Project Title: Evaluating the ability of a Senior Companion Program to improve senior health
Principal Investigators: William N Evans, University of Notre Dame and NBER

The elderly have a pronounced desire to age in place. A recent survey by AARP of those aged 65 and over found that 88 percent have a strong preference to remain in their home for as long as possible (Barrett, 2014). Realizing this goal will however become more challenging as the baby boom generation ages. This is a particularly difficult problem for those who are homebound. A recent analysis by Ornstein et al. (2015) estimates that there are 1.5 million elderly who are homebound and another 1.5 million who do not leave their home without assistance. These homebound groups face significant medical challenges as they are substantially older, have three times the rate of fair or poor self-reported health, two time as many reported chronic conditions, and three times as many hospital stays in the past year than the non-homebound (Ornstein et al., 2015). Social connections among the elderly are now generally viewed to offer protective health effects for both support providers as well as support recipients (Reblin and Uchino, 2008). Senior Companion Programs (SCP) partner community volunteers with homebound elderly people under the expectation that these partnerships will improve measures of health and self-sufficiency. However, the few studies that have looked at SCPs are largely descriptive and based on case studies or small samples (Rabiner et al., 2004; Butler, 2006; Tan et al., 2016). The federally funded Senior Corps serves 61,000 homebound elderly through senior companion programs, and these programs tend to have long waiting lists. Given that 3 million elderly individuals could potentially benefit from companion services, rigorous research on the effects of SCPs is greatly needed.

The objective of this study is to provide precise estimates of the impact of SCP programs on seniors' health status and independent living. For the purposes of this study, independent living and health status will be measured using both self-reported surveys and administrative data on ED and in-patient admissions. We propose to do this through a randomized controlled trial (RCT) that will provide senior companions to a sample of around 200 predominantly low-SES homebound seniors in Minnesota. An additional 200 seniors will comprise the control group. This study will be a partnership between researchers at the Wilson Sheehan Lab for Economic Opportunities at the University of Notre Dame and Lutheran Social Services of Minnesota (LSS). LSS currently offers several programs that provide companions to elderly individuals. The outcomes of interest in the study are quality of life measures, assisted living status, and health outcomes including hospitalizations and emergency room visits. These final two outcomes will come from administrative records. These data will be collected via tablet-based surveys, administered by the companion volunteer force. Assuming a relatively high take-up rate (based on the past experience of LSS with their SCPs), this study will follow a standard intent-to-treat methodology. The study is expected to last two years, with enrollment conducted during year 1 and outcomes observed over the next 12 months after enrollment.

References

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