setting and achieving goals. Following the mid-year evaluation and the finding that goals were not frequently discussed during encounters, conversations about goals increased substantially, suggesting a possible benefit of increased focus on peer goals. However, others have reported challenges with goal setting when working with older adults[4] and the Help Desk model did not require any goal setting or monitoring of progress toward goal achievement, so it may be worth considering the potential benefits and drawbacks of goalsetting before requiring this in a program.

Should CHV choose to continue with the peer model for this intervention or another, **defining "peer"** may be important for replication.

When replicating a peer education program, it may be important to identify the key lived experiences that matter and match people based on those. For example, who is a "peer" and what makes someone trust another person who is in a peer educator role? Clarifying the definition of "peer" could help increase comfort and trust between partners and also mitigate any implicit biases that could otherwise hinder progress and effectiveness.

Follow-up interviews may not be ideal for **collecting outcome data** in all circumstances.

At the conclusion of the Peer Partner Connections relationship or following a Help Desk encounter, CHV called participants to ask outcome-oriented questions through an interview. Many participants were willing to engage in this follow-up interview; specifically, 12 out of 17 Peer Partners (71%) and 15 out of 35 Help Desk visitors (43%). However, some participants were less willing – asking CHV to call back later and not answering the phone or returning voice mail messages. Some Peer Partners, after having completed the interview, mentioned that the interview was too lengthy or that it felt burdensome. Follow-up interviews also rely on staff being available to make a phone call shortly after services are received; if too much time elapses between the final encounter and the interview, participants may be less willing to respond and/or less likely to recall the experiences. Finally, it is not surprising that follow-up interview rates were lower among Help Desk visitors, who may have only engaged with a PHE one time, than Peer Partners, who had a longer standing relationship. Alternate methods for getting outcome data from Help Desk visitors may be desired in the future.

[4] See, for example, Supporting Aging in Place through iWish: Second Interim Report from the Evaluation of the Supportive Services Division. (April 2021) Produced by Abt Associates for the US Department of Housing and Urban Development | Office of Policy and Research. *61% of participants had recorded at least one goal, compared to 96% who completed an interview and 89% who had completed health and wellness assessments.* (p. 31 and all of Chapter 4)

Additional Process-Related Lessons

In addition to the process objectives outlined in the Evaluation Plan, additional findings were revealed in the monitoring and evaluation tools. The sources of these findings include training surveys; CHV staff reflections (kept in an online journal on a regular basis); encounter forms; and general data analyses.

Recruitment to a four-month program can be a challenge, particularly if it cannot be in-person.

Recruitment of Peer Partners was challenging, both before the program was re-designed due to COVID restrictions and afterward. Once the pandemic struck, Peer Partners often reported that they *"just need to survive right now."* Related to this is the challenge of defining the program to potential participants and ensuring that the Peer Partner, the PHE, and CHV staff are on the same page about the goals and scope of the partnership. PHEs and CHV staff expressed a desire to define the arc of participation – from enrollment to graduation.

CHV staff also noted that recruitment was often most successful when there was an existing connection between a PHE or CHV staff member and the community in which recruitment was taking place. Outreach efforts that were made without prior connections to the community were less successful, sometimes resulting in high outreach effort and low program enrollment. An additional challenge reported by staff was the loss of one-on-one engagement and connection opportunities in the wake of social distancing requirements. In early recruitment efforts, the opportunity to speak individually with potential Peer Partners helped foster a connection and increased the likelihood that the person would pursue enrollment. In the absence of this opportunity for personal connection, recruitment felt less personal and became more challenging.

The program may benefit from a clear delineation of roles and responsibilities.

CHV staff reported a need for clear expectations for the role of the PHE and differentiation from the role of a Care Services staff member (who is often a social worker). Staff also noted the need for a clear policy related to any type of ongoing relationship between Peer Partner and PHE following the conclusion of the partnership.

