

# 2013 Evaluation of FriendshipWorks's Door-Through-Door Medical Escort Service

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Final report prepared for:



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**August 2013**

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## Executive Summary

This report summarizes the follow-up evaluation findings of the FriendshipWorks Medical Escort program, and compares findings with the initial evaluation conducted in 2010. Previous evaluation suggested that this program provided transportation assistance, hospital navigation, and communication between patients and medical service providers, as well as helped to reduce isolation and transportation anxiety among service recipients. This follow-up evaluation was conducted for ongoing monitoring of the services provided by the Medical Escort Program and to collect opinions from recent service recipients and program volunteers.

Compared to findings from 2010, the two largest volunteer groups are still people who are 35 or younger and people who are 65 and older, though, the proportion of younger volunteers has doubled. Beyond assistance on transportation, 99.4 percent of volunteers indicated that they also helped with at least one of the following: navigating buildings, physical assistance, emotional support or reassurance, and companionship. Higher proportions of volunteers provided assistance on medical care and social support to program recipients; specifically, the proportions of volunteers who made sure recipients were seen on time, communicated with medical staff, made follow-up appointments for recipients, helped picking up prescriptions, as well as helped them get settled at home have doubled when compared to findings from 2010. A majority of the volunteers believed that the recipients would be unable to attend medical appointments without being assisted by someone, and believed that the services they provided have improved recipients' quality of care. Volunteers enjoyed meeting and helping new people, but were worried about the unpredictable timeframe of going to medical appointment with recipients, and the limited time they could contribute to being a medical escort.

The majority of the program participants are low-income individuals who live alone. Half of them are disabled. Volunteers described the typical program participants as physically limited, having limited social network, having difficulties in transportation and/or navigation, in need of companionship, and were to some degree independent. The main reason participants utilized this program was for transportation assistance. More than half of the participants felt stressed or anxiety when scheduling medical appointments due to transportation/assistance needs, and 87.5 percent of them felt that this program helped relieved their stress or anxiety. Although participants in 2010 already showed overwhelming satisfaction with this program, the satisfaction level is even higher this year (29.7 out of 32).

Despite of the improvement and achievement discussed above, the number of no-show volunteers has increased, which suggests a higher recruitment standard and a better supervision of the volunteers. This research also suggests that the Medical Escort program services should be promoted using different media methods, and the program information should be more accessible, in order to let more people know and use this program.

## CHAPTER 1: INTRODUCTION

### Background

When facing mobility problems, older adults often have to cease driving and rely on alternative transportation methods. Many people assume that these older adults can be served by public transportation, or supported by family members or friends. Yet these alternative transportation options may not be available, especially for older adults who are disabled, living alone, and have low-income. Research shows that older adults who have lower personal automobile accessibility, have lower income, and who live in suburban communities experience more transportation deficiency and miss more activities (Kim, 2011). Although public transit may be available, using such services may require long-distance walking, the competence to follow a route, and the ability to transfer on multiple buses/subways (Horton & Johnson, 2010).

Lack of transportation is identified as a great barrier to health care services among older adults, together with insurance, family support, complexity of health care system, poverty, poor patient-health care provider communications, and lack of health care professionals (Horton & Johnson, 2010; Solway, Estes, Goldberg, & Berry, 2010; Petel, et al., 2012). Recent research suggests low-mobility individuals, including older adults, low-income individuals, and individuals with disabilities, are experiencing increasing difficulties accessing public transportation (Jansuwan, Christensen, & Chen, 2013). An examination of senior transportation programs in four Federally Qualified Health Centers suggests that such programs successfully minimize the impacts of mobility loss on older adults' accessibility to health care services (Knight, 2011). Interviews with 714 volunteer drivers from 40 states shows that 80 percent of the trips they drove were related to medical services, and most of the time, they also provided physical assistance and helped navigate the communities. This study indicates that the availability of transportation escorts makes it possible for older adults to age in place and travel to a variety of life-sustaining destinations (Kerschner & Rousseau, 2008).

### Follow up The Medical Escort Program at FriendshipWorks

An in-depth evaluation of the Medical Escort Program at FriendshipWorks was conducted in 2010. It identified the majority of people using this service as disabled, living alone, and low-income. Program volunteers not only provided transportation services, but also provided help on navigating buildings, facilitating communication between patients and medical staff, and assisting in the examination room. Results indicated that the Medical Escort Program and its volunteers have greatly reduced program recipients' anxiety and stress due to lack of transportation or assistance, and the recipients' satisfaction toward this program was considerably high. In order to monitor the Medical Escort Program for any declines in satisfaction or areas for improvement, and to collect opinions from recent service recipients and program volunteers, a follow-up evaluation was conducted in the summer of 2013. By comparing results from the follow-up and the initial evaluations, suggestions can be made on how to further improve the effectiveness of the Medical Escort Program.

