Baseline Comparison Report:

Congregate Housing Services Program (CHSP) and HOPE for Elderly Independence Demonstration Program (HOPE IV)

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The contents of this report are the views of the contractor and do not necessarily reflect the views or policies of the U.S. Department of Housing and Urban Development or the U.S. Government.

Foreword

This study compares the New Congregate Housing Services Program (CHSP) and the HOPE for Elderly Independence Demonstration Program (HOPE IV) at baseline. Both these programs, authorized under the National Affordable Housing Act of 1990, combine rental assistance with case management and supportive services to help low- and very low-income, frail elderly renters enhance their quality of life and remain independent. However, the CHSP is project-based (rather than tenant-based) and serves persons with disabilities in addition to frail elderly.

Both programs appear to be correctly targeted to those at risk of being institutionalized, who are likely to be appropriately served by community-based options. The HOPE IV and CHSP participants are much frailer than non-institutionalized elderly persons in the general population. While the HOPE IV participants are less frail than persons in community based programs for nursing home eligible people or persons in nursing homes, the CHSP participants are somewhat similar to residents of these more restrictive environments. However, the HOPE IV participants are frailer at a younger age than the CHSP participants who have aged in place.

The programs have experienced some start-up problems. The PHAs operating the HOPE IV program continued to have difficulties finding candidates not living in assisted housing (a program requirement) who were sufficiently frail to qualify for the program. Only one-third of the number of people expected to be available to participate in the program were enrolled in the program at the time the baseline survey was conducted two years into the program. The CHSP grantees have not had to struggle to qualify participants, since eligible candidates have aged in place. However, CHSP grantees have faced other start-up problems, such as raising matching funds and getting partnerships in place, and hiring service coordinators. Recruitment problems are likely to recur for both programs, since there is substantial turnover in participants.

Even though most HOPE IV and CHSP participants are considered very frail, with many adverse health conditions, the majority take part in activities and enjoy social contact. Most participants in both programs are satisfied with the services they receive and credit the programs with making it possible for them to live independently.

To assess the impact of the HOPE IV program and the CHSP on key outcomes such as institutionalization and life satisfaction, comparisons on levels of frailty, informal support, and receipt of services will be made in the 24 month follow-up survey.

This research will help the Department develop cost-effective policies that meet the intricate and varied needs of America's growing aged population who need help to live independently outside of institutions.

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EXECUTIVE SUMMARY

INTRODUCTION

The New Congregate Housing Services Program (CHSP) and Hope for Elderly Independence Demonstration Program (HOPE IV) provide supportive services to frail elderly residents of federally assisted housing, with the goal of helping these residents to continue living in the community as long as possible.

This report presents comparisons between these two programs: participating residents' demographic characteristics, functional status and health; supportive services received by participants; and program management and participant satisfaction. The data for these comparisons come from baseline surveys of participating residents, conducted in 1994-1995, as part of ongoing evaluations of these programs.

PROGRAM FEATURES

Both programs provide services to low-income, elderly residents (age 62 or older) who have three or more limitations in instrumental or physical activities of daily living (e.g., household management, personal grooming, and personal care). Both programs provide case management and nonmedical supportive services, including light housekeeping, personal care, meals, and transportation. For both programs, a professionally trained service coordinator works with a volunteer Professional Assessment Committee (PAC) to determine resident eligibility, design a care plan to meet resident needs, link residents to available services, monitor the services received, and periodically reassess resident needs.

Although both programs provide supportive services in combination with housing assistance, they use different approaches. CHSP services are provided to eligible residents of federally assisted congregate housing. The services are project-based and delivered on-site, in the resident's apartment or in the congregate housing location. Most CHSP projects are located in Section 202 or Public Housing Authority housing.

To be eligible for HOPE IV, the person must reside in or be willing to move to rental housing that meets HUD's Section 8 quality standards, but not already be a participant in Section 8 or other housing assistance program. HOPE IV assistance is tenant-based; it combines Section 8 rental assistance with supportive services delivered to scattered sites--the participant's home or other community location.

EVALUATION HIGHLIGHTS

PARTICIPANT DEMOGRAPHIC AND SOCIAL CHARACTERISTICS

- Most CHSP participants have "aged in place" (53 percent have lived in their current location 5 years or more); by contrast, many HOPE IV participants have moved recently (46 percent have lived in their location less than a year), and many of those who have moved reported that they moved because of HOPE IV.

- CHSP participants include a substantial proportion of the very old (39 percent are 85 years of age or older); HOPE IV participants are predominantly younger-old (52 percent are age 62-74).

- Most participating residents in both programs are women, not married, living alone, and white non-Hispanic. They are similar to the overall elderly population in these characteristics.

- Most participants in both programs have frequent contact with family or friends, either in person or by telephone. A minority of them, however, have few social resources.

FUNCTIONAL STATUS AND HEALTH

- Most participating residents in the two programs have three or more limitations in instrumental or physical activities of daily living. In terms of functional status, the programs' participants are frailer than the elderly population as a whole, but less impaired than residents of nursing homes or other more-restrictive environments. Housework and shopping are the areas in which the largest proportion of participants in both programs report needing assistance.

- A number of participants report health problems, especially hypertension and heart trouble. HOPE IV participants appear to have somewhat poorer current health than CHSP participants (more HOPE IV participants report respiratory conditions and having spent one or more days in bed in the past month).

SERVICES

- The majority of residents in both programs receive help with shopping and housework from the program or other sources (another program, family member, or other informal source). Most CHSP participants get congregate meals (a service the programs are required to offer) and transportation.

- Analyses of data for participating residents who report receiving each service from the program or some other source show that about two-thirds of CHSP participants who get housework assistance and congregate meals get them from CHSP, and nearly half of

recipients of home-delivered meals and transportation help get them from CHSP. Among HOPE IV participants, half of those who get help in dressing get that help from HOPE IV, and about one-third of those who get help with housework get it from HOPE IV.

- Many participating residents also get help from other programs and from informal sources. A number of residents get personal care assistance (e.g., assistance in bathing) from home health or other programs, and most of them get family or other informal help in such activities as shopping and managing money.

- The majority of participants in the CHSP and HOPE IV programs pay no fees or less than $25 per month for these services.

- The majority of participants in both programs meet periodically with their service coordinator to discuss service needs; however, one-third of HOPE IV participants report that they never meet with the service coordinator.

CONCLUSIONS AND IMPLICATIONS

- Both CHSP and HOPE IV target their services to the frail elderly with multiple impairments in instrumental or physical activities of daily living; many participants also have health conditions that put them at risk of needing higher levels of care. HOPE IV participants are frailer at a substantially younger age than CHSP participants and report somewhat poorer health. Subsequent evaluation will determine whether these differences result in such differences as greater assistance needs or higher attrition among HOPE IV participants.

- A minority of participants in both programs report fewer than the three functional limitations that are a requirement for eligibility. This may result from several factors: the surveys used resident self-report, which may result in underreporting of limitations; accommodating existing assessment procedures to the program requirements may have resulted in some discrepancies; and other differences between the survey measures and assessment procedures (e.g., use of counts of limitations rather than scores) may account for some of the difference.

- In both programs, most participants have social resources (friends or family members), and many receive assistance from these informal sources and from other programs (e.g., home health programs) as well as from CHSP or HOPE IV. Thus, both programs can be seen as an important part of the support network that helps the frail elderly remain in their homes, but these programs do not have to be the sole source of assistance.