Impacts of COVID-19

Impact of COVID-19 on Program Design

As outlined above, the program design was altered in two ways. First, this in-person program was re-imagined as a strictly virtual program, with all peer support designed to be provided by phone or video call. Second, while transportation remained a focus of the program, some of the emphasis shifted toward meeting needs from home (e.g., grocery delivery, medical appointments) as well as identifying safe ways for Peer Partners to attend in-person medical appointments. In addition, the emphasis on reducing isolation and increasing social connection, already present in the original design, increased in the redesigned program model.

Impact of COVID-19 on Peer Partner Recruitment

A total of 10 people, 8 women and 2 men, signed up to participate as Peer Partners after the in-person recruitment efforts that took place prior to the pandemic. The program was then interrupted by funding delays and COVID-related shutdowns in the city. Once virtual programming launched in October, CHV staff and PHEs followed up with all ten people who had expressed interest earlier in the year. Four of these ten (40%), all of whom were women, began working with a Peer Partner in October. Six of the 10 (60%) did not ultimately participate in the program following the COVID-related program delay. In some cases, CHV staff and PHEs were unable to reach the individuals. In others, the person had either moved out of the area or was no longer in need of services. One additional person was recruited in the summer and had an initial call with a PHE in August 2020. This individual was then unreachable and is not counted in the enrollment tallies in this report. Staff and PHEs found that online recruitment of Peer Partners was less effective than the in-person recruitment had been. They found it more difficult to build trust with people online than in person, and found that, while people frequently approached them with questions during in-person events, they got much less engagement during online events. As a result, recruitment was a challenge throughout the Peer Partner Connections program period.

Impacts of COVID-19 on Program Implementation

As mentioned above, the program was implemented online rather than in person. Peer Partners and PHEs reported that they were able to build connections over the phone. One Peer Partner said, *"Adapting to working over the phone instead of in person worked really well."* In fact, one PHE offered that it might be helpful to offer *"an option to [participate in the otherwise in-person Help Desk] virtually."*

Appendix A. Process Evaluation Findings

Peer Partner Connections Recruitment

The following sections outline recruitment and participation of PHEs and Peer Partners. The impact of COVID-19 on both recruitment experience and program format is outlined in the sections below.

Peer Health Educators (PHEs)

The original program, which launched with an orientation on January 6, 2020, started with a total of 6 Peer Health Educators (PHEs). When their training was nearly complete, the Peer Partner Connections was put on hold due to a funding delay. In the months that followed, in response to COVID-related mobility restrictions, the program was re-designed and launched as an all-virtual program in October 2020. At that time, 3 PHEs were still engaged. Two of these three PHEs remained active through the end of this project in December 2021.

Peer Partners

In February and March 2020, Peer Partner recruitment was conducted in-person at lunch sites[5] and wellness centers. Following suspension of the program due to lack of funding, recruitment efforts resumed in the summer of 2020 through online events and outreach. The table below summarizes outreach efforts through March 2021, including the number of partner organizations receiving flyers, the number of events attended (in-person or online), and the approximate number of attendees at each event (seniors or those serving seniors), when known.

Table 4. Peer Partner Recruitment: Outreach Efforts through March 2021

Outreach Location / Type *(Jan 2020 Mar 2021)*	# of Orgs Receiving Flyers	# of Events	# of Event Attendees (approximate)
Citywide Case Management Meeting		1	15
Dining Site / Info Session		4	57
Faith Community / Info Session or Flyers Shared	6	1	15
Senior Housing / Info Session or Meeting		3	51
Senior Wellness Center / Virtual Town Hall or Info Session or Flyer Delivery	4	3	125
Village Event / Info Session or Training		3	35
Other (farmers market, SAC meeting, Seabury health fair)	3	2	80
Total	**13**	**17**	**378**

[5] "Lunch sites" are weekly lunches hosted by each Ward at senior housing sites, through which seniors who need meals are provided with lunch. CHV staff presented the program while seniors had their lunch, offering seniors the opportunity to enroll in the program at the end of lunch.