CHAPTER 2: EMAIL-BASED PROGRAM VOLUNTEER SURVEYS

**Survey Methodology**

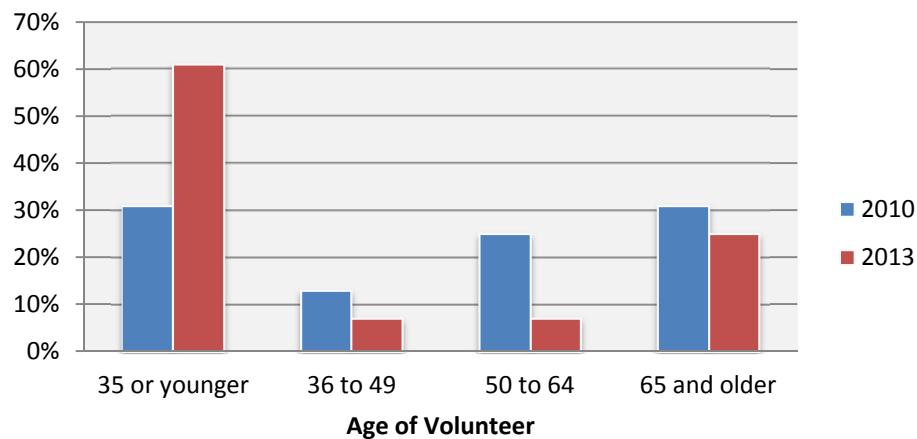
A shortened Medical Escort Volunteer Survey (Appendix A) was emailed to 34 volunteers who have assisted the Medical Escort Program from January 2012 to May 2013. Eighteen of them completed the surveys, four could not be contacted, and one refused to participate. The remaining volunteers received the survey but never responded. The response rate is 60.0 percent.

**Volunteer Demographics**

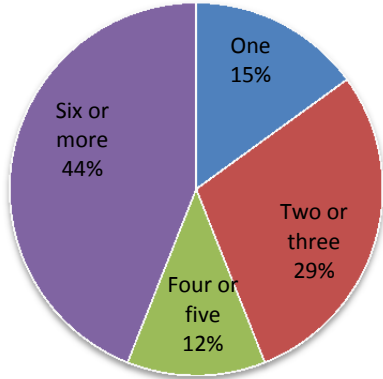
The majority of the volunteer population is White (72%) and female (76%); their ages range from 20 to 79 years old. Compared to volunteers surveyed in 2010, the proportion of female volunteers has been stable, but the proportion of White volunteers went down from 91 percent to 72 percent, which suggests that the proportion of volunteers from other race/ethnicity groups has increased. Figure 1 compares the age distributions of volunteers in 2010 and 2013. The largest age categories are still the youngest and the oldest groups, but the proportion of young volunteers has doubled, and the proportions of volunteers in other age categories have decreased.

In the past one and a half years, the Medical Escort volunteers have provided a total of 372 trips. While 15 percent of the volunteers only provided 1 trip, 44 percent escorted 6 or more trips; a particularly active volunteer provided as many as 90 trips (Figure 2). In terms of the number of recipients each volunteer has served, 59 percent of the volunteers served 3 or fewer recipients, and 32 percent have served more than 6 recipients (Figure 3).

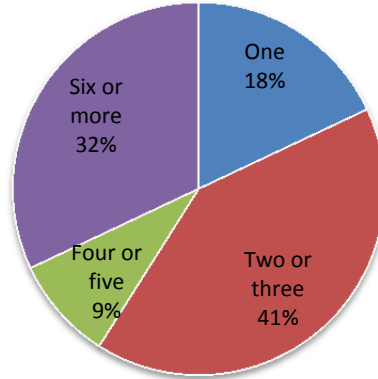
**Figure 1: Comparing Ages of the Medical Escort Volunteers**



**Figure 2: Volunteers by Number of Trips Served**



**Figure 3: Volunteers by Number of Participants Served**

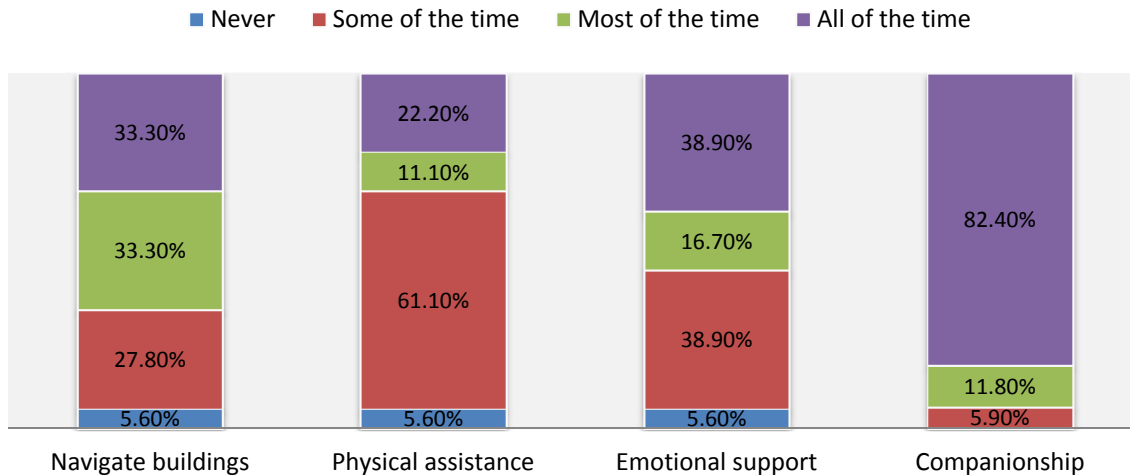


**Survey Results and Analysis**

Types of Assistance

Beyond assistance on transportation, 94.4 percent of the Medical Escort volunteers who responded to our survey indicated that they provided at least some assistance on navigating buildings, physical assistance, and emotional support or reassurance. All volunteers (100%) stated they provide companionship at least some of the time. Figure 4 shows how frequently volunteers provided additional types of assistance. It should be noted that 61.1 percent of the volunteers provided physical assistance some of the time and 82.4 percent felt they provided companionship on all of their medical escort trips.