- Many HOPE IV participants had to move recently; service coordinators have had to deal with these moves and related problems and work with participants living in scattered sites around the community. By contrast, most CHSP participants have not experienced the disruption of a recent move, and on-site service coordinators have opportunities for frequent informal contact with residents as well as regularly scheduled meetings. The

evaluations will explore whether these differences in resident situation are related to differences in resident experience and in the ability of service coordinators to monitor needs and services and adapt services to needs.

- Nearly all participating residents report being satisfied with the programs (98 percent of HOPE IV participants, and 90 percent of CHSP participants). This suggests that the services, the interaction with program staff, and other aspects of the programs are helpful to and valued by those who participate in the programs.

1. INTRODUCTION

1.1 Program Features and Comparisons

This report presents comparisons between the new Congregate Housing Services Program (CHSP) and Hope for Elderly Independence Demonstration Program (HOPE IV). Each of these programs provides supportive services for frail elderly persons in federally assisted housing, with the goal of helping them to remain living in the community as long as possible.[1]

The two programs have important common features, as well as differences in organization and service provision. These are briefly summarized here, then discussed in more detail in the report sections that present the comparisons.

Resident Eligibility. Both programs are targeted to residents who are elderly, have significant functional limitations, and have low or very low incomes. To be eligible for either program, candidates must need help with at least 3 activities of daily living (ADLs) and meet income requirements set by the regulations. For HOPE IV, only those age 62 years or older are eligible; for CHSP, both elderly residents and younger persons with disabilities can participate. The ADLs, as defined by HUD, include both instrumental and physical activities of daily living (IADLs and PADLs). The major areas of ADL functioning are household management, transferring (getting in or out of a bed or chair), personal grooming and care, and food preparation. In addition, to be eligible for the HOPE IV program, a candidate must reside in or be willing to move to rental housing that meets HUD's Section 8 quality standards, but not already be a participant in Section 8 or other housing assistance programs.

Services. Both programs provide services to help residents meet functional needs. Services include light housekeeping, personal care, meals, transportation, and other non-medical support.

Both programs provide supportive services in combination with housing assistance, but do this in very different ways. Under CHSP, services are project-based; they are made available to eligible residents of federally assisted congregate housing.[2] All or most services are delivered on-site, either in the resident's apartment or in the congregate housing location. HOPE IV assistance is tenant-based; it combines HUD Section 8 rental assistance with supportive services. Under HOPE IV, services are delivered to scattered sites—the resident's home or other community location.

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[1]Data on the programs and preliminary evaluation findings for each program are presented in *Evaluation of the New Congregate Housing Services Program: Second Interim Report* and *Evaluation of the HOPE for Elderly Independence Demonstration Program: Second Interim Report*.

[2]In addition, frail elderly and persons with disabilities who do not live in the CHSP development, or who live in the development but do not meet CHSP eligibility requirements, can obtain CHSP services by paying full costs, if services are available.

Program Administration. CHSP and HOPE IV share key administrative features. For both, a volunteer Professional Assessment Committee (PAC), made up of medical, social service, and other professionals from the community, has primary responsibility for determining resident eligibility, designing an appropriate plan of care to meet resident needs (in cooperation with the resident and the service coordinator), and periodically reassessing resident needs. The service coordinator's responsibilities include establishing linkages to service sources in the community, working with the PAC to assess resident eligibility and develop care plans for eligible residents, linking participants to available services, and monitoring services received by participants.

Grantees for the HOPE IV Demonstration Program are Public Housing Authorities (PHAs); housing assistance is provided through Section 8 rental assistance. For CHSP, grants were made to a variety of grantees, with different forms of rental assistance. The main grantee housing types for CHSP are PHAs and Section 202 housing; other grantees represent Section 236 housing, Farmers Home Administration (FmHA), and other housing types.

Similarities and differences between the two programs are summarized below.

Comparison Between New CHSP and HOPE IV Programs

Program Features	New CHSP	HOPE IV
Resident eligibility	Elderly with limitations in 3 or more activities of daily living (ADLs); persons with disabilities	Elderly with limitations in 3 or more activities of daily living (ADLs)
Types of services	Nonmedical supportive services; congregate meal program required	Nonmedical supportive services; no meal program required
Service administration	Service coordinator	Service coordinator
Grantees	Variety of types (e.g., Section 202, PHA, FmHA)	Public housing authorities
Housing assistance	Various	Section 8 rental assistance
Housing type	Developments	Scattered sites
Period of program funding	1993-1998[1]	1993-1998
Approximate number of participants by baseline data collection	900 (November 1994)	580 total; 388 interviewed (August 1995)

[1]Funding for this round of grantees ends in 1998; other grantees are funded to 2001.

1.2 Data

The data for the comparisons come from the baseline survey of CHSP participants conducted by Research Triangle Institute and the baseline survey of HOPE IV participants

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conducted by Westat, Inc. The CHSP data were collected in November-December 1994; the HOPE IV data were collected in August 1994 - August 1995, as participants entered the program. Only elderly (age 62 or older) CHSP participants are included in the analyses in this report. More detailed information on the methodology of the studies is presented in Appendix A.

1.3 Presentation

The report presents findings and comparisons for the topic areas listed below. For each topic area, the report includes the basic data in a table or graphic, a summary of key findings, and discussion of the findings.[3]

- Participant characteristics:
  - Social and demographic characteristics: length of time lived in current housing, age, other demographic characteristics, and social resources.
  - Functional status and health: number of limitations in activities of daily living, limitations in specific ADLs, health conditions, and health care utilization.
- Supportive services:
  - Supportive services received by participants, and sources of services.
- CHSP and HOPE IV programs:
  - Resident recruitment and selection, participant fees, experience with service coordination.
  - Satisfaction with the program.

[3]For consistency, tables are shown at the beginning of each section, with graphics presented at the end of the discussion of findings.

2. PARTICIPANT CHARACTERISTICS

2.1 Introduction

To be eligible for the two programs, candidates must meet program requirements for functional status, income, and age. Both programs are targeted to low-income individuals. The elderly (age 62 years or older) are eligible for both programs; younger persons with disabilities are eligible for CHSP but not HOPE IV.

To be eligible, a candidate also must need help with at least 3 activities of daily living (ADLs). The ADLs are defined by HUD and are more inclusive than the standard ADLs used by health professionals and gerontologists. HUD's ADL list includes limitations in several areas: household management (doing housework, shopping, managing money, using the telephone), transferring (getting in or out of a bed or chair), personal grooming and care (washing hair, dressing, getting in or out of a shower or tub, bathing, personal grooming, and using the toilet), and food and eating.

In addition, candidates for participation in the HOPE IV program must reside in or be willing to move to rental housing that meets HUD's Section 8 quality standards, but not already be participating in Section 8 or other housing assistance. As a result, HOPE IV participants are new to assisted housing, whereas most CHSP participants have "aged in place" in assisted housing. HOPE IV participants whose original residences do not meet Section 8 requirements have to relocate. In the CHSP, frail elderly persons and persons with disabilities who do not live in the CHSP development, or who live in the development but do not meet CHSP eligibility requirements, may buy services at full cost, if available.

This section presents data on the characteristics of participants in the CHSP and HOPE IV: length of time in current housing, age, other demographic characteristics, social resources, functional limitations, and health conditions and health care utilization.

As noted in the discussion, participant characteristics reflect several factors, especially the characteristics and needs of frail, older Americans and the effects of the eligibility requirements for the two programs.