Peer Partner Enrollment and Participation[6]

CHV's three PHEs served a total of 17 Peer Partners between October 2020 and October 2021. All 17 Peer Partners were female, 13 were Black or African American, two were white with one of the two also identifying as Hispanic; the race / ethnicity of two Peer Partners was unknown. Regarding membership in CHV, 15 Peer Partners were not CHV members while 2 were CHV members.

Peer Partner enrollment dates ranged from October 2020 to August 2021. The following chart illustrates the engagement of the Peer Partners between October 2020 and October 2021 (there were no encounters in November or December 2021), showing the:

- Total number of Peer Partners enrolled in the program for the month
- Total number of Peer Partners who had a reported encounter with their PHE
- Total number of encounters between Peer Partners and PHEs for the month
- Range of encounters per Peer Partner

On average, PHEs met with their Peer Partners **8.4 times**, with a range of 1 to 25 total encounters.

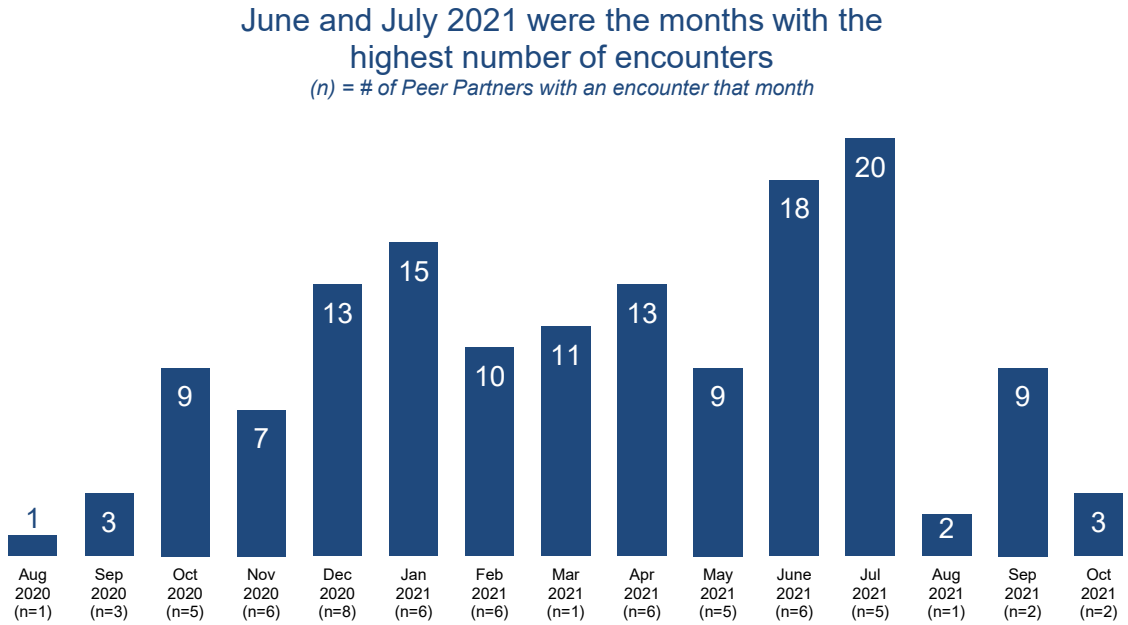
Table 5. Peer Partner Engagement (October 2020 – October 2021)

	Partners Enrolled			
August 2020	7	1	1	N/A (1)
September 2020	7	3	3	N/A (1 each)
October 2020	7	5	9	1-2
November 2020	9	6	7	1-2
December 2020	10	8	13	1-3
January 2021	11	6	15	1-4
February 2021	11	6	10	1-4
March 2021	9	1	11	N/A (2)
April 2021	9	6	13	1-4
May 2021	8	5	9	1-4
June 2021	9	6	18	1-10
July 2021	9	5	20	1-13
August 2021	8	1	2	N/A (2)
September 2021	5	2	9	1-8
October 2021	3	2	3	1-2
Total	**17 Peer Partners**		**143 Encounters**	

[6] Participation includes enrollment in the program after an outreach attempt as well as weekly encounters between the PHE and Peer Partner. "Graduation" from the program occurs at a different time for each Peer Partner, based on their needs.