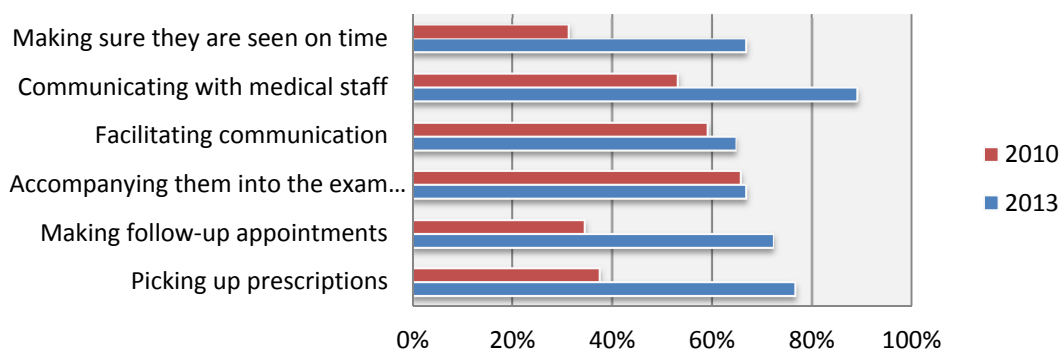
**Figure 4: Frequencies that Volunteers Provided Additional Assistance**



Two specific types of assistance were asked in detail the volunteer survey: medical assistance and social assistance.

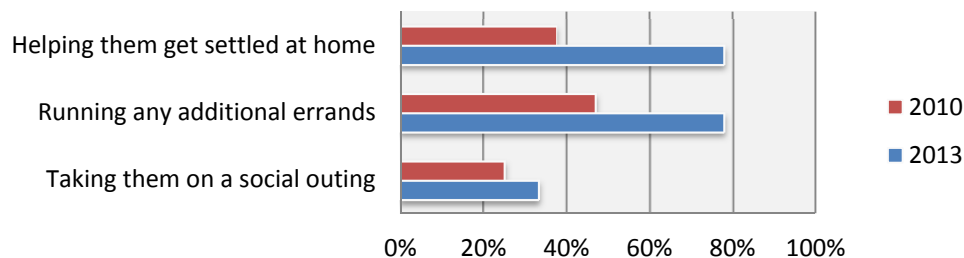
**Medical Care.** An increasing percentage of volunteers reported that they provided different kinds of medical assistance to the recipients as compared to the report from 2010. As can be seen in Figure 5, the percentages of volunteers who provided medical assistance increased in every category. Almost 89 percent of the volunteers have communicated with medical staff on behalf of the elder. In addition, over 60.0 percent of the volunteers reported that they made sure the recipients were seen on time, facilitated communication between doctors and elders, accompanied them into the examination room, made follow-up appointments, and helped pick up prescriptions. The findings show a dramatic increase in the number of volunteers picking up prescriptions, making follow-up appointments, and making sure elders are seen on time. The proportion of volunteers providing these additional supports doubled since 2010.

**Figure 5: Comparing Percentages of Volunteers who have Provided Medical Assistance**



**Social Support.** In addition to medical assistance, more volunteers reported that they provided social or personal assistance to Medical Escort participants. Comparing these findings to 2010, the percentage of volunteers who have occasionally run errands for elders increased from 46.9 percent to 77.8 percent, the percentage of volunteer who took recipients on social outings before and after doctor appointments increased from 25.0 percent to 33.3 percent. A surprising 77.8 percent of volunteers said they often help elders get settled at home, more than double the 37.5 percent in 2010 (see Figure 6).

**Figure 6: Comparing Percentages of Volunteers who have Provided Social Support**



## Improving Quality of Life

Volunteers were asked to describe the typical Medical Escort recipient served by this program, and five main characteristics were identified.

- *Limited social network:* Two-thirds of volunteers said the program recipients had a limited social network. They felt these individual cannot get to medical appointments either because they do not have family members or friends available to help, or because they were living alone and isolated. As a couple volunteers described:

*‘I think the typical Medical Escort recipient has no one in his/her life to help with an escort or has exhausted the use of family & friends.’*

*‘They have all the normal fears and anxieties of any patient, but no niece or daughter to help them through the process.’*

- *Need companionship/help:* 60.0 percent volunteers thought that their recipients were in need of more personal interactions, companionship in order to live in current environment or reduce isolation.
- *Physically limited:* 40.0 percent of the volunteers mentioned the older adults that they assisted had physical limitations. They described them as “physically incapable”, “mobility limited”, “need walkers or canes”, “disabled”, or “physically handicapped”.
- *Difficulties in transportation/navigation:* transportation or navigating difficulties as another characteristic mentioned by about one-third of the volunteers. Descriptions such as “they don’t have access to a car”, “they need a ride to hospital”, or “my navigation assistance is essential” are representative examples.
- *Independent/autonomous:* Although most of the recipients were described as disabled, isolated, or dependent, 20.0 percent volunteers mentioned that some recipients were quite independent and could “advocate for themselves in appointments most of the time”.