2.2 Length of Time Lived in Current Housing

Length of Residence

Time in Housing	CHSP (%)	HOPE IV (%)
More than 10 years	27.3	10.7
5-10 years	26.1	14.0
1-5 years	34.8	29.1
6-12 months	6.7	16.9
Less than 6 months	5.1	29.4
Number of cases[1]	586	385

[1]The number of cases is the total number of program participants for whom data were collected at the baseline.

Findings:

- More CHSP than HOPE IV participants have lived in their current housing for a long period of time; and more HOPE IV participants have made very recent moves.

- Among CHSP participants, 53 percent have lived there for 5 years or longer and only 5 persons have lived there less than 6 months. Among HOPE IV participants, 29 percent have lived there less than 6 months, and 25 percent have lived there 5 years or longer.

Discussion:

- Because of the requirement that housing meet Section 8 housing quality standards, approximately one third of the HOPE IV participants moved to different housing to be eligible for HOPE IV services (these persons had lived in rental housing that did not meet Section 8 requirements or, in some cases, they had owned their own homes).

- Among HOPE IV participants who had lived in their current housing less than a year, about half said they had moved because of HOPE IV; others gave reasons such as closeness to children, safety, or cost (Westat, 1995, p. 2-8--2-9).

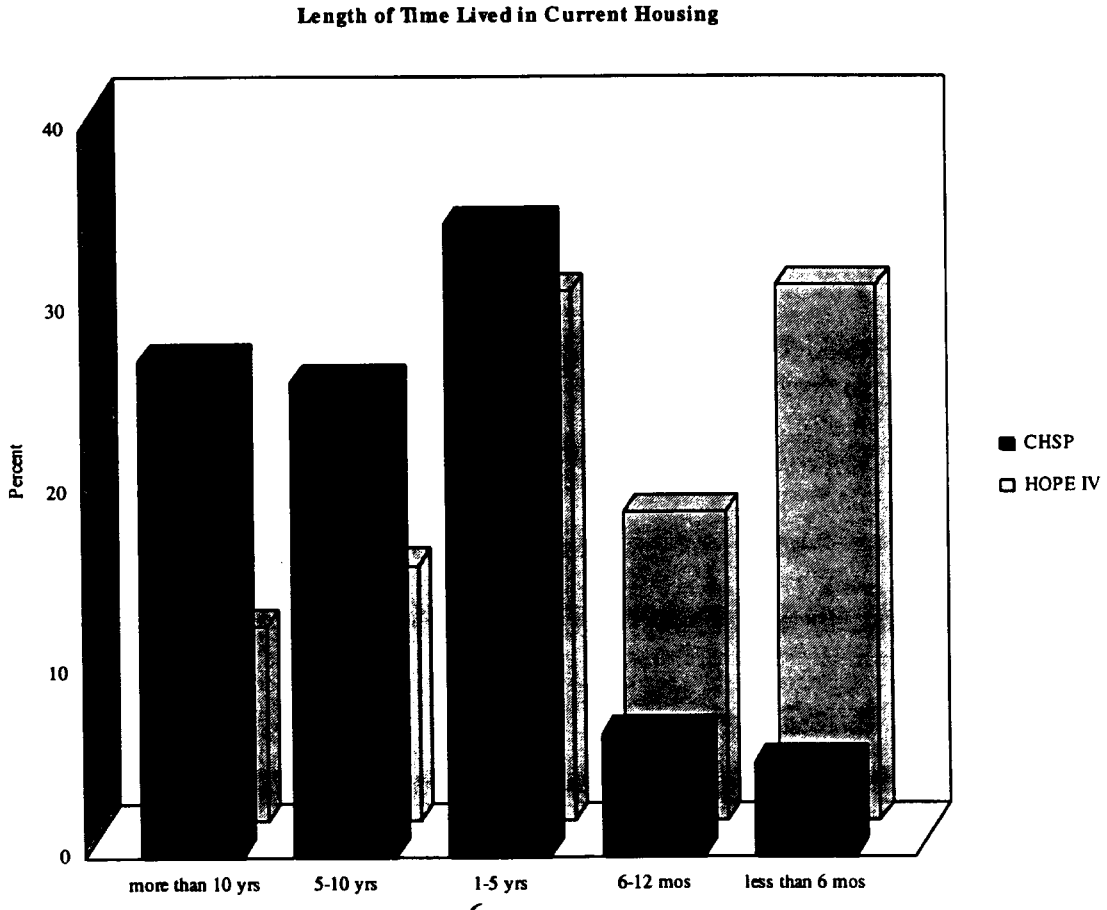
- The differences in length of time in current housing and in the number with recent moves--and the reasons for the moves--in the long term may have important implications for participants and for the programs. Past research shows that the

great majority of older persons prefer to "age in place" in their graph current homes rather than move and that moving can be very traumatic for the elderly (Dobkin, 1993; Kane and Kane, 1987).

CHSP typically allowed services to be added to existing housing arrangements. In many sites, also, residents had some services available before CHSP, and those services generally continued to be available as a supplement or alternative to CHSP. For CHSP participants, then, the transition to the new program involved relatively little disruption. By contrast, many entrants to HOPE IV experienced substantial disruption because of the need to move.

- In addition, interviews with service coordinators in the HOPE IV program found that the large numbers of persons who had to move were disruptive both for the programs because the service coordinator's PHAs were not equipped to handle frail, elderly persons and for residents because they did not want to move from their homes. Locating adequate housing was a substantial barrier to implementation of HOPE IV, as the housing had to meet the needs of the frail elderly (accessibility, safety, and access to community resources), as well as meeting Section 8 standards.

For these reasons, the early experience of the HOPE IV program involved substantial disruption for and demands on both participants and staff. These were not experienced to the same extent in CHSP.



2.3 Participant Age

Age of Participants in New CHSP and HOPE IV

Age	CHSP (%)	HOPE IV (%)
62-74	21.7	51.6
75-84	39.8	33.2
85 +	38.5	15.3
Median age	82 years	74 years
Number of cases	591	386

Findings:

- CHSP participants are concentrated in the oldest age groups; HOPE IV has predominantly younger-old frail residents. This is reflected in the age distributions and the median age of elderly participants in the two programs.