The following figure is a visual representation of the data in Table 5 (above) shows the number of encounters between Peer Partners and PHEs, by month.

Figure 5. Encounters by Month at a Glance



PHE / Peer Partner Encounter Topics

PHEs used the Encounter Form to track the topics discussed during their encounters with their Peer Partners. The overall number of encounters during which each topic area was discussed appears in the top (gray-shaded) row, along with the number of Peer Partners mentioning the topic. Totals for sub-topics appear in the following indented and italicized rows.

Note that Peer Partners frequently mentioned more than one topic or sub-topic during a single encounter.

Table 6. Topics Discussed During Encounters	# of Encounters	% of Encounters	# of Peer Partners
Medicine / Telehealth Topics Discussed	**100**	**70%**	**16**
In-Person Appointments	*63*	*63%*	*11*
Goal Progress	*42*	*42%*	*5*
General	*17*	*17%*	*11*
Virtual Appointments	*15*	*15%*	*11*
Transportation Topics Discussed	**73**	**51%**	**17**
Options / Methods	*43*	*59%*	*16*
To / From Medical Appointments	*33*	*45%*	*12*
Goal Progress	*29*	*40%*	*10*
COVID-19 Safety	*24*	*33%*	*11*
General	*6*	*8%*	*9*
Social / Wellness Topics Discussed	**71**	**50%**	**16**
Virtual	*33*	*46%*	*13*
Goal Progress	*31*	*44%*	*6*
In-Person	*27*	*38%*	*10*
General	*8*	*11%*	*11*
Technology Topics Discussed	**71**	**50%**	**16**
Assistance	*52*	*73%*	*12*
Goal Progress	*23*	*32%*	*4*
General	*12*	*17%*	*4*
Isolation / Loneliness Topics Discussed	**46**	**32%**	**15**
Support Strategies	*30*	*65%*	*7*
Goal Progress	*21*	*46%*	*3*
COVID-19	*6*	*13%*	*10*
General	*6*	*13%*	*12*

Appendix B. PHE Feedback

In March 2021, CHV staff conducted a mid-project interview with all three PHEs. During the interview, PHEs were asked to reflect on their experience with training they received as part of the Peer Partner Connect program. They were asked to reflect on specific training topics that have been helpful in their work with their Peer Partner, as well as topics that they anticipate would be helpful for future trainings. An illustrative quote for each is included below.

Training Topics Used in Support of Peer Partner

All three PHEs mentioned that **trainings on transportation topics** had been useful for their work with their Peer Partners.

- *"The training has been great. Transportation training was absolutely essential. So many services that I wasn't aware of. Everything starts with Metro Access and once you get there everything else falls under that."*

All three PHEs also mentioned having used information from the **trainings on setting boundaries and relating to their Peer**.

- *"The training we had in terms of trying to make sure we didn't cross boundaries – making sure we didn't cross boundaries and guidelines on how to approach when our clients cross boundaries and how to approach it sincerely. I've learned to be a really non-committal listener. Understanding a lot of times they just wanted to vent, they didn't need my opinion and it wasn't [why] I was there."*

Two PHEs mentioned having used information from **trainings on supporting Peer's access to health and other services**.

- *"Learning about the support services that are available. Navigating the coordination of care. Some are a little reluctant about calling and making their doctor's appointments. When we take over and talk to the doctor just to make sure there are safety mechanisms in place, if our peer partner has to show up in person."*

Topics Desired for Future Trainings

In their mid-program interview, PHEs were asked, "Based on your experience so far as a PHE, what additional topics would be helpful for future trainings?" Topics of interest included training on **helping peers set goals**; training on **helping peers avoid scams**; **specific resources** related to local caregiving agencies and connections within senior housing communities (e.g., Capitol Hill Towers); as well as **tips on how to structure the day** when working from home. In addition, one PHE was interested in trainings (e.g., from Mental Health America) that offered **certifications**. This PHE recommended that CHV, *"Offer more training where we can enhance our skills. More official trainings so we can get credentials."*