When asked about isolation and loneliness among recipients, 83.0 percent of the Medical Escort volunteers felt that the people served by the program were isolated, and 77.8 percent of volunteers felt these individuals were lonely. All volunteers with such views about the recipient population believed that this program was relieving isolation or loneliness; with the exception of one volunteer who was “not sure” whether this program helped relieve loneliness.

In addition, 83.3 percent of the volunteers thought that the recipients would be unable to attend their appointments without personal assistance from someone, and 88.9 percent of volunteers believed that the services they provided to the elders improved their quality of care. Among those who believe so, 57.1 percent said they enabled a procedure or made the recipients’ lives easier, 21.4 percent provided physical assistance, 50.0 percent provided emotional support and



companionship, 42.9 percent assisted the communication between recipients and their doctors, and 42.9 percent advocated for recipients. Following are some examples how volunteers felt they improved recipients' quality of care:

*'I gave a man a ride home from the hospital one time. He had needed this routine procedure done for a long time but hadn't gotten it because he didn't have anyone to get him discharged from the hospital. Once he found out about the program and was able to get the procedure done a few weeks later.'*

*'I helped a woman after a lung biopsy. Once she was done with the procedure, it was her responsibility to get home safely; she was unable on her feet and a bit dizzy. With a door-through-door escort, she got safely home.'*

*'Having someone there to escort people to their appointments definitely can help to calm their nerves, especially related to getting there and navigating their way around. Also, providing them with the company and care during these appointments really seems to make an impact on the clients.'*

*'I offer up [as an example] a woman that I escorted to her regularly scheduled appointment. While we were waiting for our ride, we spent quite a bit of time talking. She told me about what had been bothering her, her aches and pains, some wishes, etc. However, once we reached the hospital clinic, she became nervous and confused. With a little "remember what you said" prompting, she was able to discuss all of the items on her list with the doctor. It resulted in a change in medication for her.'*

## Volunteer Satisfaction

Volunteers were asked to rate their satisfaction with their Medical Escort experience, the average score was 3.89 out of 5 point. Thirty-three percent of the volunteers were very much/extremely satisfied with their experience, while 5.6 percent did not enjoy their experience at all.

Volunteers were also given the opportunity to write in the survey what they like most and least about their roles as Medical Escort volunteers. Forty-seven percent of the volunteers enjoyed the opportunity getting to meet and know all kinds of people, while 93.3 percent of them liked helping people out and making a difference in their lives, and 60.0 percent gained a positive outlook from providing help. They described their feelings as "very fulfilling", a "special feeling", and that "it is immediately satisfying and gives me the sense of having made an honest difference". In addition, 20.0 percent volunteers pointed out that they also gained knowledge from the program recipients, as well as from the process of providing help.

Although volunteers reported much less on things they like least, some problems were still identified. First of all, volunteers found that going to an appointment with recipients costs a lot time; for example, a 20 minutes appointment ended up being a 7-hour long ordeal. The unpredictable timeframe of being a medical escort is the biggest problem raised by 35.7 percent volunteers. Also, though not really an issue with the program, 42.9 percent volunteers would like

to escort more people but do not have enough time for volunteering. Twenty-one percent volunteers dislike driving and parking while being an escort, such as parking in the city and gas expense. Another 21 percent were unhappy with recipient-related issues, such as the individual taking advantage of the program, insisting on giving driving directions, or sharing a story or situation made them sad.

With regard to the preparation of the program volunteers, 88.0 percent of the volunteers felt the volunteer training adequately prepared them for their volunteer role, yet 27.8 percent still felt unprepared for or were surprised by their recipients in certain ways. In one example, the volunteer assisted two elders for two separate appointments, and mixed up the appointment places. In another example, the volunteer was asked to do extra errands, which made the volunteer feel uncomfortable. Volunteers also mentioned feeling awkward when handling a recipient's body, or felt stresses about scheduling issues.

CHAPTER 3: PHONE-BASED PROGRAM PARTICIPANT SURVEYS

**Survey Methodology**

One hundred and forty-four program recipients who used the Medical Escort service at least once from January 2012 to June 2013 were considered as possible participants. Fourteen individuals were excluded due to cognitive or physical illnesses, hospitalization, or lack of competency. Two individuals were deceased at the time of this survey, resulting in a total of 128 eligible participants. In the first phase of recruitment, interviewers attempted to contact participants by phone to ask whether they would like to participate in the Medical Escort recipient survey (Appendix B). All eligible participants were called at least 4 times before the second phase of recruitment, where paper surveys were sent out to those who did not respond to phone calls or specifically asked to receive a hard copy. Twenty-four individuals mailed survey back to research team. Table 1 shows the record of our sample. A total of 60 surveys were completed, giving a response rate of 64.3 percent.