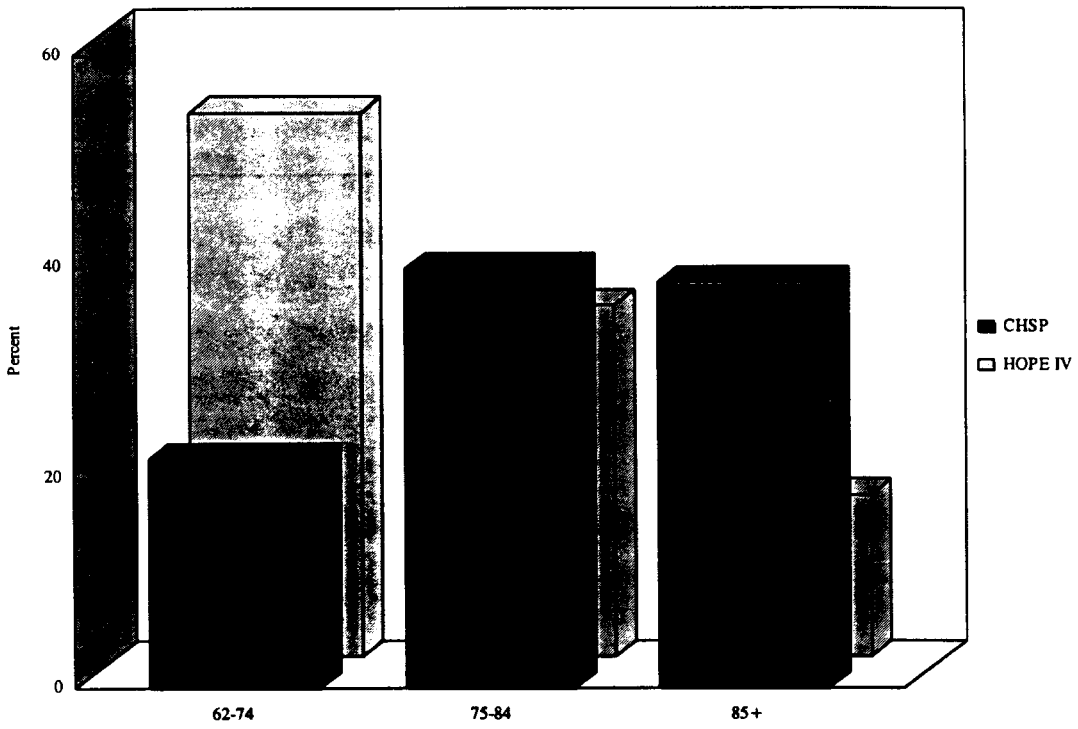
Discussion:

- The age distribution of the CHSP participants is similar to that of the ADL-impaired elderly in the U.S. population; that is, CHSP participants are concentrated among the older elderly.

- HOPE IV participants include a large number who have substantial impairments in functioning at earlier ages.

  The needs of these frail, young-old residents and their ability to continue living independently may be different in important ways from those who have the more typical pattern of increasing frailty with age. This will be explored in the longitudinal CHSP and HOPE IV evaluations.

Participant Age



2.4 Other Demographic Characteristics

Characteristics of New CHSP and HOPE IV Participants

Characteristics	CHSP (%)	HOPE IV (%)
Marital status		
Married	9.8	8.8
Widowed	69.6	61.7
Separated/divorced	11.4	26.4
Never married	9.2	3.1
Living arrangements		
Live alone	87.8	88.0
Gender		
Female	82.7	79.1
Male	17.3	21.0
Race		
White	93.2	96.0
Black	5.9	2.2
Native American	0.5	1.9
Asian/Pacific Islander	0.3	0.0
Ethnicity		
Hispanic[a]	1.7	7.1
Number of cases	588-590[b]	371-386[b]

[a]Hispanic can be of any race.

[b]This table and some subsequent tables give percentages for a set of related questions. Where the number of respondents is very similar for each of the questions, the "number of cases" shown at the bottom of the table is the range of the number of respondents for the questions included in the table. This was done to make the table easier to read and because the small difference in the number of cases does not affect the interpretation of the results.

Findings:

- CHSP and HOPE IV participants are generally similar in demographic characteristics other than age.
- Only a few participants are married (CHSP, 10 percent; HOPE IV, 9 percent).
- Most CHSP and HOPE IV participants live alone (both 88 percent).

- Most participants are women (CHSP, 83 percent; HOPE IV, 79 percent).
- Most participants are white (CHSP, 93 percent; HOPE IV, 96 percent).
- Few participants are Hispanic (CHSP, 2 percent; HOPE IV, 7 percent).

Discussion:

- In terms of these demographic characteristics, the participants in the two programs are similar to the larger population of older Americans. In particular, the large majority are women who live alone, and most are white non-Hispanics.
- Although in the general population the proportion not married or living alone rises with age, it is important to note that the HOPE IV population has the same proportion not married and living alone as the CHSP population, despite the younger age of the HOPE IV group. One implication is that, whereas it might be expected that the younger age of the HOPE IV participants would mean that more have spouses or others living with them who could help them meet daily life needs, this is generally not the case.
- Past research shows both that older age is associated with higher levels of frailty, and that age, high levels of frailty, and living alone are risk factors for needing placement in a nursing home or other restrictive living environment. The data on age and living arrangements of the CHSP and HOPE IV participants indicate they are at risk.

2.5 Social Resources

CHSP and HOPE IV program participants' relationships with family and friends are important to examine for several reasons. Family members, friends, and neighbors are significant sources of help to the frail elderly. They assist with such activities as housework and shopping, provide companionship and social interaction, and may help obtain and monitor formal supportive services. These activities are important for older persons' quality of life and for their ability to continue functioning in their own homes and communities.

In terms of comparisons between CHSP and HOPE IV, it is also important to determine whether program differences, such as scattered-site vs. congregate residence, or length of residence, are related to differences in relationships with family and friends.

This section presents data on family and on friend relationships among CHSP and HOPE IV participants. A later section examines the role of informal providers as sources of help to program participants (Section 3).

Frequency of contact with Family and Friends

Frequency	CHSP (%)	HOPE IV (%)
How often resident speaks with family by telephone		
Daily	38.2	29.4
Several days a week	25.4	14.3
One day a week	15.9	11.9
Less than one day a week, no family, or no telephone	20.5	44.3
Number of cases	579	377
How often resident sees family		
Daily	6.2	18.2
Several days a week	22.0	20.9
One day a week	29.6	17.2
2-3 days a month	16.0	4.8
One day a month or less, or no family	26.2	48.9
Number of cases	582	373
How often resident speaks with friends by telephone		
Daily	33.5	16.5
Several days a week	26.9	6.6
One day a week	13.3	6.4
Less than one day a week, no friends or no telephone	26.3	70.6
Number of cases	565	377
How often resident sees friends		
Daily	33.6	23.3
Several days a week	18.2	10.1
One day a week	11.0	4.8
2-3 days a month	11.4	3.2
One day a month or less, or no friends	25.7	58.7
Number of cases	571	378

[a]There are minor differences in wording between the two surveys. CHSP asked about frequency of contact with relatives or friends as a group; HOPE IV asked about contacts with individuals. For the analyses, the HOPE IV data for individuals were aggregated to give the most frequent contact with one or more individuals in each category (friends or relatives). These are somewhat different from the CHSP numbers, since individuals may visit the resident together rather than separately. Despite this difference, the data give a useful overview of the level of social interaction of participants in these programs.

Findings:

- The majority of participants in both CHSP and HOPE IV have frequent contact with family or friends.

- A minority of participants have little personal contact. About one-quarter of CHSP participants and two-fifths of HOPE IV participants say they see family one day a month or less. In addition, a substantial proportion (59 percent) of HOPE IV participants report seeing friends rarely or never; this proportion is high relative to CHSP participants' frequency of contact with friends and to both groups' frequency of contact with family.

- CHSP and HOPE IV participants have somewhat different patterns of contact with family and friends:

  HOPE IV participants are more likely than CHSP participants to see family more than one day a week (although about an equal proportion see family at least once a week). CHSP participants are more likely than HOPE IV participants to talk to family on the telephone this often.

  CHSP participants are more likely to have frequent contact with friends than are HOPE IV participants--this is true both for in-person and telephone contacts.

Discussion:

- There is a minority of participants who have few social resources. These are likely to be particularly in need of support from CHSP and HOPE IV because they do not have alternative or supplementary sources of informal help.

- Overall, CHSP participants report more interaction with friends (in person or by telephone) than do HOPE IV participants.