> *"I don't know if it needs to be a training or if it needs to be during the recruitment phase, but making sure our clients are aware of what our limits are. … Sometimes people … don't know what they want out of the program. We're recruiting them to join; they're not coming to us usually. So we have to feel out what they want. More training on goal identification would be helpful. [Also] how to bring people back to their goals or if clients have crises, redirecting them back to the reason they decided to join."*

Successes and Recommendations

During both the March 2021 interviews and a November 2021 PHE discussion group, the PHEs shared specific program successes as well as recommendations for future programming.

PHEs were asked about the transition from the originally envisioned in-person program to the pandemic-modified virtual program. Specifically, they were asked **what has worked well with the virtual program** and **what they would change**. PHEs reported that getting *"tips on how to approach people over the phone"* was helpful and that being affiliated with CHV helped Peer Partners trust them. One referenced an approach from the *Supporting Seniors Virtually* training, mentioning: *"Starting out as a friendly call helped to break the ice. Even though we had their forms, which gave us a little background, we still didn't know when we picked up the phone if they would be receptive to the call."* Benefits to working with Peer Partners by phone included enjoyment of the phone conversations, a sense that the flexibility and frequency of phone calls helped Peer Partners feel that they were *"not alone,"* and that using the phone allowed the PHE to speak with *"loved ones, siblings, caretakers"* in addition to the Peer Partner. A disadvantage of using the phone was that one PHE reported a need *"to keep reintroducing myself"* on phone calls. Another PHE expressed a desire for Peer Partners to *"become Zoom capable"* so they *"would be able to see each other."* In a related comment, a PHE suggested it might be helpful to assist with technology *"if they ask for help"* because not many Peer Partners were *"tech savvy."* Another would like to *"impart more wisdom to [Peer Partners] about transportation."*

Additional successes included helping others and trainings. One PHE said, *"I think the people I was working with felt people weren't listening to them. … We were able to put people on an even playing field so they could receive services."* Another mentioned, *"I felt like I made a difference in some of the individuals' lives. … When I hear the positive outcome it makes me feel like I made a difference."* A third PHE mentioned trainings: *"I think the trainings were helpful."*

When asked **how their experience with the program could be improved**, and/or **what recommendations they had for similar programs in the future**, PHEs suggested:

- Opportunity to get credentials through training: *"I think certification would be a great addition to the program."*
- *"It would be helpful as a PHE to be evaluated. … We just need to know that we are on track."*
- Check-ins with other PHEs to share experiences and challenges: *"I'm sure we have all experienced similar challenges."*
- *"Reach out to health and wellness centers"* to replicate the Help Desk model in places that serve large numbers of older adults.
- Establish relationships with social workers and/or mental health professionals that can provide a higher level of affordable services when a Peer Partner's needs exceed the skills of the PHE. One PHE mentioned, *"two people I'm working with desperately needed social workers.* [But there is a] *lack of availability for affordable community social workers who could take on challenging cases."*

Appendix C. Help Desk Approach

Through funding from the Federal Transit Administration (FTA), granted through the Metropolitan Washington Council of Governments (MWCOG), Capitol Hill Village (CHV) conducted a four-month pilot test of a place-based model of peer support for older adults in Washington, DC called the "Help Desk." A peer health educator, trained by CHV, was stationed in the community room at Capitol Hill Towers, a subsidized senior living community located in Ward 6, offering information and assistance to anyone who approached the Help Desk. Highlights of the pilot program are below:

- **The Help Desk can reach a large number of older adults seeking assistance with a variety of needs.** During the pilot program (between September and December 2021), the peer health educator at the Help Desk supported 35 individuals in a total of 49 encounters. The majority were residents of Capitol Hill Towers, but three were non-residents. Requests for assistance through the Help Desk fell into the following general categories: social / wellness (61%), transportation (49%), medicine / telehealth (20%), technology (8%), and isolation / loneliness (4%).
- **The Help Desk provides a way for the peer health educator to offer relevant assistance to the community.** Through the Help Desk, the peer health educator can learn about community needs and coordinate support to benefit many older adults. For example, during this pilot program, the peer health educator heard a need for support with technology. She arranged for an expert in assisting older adults with technology to offer a series of 5 tech trainings at Capitol Hill Towers. During the pilot period, a total of 22 people attended these trainings, ranging from 1 to 3 sessions attended per person. *Two additional trainings were offered beyond the pilot program, reaching an additional 6 people and increasing the range of trainings attended to 5 sessions as many participants returned repeatedly.*
- **The barriers to engagement with a peer health educator are low with the Help Desk model.** The barriers are low because the Help Desk is located in the building; no documentation, intake or eligibility criteria are applied; and no long-term commitment is required. This low-commitment, short-term support was shown to be helpful in helping older adults meet immediate needs (e.g., sign up for a transportation program, get assistance with benefits, receive a referral for services, learn about a wellness program), as well as introduce them to longer term options.
- **Encounters with the Help Desk may lead to longer-term, more comprehensive support for older adults.** Thirteen Help Desk visitors (37%) joined CHV after visiting the Help Desk, resulting in increased access to CHV's range of supports, services, and programs over time. Having a range of options, including short-term support (e.g., a Help Desk), medium-term support (e.g., 4-month peer partnerships), and long-term support (e.g., connections to a Village or other agencies), would help meet the varied needs of older adults. In addition, fluidity between the three tiers of support would allow for flexibility as needs change over time. And if additional or more complicated needs are uncovered, they can be addressed through a higher tier of support and/or through connection to more intensive support.

- **Satisfaction with the Help Desk pilot has been high.** All Help Desk visitors who completed a follow-up interview (n=15) reported that they were satisfied with the help they received and 14 out of 15 visitors would recommend the CHV Help Desk to another resident of Capitol Hill Towers. One person commented, *"[The peer health educator] has got ALL the answers!"* and another *"appreciates that the Help Desk is in the building."* Among those who had discussed transportation with the PHE at the Help Desk (n=7) and those who had discussed social or wellness topics with the PHE at the Help Desk (n=6), all reported that they left the Help Desk with the information or tools they needed to address the challenge they were facing. *Three of the individuals discussed both transportation and social / wellness topics at the Help Desk.*

Moving Forward / Sustainability

The success of the Help Desk pilot program suggests that many older adults can benefit from having a knowledgeable, well-connected person to call on with a question without an intensive, structured relationship. Bringing the service to residential communities of low-income seniors also helps to reduce barriers to access. By locating within Capitol Hill Towers, CHV can literally meet people where they live. Given the large proportion of visitors who joined CHV after visiting the Help Desk (37%) during the pilot program, the Help Desk model may also be an entry point to offer longer-term support to older adults, again without putting time restrictions or requirements on them. The availability of a Help Desk coupled with potential Village membership, which can connect members to resources and programs over time, may offer sustainable, tailored support.

After seeing the need for – and success of – the Help Desk program at Capitol Hill Towers, CHV has decided to continue supporting a part-time Peer Health Outreach staff person at Capitol Hill Towers to provide help-desk support and maintain relationships while we seek funding to support the replication and expansion of this model to other senior housing facilities and wellness centers. Locating a Help Desk in multiple buildings will offer an opportunity to further evaluate the model and a strategy for reestablishing connections that were lost during the pandemic.

The Help Desk model bears some resemblance to a promising program spearheaded by Leading Age which is staffed by licensed health professionals and currently undergoing evaluation. The Peer Health Help Desk model represents a lower cost, community-based alternative worth investigating. Because Capitol Hill Towers is located in the CHV footprint, CHV looks forward to exploring how the Help Desk can serve as a tool to connect low-income older adults to Villages (CHV and others) as a form of long-term wellness support.