**Table 1. Participant Survey Response Rate**

|                                |                    | N   |     |
|--------------------------------|--------------------|-----|-----|
| <b>Total Population</b>        |                    | 144 |     |
|                                | Deceased           |     | -2  |
|                                | Ineligible         |     | -14 |
| <b>Eligible Population</b>     |                    | 128 |     |
|                                | Unable to contact  |     | -30 |
|                                | Refusals           |     | -12 |
|                                | Uncompleted Survey |     | -3  |
|                                | Lost to follow-up  |     | -23 |
| <b>Consented and Completed</b> |                    | 60  |     |

**Participant Demographics**

A majority of the program participants live alone (85.6%), are low-income individuals (61.8%), and almost half of them consider themselves disabled (48.4%). Participants ranged in age from 45 to 89; 93.0 percent of the participants were aged 60 or older. Table 6 shows the demographics of both the eligible study population and the actual study sample. Their demographics are very similar; therefore results from this study should adequately reflect the entire population utilizing the Medical Escort program during the 2012-2013 sampling timeframe. Although most of the participants are female, White, low-income, and living alone, their proportion in the total population decreased as compared to data from 2010. Median population age decrease from 71 to 69, and median sample age decreased from 68.5 to 68.

**Table 2. Demographics of the Total Eligible Population versus the Final Sample**

|                    | Eligible Population | Sample Population |
|--------------------|---------------------|-------------------|
| <b>N</b>           | 128                 | 60                |
| <b>Median Age</b>  | 69                  | 68                |
| <b>Gender</b>      |                     |                   |
| Male               | 46.0%               | 45.0%             |
| Female             | 54.0%               | 55.0%             |
| <b>Race</b>        |                     |                   |
| White              | 64.6%               | 66.7%             |
| Other              | 35.4%               | 33.3%             |
| <b>Lives Alone</b> | 85.6%               | 86.4%             |
| <b>Low Income</b>  | 61.8%               | 55.0%             |

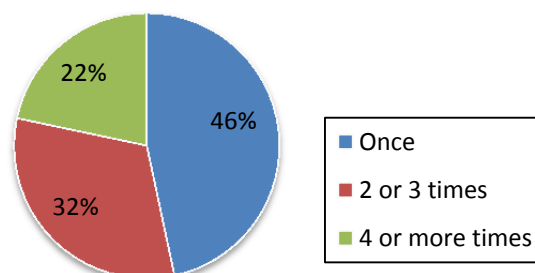
## Survey Results and Analysis

### Experience with the Program

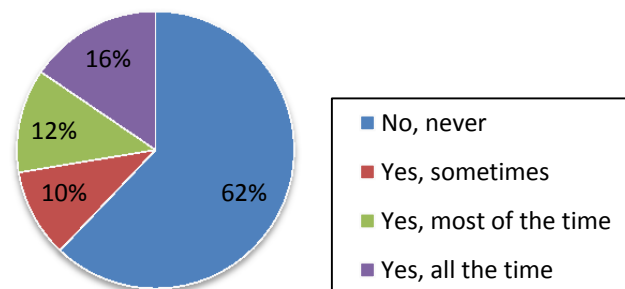
There are some common reasons that program participants used this service. Most of the participants said they used the Medical Escort program because of transportation needs (68.3%), while some participants used the program for emotional support (21.7%), to be checked out of procedure (45%), to navigate buildings (20%), for physical assistance (26.7%), and other reasons, which include write-in answers such as their friends were not available at the time of appointments, Medical escort volunteers are professional, they help recipients understand doctors better, and volunteers can make sure they get home safely.

More than half (53.4%) of the participants have used the Medical Escort program for 2 or more times in the past one and a half years. Figure 7 shows frequencies participants using this program. With respect to whether volunteers arrived for their transportation need on time, 41.7 percent of the participants said their volunteers arrived early, 51.7 percent said they arrived on time, while 6.7 percent reported their volunteers were late or did not show up. Thirty-eight percent of the participants reported that their volunteers continue assisting them in the examination room (see Figure 8).

**Figure 7: Frequencies Participants Using the Medical Escort Program**



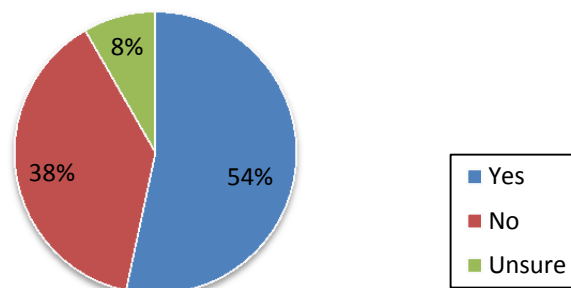
**Figure 8: Frequencies Volunteers Assisting Participants in the Examination Room**



Accessing Health Care

When talking about accessing health care, 53.3 percent of the survey participants reported feeling stress or anxiety when scheduling future medical appointments due to lack of transportation or assistance (Figure 9). Of those who feel stressed when making medical appointments, 87.5 percent felt the transportation or assistance provided by the Medical Escort volunteers helped to relieve their anxiety. This finding is similar to the finding from 2010.

**Figure 9: Whether Participants Feel Stress or Anxiety Scheduling Medical Appointments Due to a Lack of Transportation or Assistance**



When asked how the Medical Escort volunteers helped relieve their stress, 42.9 percent of the recipients who thought the program was helpful mentioned that the volunteers were dependable. Knowing that a volunteer was sure to come and provide assistance greatly reduced recipients' stress. As some recipients stated:

*'The volunteers have been kind; they come over and make sure everything is fine'*

*'Volunteers pick me up and make sure I get home'*

*'[Volunteers] are sure that I get to hospital on time'*

Moreover, 25 percent of the elders said that they need someone to go to medical appointments or pick them up from hospital either because they specifically needed transportation help or the hospital required someone to accompany from procedure. The stress they were feeling was reduced because the medical escort program met this need. Also, 10.7 percent recipients felt their personal privacy was retained, and they did not have to be obligated to friends or family because of this program. The reduced stress and increased independence made it easier for them to focus on treatment.