  The high levels of interaction with friends among CHSP residents probably reflects the fact that they live in congregate housing, where there are many other older people living nearby. Also, residents have typically lived there for many years and thus have had time to develop friendships. The HOPE IV participants live in scattered-site housing, so they are likely to have a smaller number of other elderly living nearby to become friends with. Although it might be expected that moves associated with entering HOPE IV could reduce interaction with existing friends, the HOPE IV baseline survey data do not suggest this has been the case (Westat, 1995, p. 4-4).

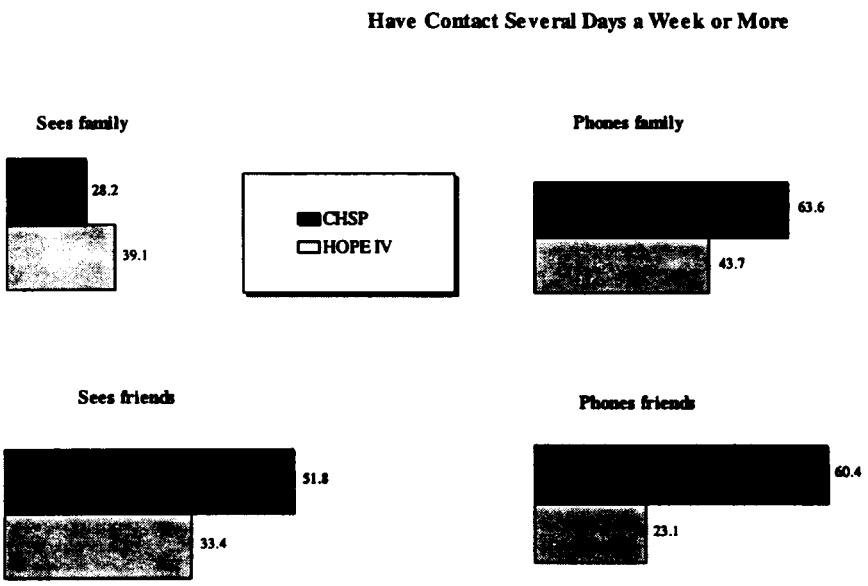
Thus, overall, it appears that the greater involvement with friends among CHSP participants may be primarily attributable to living in congregate housing, where there are many other older residents living nearby and thus a large "pool" of current or potential friends.

- The one contact measure that is higher for the HOPE IV group than the CHSP group is frequency of in-person contact with family: more HOPE IV than CHSP participants see family daily or several times a week, although about an equal proportion of both groups see family at least one day a week. This may in part reflect the period of transition as many HOPE IV participants move and adjust to new housing. Also, some HOPE IV participants reported that they moved to be closer to children, and this may be an additional factor in the larger proportion with frequent contact with family.

  Data on the proportion of residents who get help from informal (mostly family) sources show similar proportions of CHSP and HOPE IV participants receiving informal help with functional needs (see Section 3). Thus, it does not appear that the differences in frequency of family visits are simply a function of between-program differences in receipt of services from family. Later analyses will examine whether the frequency of family visits changes over time for the HOPE IV participants, as they adapt to new housing and continue to receive supportive services from the program.

- It is important to emphasize that the CHSP participants are not isolated from family members: although somewhat less than one-third have in-person visits with family more than once a week, nearly two-thirds talk with family members by telephone this often. For this group, phone calls may be a way of maintaining frequent contact with family members who cannot visit as often.

- For both groups, family and friends can be an important resource--providing the participant with companionship and assistance with life activities and being able to work together with the service coordinator or other program staff to ensure the participant's needs are met.



2.6 Functional Limitations: Number of Limitations in Activities of Daily Living

Under the regulations for both programs, participants are required to have limitations in 3 or more activities of daily living (ADLs). HUD developed a list of ADLs for determining eligibility. This list includes both instrumental and physical ADLs (IADLs and PADLs or ADLs) and is more inclusive than the lists typically used in gerontological research.

HUD's list includes limitations in household management (doing housework, shopping, managing money, and using the telephone, all of which are IADLs), transferring (that is, getting in or out of bed or a chair, a PADL), personal grooming and care (washing hair, dressing, getting in or out of a shower or tub, personal grooming, and using the toilet, all of which are PADLs), and food and eating (preparing meals [IADL] or feeding oneself [PADL]).

This and the following analysis examine the number and types of ADLs reported by participants in the two programs.

Number of ADL Limitations, by Program and Age

Number of ADL limitations	Resident age							
	All Elderly		62-74		75-84		85+	
	CHSP (%)	HOPE IV (%)	CHSP (%)	HOPE IV (%)	CHSP (%)	HOPE IV (%)	CHSP (%)	HOPE IV (%)
0-2	25.6	20.2	33.6	20.6	28.1	19.5	18.4	20.3
3-5	26.4	30.3	28.1	30.2	26.0	31.3	25.9	28.8
6+	48.1	49.5	38.3	49.3	46.0	49.2	55.7	50.9
Number of cases	591	386	128	199	235	128	228	59

[a]Data are based on respondent self-report of ADL limitations. CHSP included a list of 13 ADLs; HOPE IV, which used a telephone survey, excluded "using telephone" from ADL list. Figures for CHSP were re-calculated using the 12-item list to provide comparability with HOPE IV figures.

Findings:

- The majority of program participants have 3 or more ADL limitations.
- Among CHSP participants, the number of ADL limitations is directly related to age. For example, 56 percent of those 85 or older have 6 or more limitations, compared with 38 percent among those 62-74. Among HOPE IV participants, there is little relationship between age and number of impairments (approximately half of the participants in each age group have 6 or more ADL limitations).

Discussion:

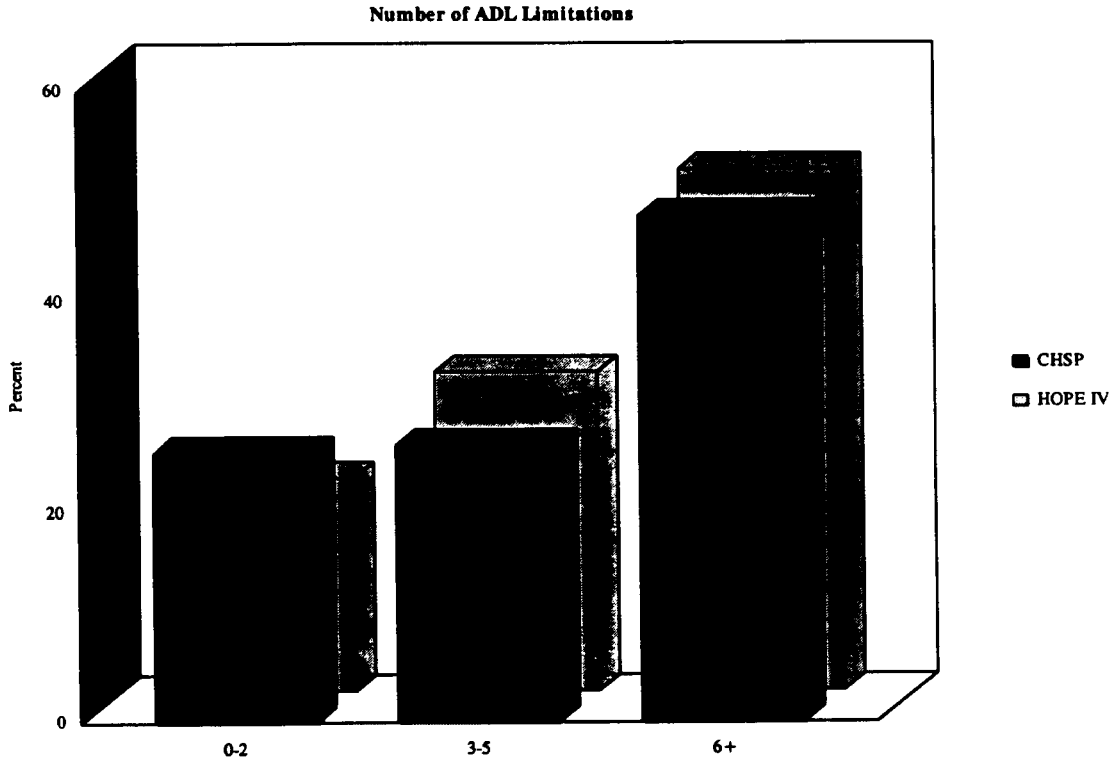
- In terms of functional limitations, participants in both programs are substantially more impaired than the general population of U.S. elderly, but are less impaired than residents of nursing homes (Leon and Lair, 1990). Thus, providing supportive services in combination with HUD-assisted housing helps meet the needs of a group of frail elderly with limited ability to live independently.
- Although participants generally have a high level of ADL impairments, it appears that a minority of participants in both of the programs do not meet the program eligibility requirement of having at least 3 ADL limitations.