About 20 percent of the recipients felt more at ease because of Medical Escort volunteers' professionalism. As some recipients said:

*'Those volunteers have been trained, so I feel more comfortable'*

*'Good verbal help. He or she would do all the right things'*

Some recipients (21%) felt it was safe to commute with a volunteer. They mentioned feeling "comfortable", "peace of mind", "worry ceased" when going to medical appointments with Medical Escorts. In addition, 32.1 percent elders said their stress was relieved because of the companionship provided by volunteers and the kindness of the volunteers. Some examples show how recipients felt about the volunteers:

*'[It was] gratifying to have someone to meet and talk to'*

*'The escort helped by sometimes proving their own transportation and accompanying me to my appointment'*

Between 2010 and 2013, however, the proportion of recipients who did not think the volunteers were helpful increased from 2.0 percent to 9.4 percent, while the proportion of recipients who answered "unsure" as to whether the volunteers helped relieve stress decreased from 12.0 percent to 3.1 percent. The increased percentage of recipients who thought the program/volunteer was not helpful was related to the number of who reported that their volunteers did not show up.

Whether or not the program is relieving stress, the program is helping elders get to their appointments. One-third of the participants were not sure and 34.5 percent said "no" when asked if they could get to their appointments without the Medical Escort Program. When asked whether this was due to difficulties scheduling or to actually missing appointments, 60.0 percent said they were unable to schedule their procedure and 47.6 percent said they have missed appointments before they began using the Medical Escort Program. These results highlight the importance of door-through-door and escort services to older adults, especially when they are living alone, disabled, or have low-income.

When asked how the medical experience differed when a Medical Escort was with them at an appointment versus when they have gone alone, 90.4% of the recipients who responded to this

question said that the volunteers enhanced their medical experience. Specifically, 26.9 percent said that the volunteers fulfilled hospital requirement; they could not be released or have the procedure without an escort. Thirty-seven percent recipients mentioned that volunteers helped with appointments, scheduling, and procedure, or volunteers were skilled, knowledgeable, which made them feel at ease. Following are some examples that show how volunteers helped service recipients:

*'Everything is easier. I am legally blind, and I feel nervous, the volunteer could walk with me and make me feel better'*

*'Comforting, I felt my needs were met because they were there to talk to doctor'*

*'She would give me a breakdown of what the doctor had said'*

Other differences recipients brought up were physical and emotional assistance. While 15.4 percent of elders had volunteers help with walking, 42.3 percent received emotional support from Medical Escort volunteers. Many expressed feelings similar to those stated below:

*'More stressful when [I went] alone. When with an escort, I can think more clearly, [have] less anxiety'*

*'[I] feel better, more confident!'*

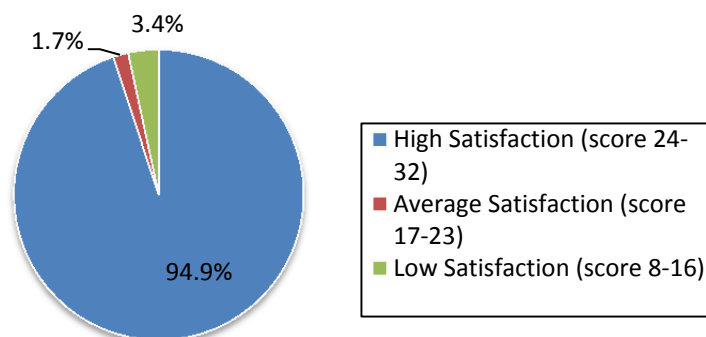
*'I don't go to appointments alone. I am disabled and cannot talk or walk properly. But I felt comfortable and re-assured with the escorts who went to appointments with me'*

Furthermore, 9.6 percent recipients mentioned that going to appointments with an escort made them feel being "watched over" and secure.

### Medical Escort Program Satisfaction

The Customer Satisfaction Questionnaire (CSQ-8) was used to measure participants' satisfaction toward the program, volunteers, and the services they have received. Overall, participants were very satisfied with this program. The average score was 29.7 out of 32. Ninety-five percent of the participants had high satisfaction with their Medical Escort program experience (Figure 10). Specifically, the majority of participants indicated that they get the kind of service they wanted (95.0%), the program met most of their needs (95%), they would recommend the program to a friend (98.3%), the services they received helped them to deal more effectively with their transportation to appointments (96.7%), and they would come back to this program if they need similar assistance in the future (98.3%). Although participants in 2010 already showed high satisfaction with this program, these proportional numbers are even higher than those in 2010. This suggests the quality of services provided by the Medical Escort program have been stable, and recipients had continuously high satisfaction with the services they received from this program.

**Figure 10: Customer Satisfaction Questionnaire Results**



An astounding 82.8 percent of the recipients said that there was nothing they did not like about the Medical Escort program. Still others brought up some problems they came across while receiving services from the program volunteers. The major issue was that 10 percent of the recipients mentioned an experience that their volunteer did not show up at the scheduled time. Second, communication issues between recipients and volunteers occurred occasionally. For example, one recipient reported that the volunteer left her in the middle of the street when going back to check where they were sending her; another recipient said that the volunteer was supposed to call her, but contacted her late, and ended up being a “no-show”. Finally, two recipients complained about the scheduling time-frame stating, for example, that it is hard to schedule an emergency visit when you need to give 1-2 weeks’ notice.

### Suggested Improvements

Recipients were given an opportunity to talk about their comments or suggestions to improve the Medical Escort Program. About one third recipients (32.1%) did not give any comments and more than one third (37.5%) gave positive comments about this program. They described this program as a “pretty nice”, “wonderful”, “excellent”, or “fantastic”, while other recipients said that they appreciated the services they received from the Medical Escort Program. Beside the positive comments, the most common suggestions from recipients were expansion of services, increasing supervision of the volunteers, and improving program outreach. Twenty-three percent of the recipients mentioned recruiting more volunteers who are skilled, responsible, and dependable; increasing service hours, expanding service areas, and raising more financial assistance from the community. Another 12.5 percent of the recipients suggested the supervision of volunteers should be increased. For example, making sure volunteers know where to take the recipients to before they go to pick them up, making sure volunteers contact the recipients and go to appointments on time, as well as making sure volunteers contact recipients in advance to confirm that they are still coming to assist them. The last suggestion was to promote the Medical Escort program services, make the program information more accessible, and let more people know this program by announcing through newspapers, flyers, or other media.



## CHAPTER 4: CONCLUSIONS AND IMPLICATIONS

Findings from the follow-up evaluation of the FriendshipWorks Medical Escort program in 2013 highlighted some changes, improvements, potential problems, and implications for future development. As reported in the 2010 program evaluation report, Medical Escort volunteers provided 520 trips in the previous year; however, from January 2012 to May 2013, the total number of trips provided by volunteers was 372, the average trip provided per week decreased by 48.3 percent. Volunteers who have served six or more recipients decreased from 71 percent to 32 percent, while volunteers who have served three or less recipients increased from 16 percent to 59 percent. This suggests the program has fewer “regular” volunteers than in 2010, but these changes could also be due to the decrease in total service trips or because recipients ask to be matched with a volunteers they used before. Though we find a decrease in total trips, current volunteers reported providing more assistance beyond transportation as compared to report from 2010. Especially on medical care and social support, the percentages of volunteers providing additional assistance grew, suggesting the program is serving a more targeted population.

Demographics of program recipient sample surveyed this year was similar to 2010, but the proportions of female, White, low-income, and living alone recipients were lower, which indicates increased diversity of the recipient population. People used this program mainly for transportation needs, and checking out of procedure. Compared to 78 percent of recipients reported that their volunteers had assisted them into the examination room in 2010, only 38 percent reported so this year. This decrease is partially attributed to the fact that some recipients stated they did not need assistance in the examination room.

Consistent with results from 3 years ago, more than half of the program participants felt stress or anxiety when scheduling medical appointments, or were unable to schedule appointments due to a lack of transportation or assistance. A majority felt that the volunteers helped reduced their stress or anxiety by being dependable, fulfilling hospital requirements, and providing emotional and physical support. Participants’ level of satisfaction was even higher than 2010, however, the problem of no-show volunteer was brought out by program participants several times this year, in contrast to 2010. This suggests a need to revise regulations and supervision around volunteers and the escorting process. The program coordinator may consider calling both volunteers and participants the day before appointments, asking volunteers to fill out a short feedback form after each escort trip, or calling participants in the days following their appointments for feedback.

In addition, some program participants suggested expansion of services areas and time, recruiting more responsible volunteers, and improving program outreach. Some participants mentioned that they really had a good experience with this program, but were unaware of this kind of service until medical staff suggested it; therefore, it is important to promote the Medical Escort program using different methods and make the program information more accessible.

In conclusion, the follow-up evaluation shows that programs volunteers were getting more engaged in assisting people from different ways, and participants’ satisfaction with this program was increasing. Since this program is extremely important for older and disabled adults, more effort should be paid to address current problems and improve program services.

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## Appendix A: Volunteer Survey

### SECTION 1. Types of Assistance

Looking back on 2012 and the types of assistance you may have provided while volunteering as a Medical Escort, please let us know if you have provided the following kinds of assistance: All of the time, most of the time, some of the time, or never. **(Please click on the check box, if you cannot check the box, just change your choices to a different color)**

| <b>Broad Categories:</b>                                  | All of the Time          | Most of the Time         | Some of the Time         | Never                    |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Navigating the Building                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Providing Physical Assistance                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional Support or Reassurance                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Companionship   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Specific Medical Assistance:</b>                       |                          |                          |                          |                          |
| Making sure they are seen on time                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communicating with medical staff on their behalf          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Facilitating communication between the doctor and patient | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accompanying them into the exam room                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making follow-up appointments                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Picking up prescriptions                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Specific Social Assistance:</b>                        |                          |                          |                          |                          |
| Helping them get settled at home                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Running any additional errands                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking them on a social outing                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### SECTION 2. The People We Serve

Q1.) Do you feel the people served by the Medical Escort program are isolated?  Yes  No

**(If yes on Q1)** In your opinion, is the program helping to relieve this isolation?  
 Yes  No  Unsure

Q2.) Do you feel the people served by the Medical Escort program are lonely?  Yes  No

**(If yes on Q2)** In your opinion, is the program helping to relieve loneliness?  
 Yes  No  Unsure

Q3.) Please describe in your own words, the typical Medical Escort recipient served by our program and their level of need for this type of service.