  Several factors may help account for this apparent failure to meet regulations. First, the data on ADL impairments come from resident self-assessments, rather than a professional assessment (Rubenstein, Schairer, Weiland, and Kane, 1984). Residents may underreport ADLs for several reasons, including a belief that they

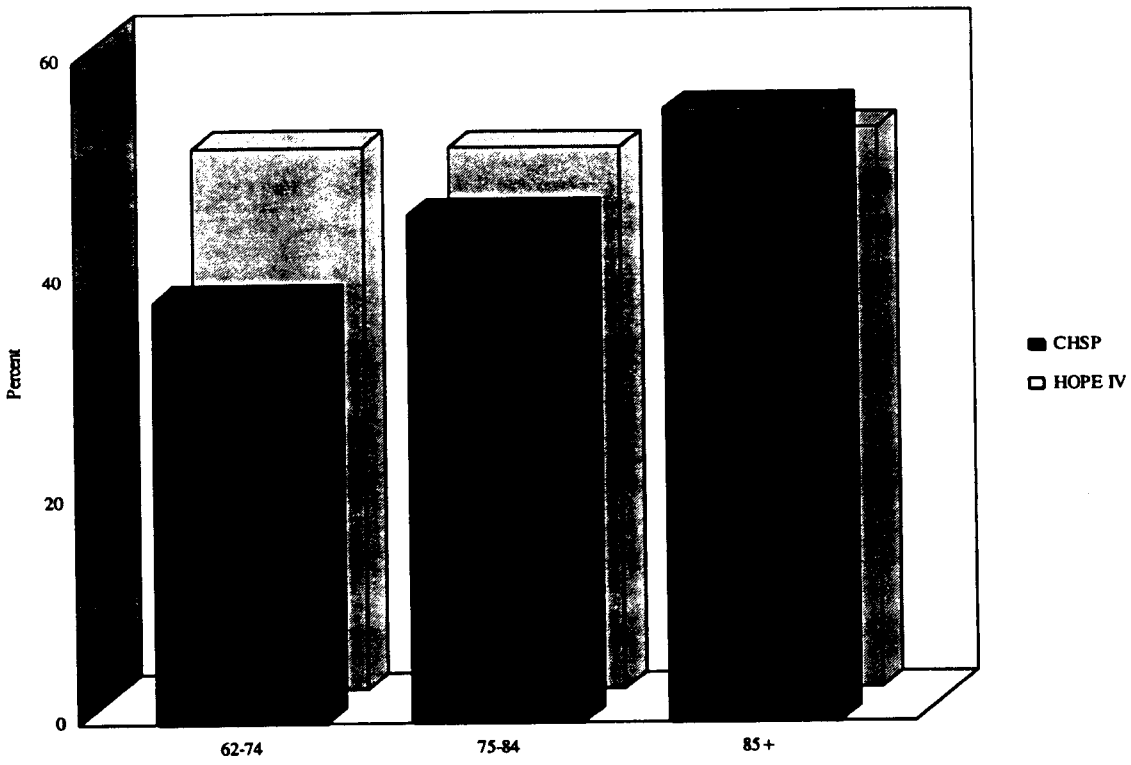
function better than they do (this may happen especially if they have experienced relatively slow decline in their capabilities) or because of fear that admitting frailty could result in being moved to a nursing home or other restrictions on independence.

Second, the ADL assessment procedures used by the sites can also be a factor: a professional assessment may classify a resident as needing assistance if they have difficulty in some parts of an activity, even though a resident may report being able to do the activity; the "mapping" of sites' assessment procedures to the HUD ADL lists may have resulted in some discrepancies; and some assessment procedures using a scoring system different from the counts used in these analyses.

- The CHSP pattern--more ADL impairment at older ages--is typical of a population that has "aged in place" and is consistent with the fact that participants were recruited from an established population of residents of housing developments. The community outreach and recruitment strategies used by HOPE IV resulted in enrolling more people who had relatively high levels of ADL impairments at younger ages. This helps account for the higher proportion of younger participants in the HOPE IV demonstration than in CHSP.



Six or More ADLs, by Age



2.7 Functional Limitations: Limitations in Specific Activities of Daily Living

ADL Limitations

Have some or a lot of difficulty with	CHSP (%)	HOPE IV[a] (%)
Household management		
Housework	80.8	82.7
Shopping	71.6	72.7
Managing money	45.1	29.5
Using telephone	27.1	—[b]
Transferring (getting in/out of bed or chair)	54.3	51.3
Personal grooming and care		
Washing hair	49.2	51.7
Dressing	38.0	42.9
Getting in/out of tub	59.1	72.6
Washing self (bathing)	45.0	41.5
Personal grooming	26.6	28.3
Using toilet	24.2	28.6
Food and eating		
Preparing meals	56.0	52.8
Feeding self	8.8	11.1
Number of cases	578-588[c]	362-386

[a]The HOPE IV questionnaire included a category "Never do [activity]" for most items. For comparability, this category was excluded from the calculations. Additional analyses show that the inclusion or exclusion of this category changes the percentages of persons classified as ADL-impaired by 3 percentage points or less.

[b]Question not asked.

[C]This table and some subsequent tables give percentages for a set of related questions. Where the number of respondents is very similar for each of the questions, the "number of cases" shown at the bottom of the table is the range of the number of respondents for the questions included in the table. This was done to make the table easier to read and because the small difference in the number of cases does not affect the interpretation of the results.

Findings:

- The CHSP and HOPE IV participants have similar types of limitations.

  The majority of persons in both programs have difficulty in household management (housework, shopping), transferring (getting in and out of the tub or shower, getting in and out of bed or a chair), and meal preparation.

  Some persons in both programs also have problems with basic self-care, such as personal grooming, using the toilet, or feeding themselves.[4]

- There are some differences between the two programs: more CHSP participants need assistance in managing money; and more HOPE IV participants need help getting in or out of the shower or tub. The HOPE IV participants may have slightly more need for ADL assistance.

  Overall, however, the similarities between the programs in participant needs are much greater than the differences.