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**SECTION 3. Improving Quality of Care**

Q4.) Do you think that the people you help would be unable to attend their appointments without personal assistance from someone such as a medical escort volunteer?

- Yes                       No                       Unsure

Q5.) In your opinion, do you feel the service you provide is improving quality of care?

- Yes                       No                       Unsure

Q6.) **[ONLY if yes above]** Can you please give me an example of how the Medical Escort program improves quality of care? We appreciate as much detail as you are willing to write.

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**SECTION 4. Volunteer Satisfaction**

Q7.) Overall, how satisfied are you with your Medical Escort volunteer experience?

- 1                       2                       3                       4                       5  
Not at all ←—————→ Very Much/Extremely

Q8.) What do you like **most** about your role as a Medical Escort volunteer?

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Q9.) What do you like **least** about your role as a Medical Escort volunteer?

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Q10.) Do you feel the volunteer training adequately prepared you for your role?  Yes  No

Q11.) Have you ever found yourself assisting a recipient in a way that you were surprised by or that you felt unprepared for?  Yes  No

**(If yes on Q11)** Please describe your experience:

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## Appendix B: Participant Survey

### SECTION 1. Satisfaction with the Program

Thank you for answering some satisfaction questions about the service you received in 2012 with the Medical Escort Program (**Interviewer - Circle only one response**):

|  |                                    |   |   |   |
|--|------------------------------------|---|---|---|
| How would you rate the quality of service you have received through the Medical Escort Program?  | 4<br>Excellent                     | 3<br>Good                               | 2<br>Fair                                 | 1<br>Poor                                 |
| Did you get the kind of service you wanted?  | 1<br>No, definitely not            | 2<br>No, not really                     | 3<br>Yes, generally                       | 4<br>Yes, definitely                      |
| To what extent has our program met your needs?   | 4<br>All of my needs have been met | 3<br>Most of my needs have been met     | 2<br>Only a few of my needs have been met | 1<br>None of my needs have been met       |
| If a friend were in need of similar help, would you recommend our program to him or her?   | 1<br>No, definitely not            | 2<br>No, not really                     | 3<br>Yes, generally                       | 4<br>Yes, definitely                      |
| How satisfied are you with the amount of help you have received?   | 1<br>Quite dissatisfied            | 2<br>Indifferent or mildly dissatisfied | 3<br>Mostly satisfied                     | 4<br>Very satisfied                       |
| Have the services you received helped you to deal more effectively with your transportation to appointments?                           | 4<br>Yes, they helped a great deal | 3<br>Yes, they helped                   | 2<br>No, they really didn't help          | 1<br>No, they seemed to make things worse |
| In an overall, general sense, how satisfied are you with the service you have received as a participant in the Medical Escort Program? | 4<br>Very satisfied                | 3<br>Mostly satisfied                   | 2<br>Indifferent or mildly dissatisfied   | 1<br>Quite dissatisfied                   |
| If you were to seek similar assistance again, would you come back to our program?  | 1<br>No, definitely not            | 2<br>No, I don't think so               | 3<br>Yes, I think so                      | 4<br>Yes, definitely                      |

How often have you used the Medical Escort Program? **Check one:**

Once       Two or Three times       Four or More Times

Did your Medical Escort volunteer(s) arrive for your transportation needs...

Early       On time       Late

Did your Medical Escort volunteer(s) continue assisting you in the examination room?

Yes, All the time       Yes, Most of the time       Yes, Sometimes       No, never

Which of the following are reasons you've used the Medical Escort program and our volunteers? (**Interviewer – read all options, they may pick more than one**).

- Transportation Assistance    Emotional Support    To Check You Out of a Procedure  
 Navigating the Building    Physical Assistance    Other: \_\_\_\_\_

**SECTION 2. Accessing Health Care**

Before you began participating in the Medical Escort Program, did you feel any stress or anxiety when making future medical appointments, because you lacked transportation or assistance to your appointments? **Check one:**

- Yes    No    Not Sure

*[ONLY If yes above]* Do you feel the transportation or assistance provide by the Medical Escort Volunteers helped to relieve your stress or anxiety? **Check one:**

- Yes    No    Not Sure

*[ONLY If yes above]* Can you tell me how the Medical Escort Volunteer(s) helped to relieve your stress? \_\_\_\_\_

If the Medical Escort Program was not available for transportation or assistance to your appointments would you be able to get to them? **Check one:**

- Yes    No    Not Sure

Before using the Medical Escort program, how often were you unable to schedule an appointment or procedure because you lacked the necessary transportation or assistance?

- All of the time    Most of the time    Some of the time    Never

Before using the Medical Escort program, how frequently do you miss scheduled appointments because of unavailable transportation or assistance? **Check one:**

- All of the time    Most of the time    Some of the time    Never

How is your medical experience different when a Medical Escort is with you at an appointment versus when you have gone alone? \_\_\_\_\_

Is there anything you did not like about the Medical Escort Program or your volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any comments or suggestions on ways we can improve the Medical Escort Program?

\_\_\_\_\_  
\_\_\_\_\_