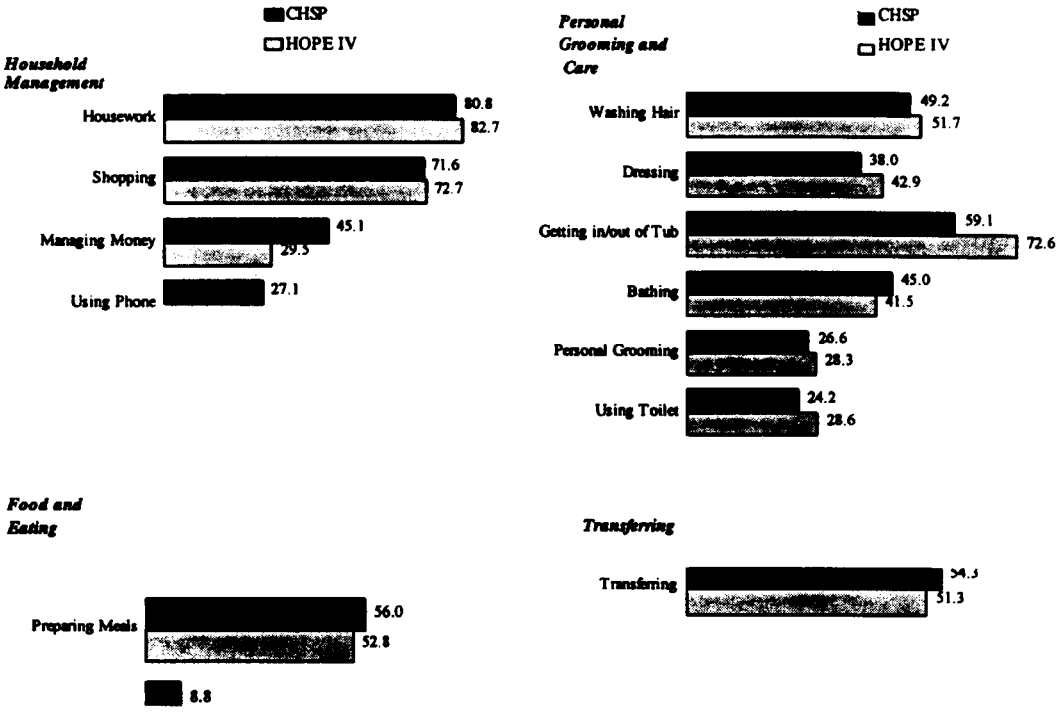
Discussion:

- The two programs are serving populations with similar ADL limitations and needs for supportive services.

- At this stage, participants' assistance needs are mostly in higher-level, instrumental areas (e.g., housework, meal preparation), but a substantial minority already need help with physical activities of daily living (personal grooming, use of the toilet). Over time, as residents become older and develop more functional limitations, the proportions needing assistance with physical ADLs can be expected to increase.

[4]Residents are required to be able to feed themselves or have someone who can assist them with eating. It appears that a few residents in the programs are in the latter group.

ADL Limitations of Participants



2.8 Health Conditions

Many older persons have health conditions that contribute to functional limitations and, in some cases (e.g., residents with diabetes or those who have had serious falls) put them at further risk of needing higher levels of care.

This section examines health status and utilization of health care by participants in the CHSP and HOPE IV programs. These data are important to understanding the range of needs and services participants have, as well as the ways health and nonmedical services can work together to help maintain the frail elderly in their homes.

Health Conditions of CHSP and HOPE IV Participants

Condition	CHSP (%)	HOPE IV (%)
Have health condition:[a]		
Hypertension	48.9	52.6
Heart trouble	39.4	45.5
Diabetes	19.7	18.8
Arteriosclerosis	19.5	14.8
Respiratory condition	19.0	41.8
Effects of a stroke	14.6	18.2
Number of days in bed or chair in past 30 days		
None	77.9	61.2
1-7	12.7	9.4
8 or more	9.4	29.4
Experienced fall during past 12 months and		
Sought medical care	11.5	23.1
Spent 1 or more nights in hospital	5.4	9.1
Number of cases	551-591	386

[a]CHSP respondents were asked if they have the condition currently; HOPE IV respondents were asked if a doctor has told them they had the condition.

Findings:

- CHSP and HOPE IV participants are similar to each other in health status, except that considerably more HOPE IV participants report having respiratory conditions.
- HOPE IV participants' recent health status appears to be poorer than CHSP participants in several areas:

  More HOPE IV than CHSP participants report having respiratory conditions (42 percent vs. 19 percent).

  More HOPE IV participants have spent a number of days confined to a chair or bed in the past month (29 percent of HOPE IV participants spent 8 or more days in bed or chair in the past month compared with 9 percent of CHSP participants).

  More HOPE IV participants experienced serious falls within the past year.

Discussion:

- Although the two groups are similar in their prevalence of most major health conditions, the HOPE IV participants appear to have poorer, current health--as evidenced by their response of a higher prevalence of respiratory conditions and larger number of days in bed.

  These differences may be explained by several factors. For example, poor housing quality may contribute to respiratory problems or falls. Also, it may be that HOPE IV participants have more falls because of living alone and not having services and thus having to perform tasks that exceed their capability. Additionally, it may be that having respiratory conditions (e.g., chronic obstructive pulmonary disease) is an important reason why the HOPE IV participants have high levels of functional impairment at younger ages.

  Over time, the evaluations will assess whether these younger, frail residents have different outcomes from those who have become frail at older ages.

2.9 Health Care Utilization

Use of Health Care by CHSP and HOPE IV Participants

Frequency of Use	CHSP (%)	HOPE IV (%)
Number of doctor visits in past 3 months		
None	19.5	15.0
1-2	45.4	43.5
3-5	25.0	25.9
6 or more	10.0	15.5
Number of times patient in hospital emergency room in past 12 months		
None	57.1	51.2
1-2	34.7	39.1
3 or more	8.2	9.8
Number of hospital stays in past 12 months		
None	63.1	58.3
1	21.2	24.0
2	9.0	10.4
3 or more	6.7	7.3
Number of cases	548-573	379-386

Findings:

- The CHSP and HOPE IV participants are generally similar to each other in their utilization of health services.

- The differences between the two groups are:

  HOPE IV participants report somewhat more visits to doctors' offices or the emergency room.

  HOPE IV participants also are somewhat more likely to have had one or more overnight hospital stays in the past year.

Discussion:

- Overall, CHSP and HOPE IV participants are similar in their use of medical care. This is consistent with their general similarity in functional status and health status.

- At the same time, the data suggest somewhat greater use of both ambulatory and inpatient care by HOPE IV than CHSP participants, consistent with the evidence indicating poorer health of the HOPE IV participants. It also may be that HOPE IV residents had been less likely to secure needed health services before entering the program and had poorer health and greater service needs as a result.

3. SUPPORTIVE SERVICES

3.1 Introduction

Both CHSP and HOPE IV provide nonmedical supportive services to participants. These include a number of services that directly address ADL limitations, such as help with housework, shopping, or other household management, meal preparation, and assistance with a variety of physical ADL needs (bathing, dressing, personal grooming, using the toilet, etc.).

The surveys asked participants about services they receive from CHSP or HOPE IV, other formal programs (e.g., a home health or home chore agency) or informal sources (primarily family members, but in some cases friends or neighbors).

This section presents findings on the proportion of program participants who receive help with meeting different functional needs and the sources from which they receive that assistance.

3.2 Program Participants' Receipt of Supportive Services

Services Received by CHSP and HOPE IV Participants

Services	CHSP (%)	HOPE IV (%)
ADL Support Services		
Household management		
Light housework	82.4	71.5
Shopping	64.8	64.6
Managing money	39.6	21.8
Transferring		
Getting in/out of chair/bed	7.8	8.1
Personal grooming and care		
Washing hair	41.1	36.0
Getting dressed	12.7	12.7
Getting in/out of shower/tub	32.7	28.7
Washing self (bathing)	30.3	22.8
Personal grooming	14.0	11.7
Using toilet	4.7	2.9
Food and eating		
Congregate meals	72.5	16.1
Home-delivered meals	29.3	41.2
Preparing light meals	27.9	5.3
Feeding participants	3.2	2.6
Other Services		
Transportation	66.7	45.3
In-home health care	34.6	30.8
Number of cases	591	386

Findings:

- The services used by the largest proportion of participants in the programs are housekeeping, shopping, and, for CHSP participants, congregate meals and transportation.

- Smaller but still substantial proportions of participants receive help with personal care (e.g., help with hair washing, bathing) and meals. CHSP participants appear somewhat more likely than HOPE IV participants to receive help with personal care, although the differences are relatively small.

- For most services examined, the proportion of participants who receive services is similar for both programs.

- For a smaller number of services, there are marked differences between the programs. In particular, CHSP participants are much more likely than HOPE IV participants to receive congregate meals, and somewhat less likely to receive home-delivered meals. They also are more likely to get transportation and appear somewhat more likely to get help with managing money.

Discussion:

- The similarity between participants in the two programs in the levels and patterns of services is consistent with evidence presented earlier, which shows that they have similar levels of frailty and ADL impairments.

  For the most part, the participants need help with household management and other instrumental activities of daily living.

  Smaller proportions--about one-fourth to one-half of participants--report having difficulty doing a variety of personal care or other functions without assistance.

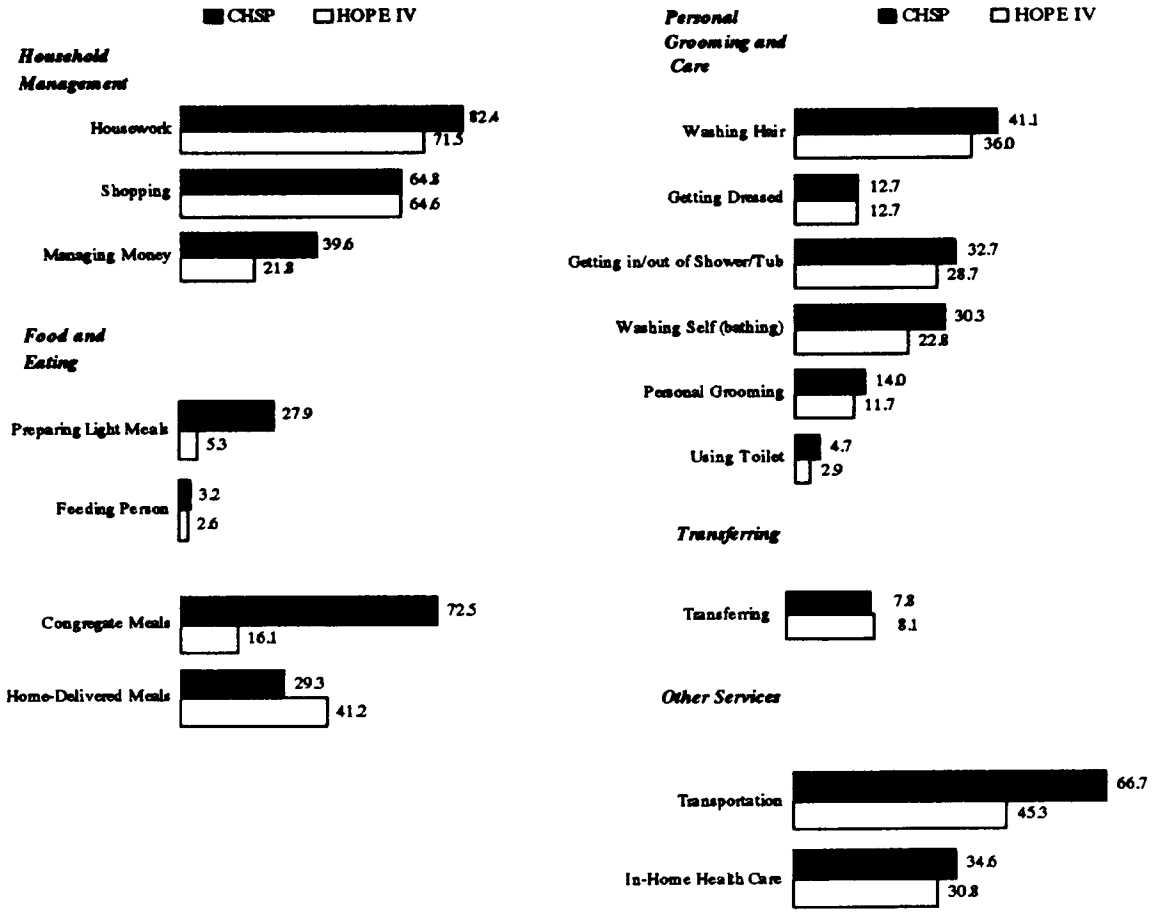
- Based on the comparison of the proportions of participants who receive help with the proportions of those who report having difficulty in carrying out each function, it appears that, even though help is needed, some participants manage to carry out the function without assistance.

- The differences in services received reflect differences between the two programs.

  CHSP is offered in congregate housing, whereas HOPE IV is provided to people living in sites scattered throughout the community within the PHA area. And all CHSP sites must offer congregate meals for participating residents. These program differences are consistent with the large difference between the two programs in congregate meal use.

Transportation also is more commonly and easily provided to residents of congregate housing. Many places have a van or other transportation that is either provided by the housing development or by another community agency.

Services Received



3.3 Sources of Supportive Services Used by Participants

Formal and Informal Sources of Services

Service[a]	CHSP[b]				HOPE IV			
	CHSP	Other Program	Informal	No. of Cases	HOPE IV	Other Program	Informal	No. of Cases
ADL Support Services								
Household management								
Light housework	70.0	27.5	12.7	487	35.9	51.5	12.6	274
Shopping	18.0	22.2	75.2	383	11.0	23.3	65.7	246
Managing money	8.1	6.8	89.3	234	1.3	8.8	90.0	80
Transferring								
Getting in/out of chair/bed	30.4	32.6	67.4	46	0.0	27.6	72.4	31
Personal grooming and care								
Washing hair	20.2	32.5	51.9	243	9.6	38.2	52.2	138
Getting dressed	20.0	48.0	45.3	75	55.1	0.0	44.9	49
Getting in/out of shower/tub	33.7	52.3	20.7	193	0.0	76.9	23.1	104
Washing self (bathing)	30.7	53.1	17.3	179	13.8	69.0	17.2	87
Personal grooming	38.6	44.6	37.3	83	13.3	46.7	40.0	45
Using toilet	17.9	39.3	53.6	28	0.0	54.5	45.5	11
Food and eating								
Congregate meals	65.2	37.1	6.5	428	NA[c]	NA	NA	NA
Home-delivered meals	47.4	45.7	15.0	173	NA	NA	NA	NA
Preparing light meals	39.4	34.5	44.2	165	10.0	25.0	65.0	20
Feeding person	26.3	21.1	73.7	19	0.0	22.2	77.8	10
Other Services								
Transportation	46.4	35.4	42.0	393	NA	NA	NA	NA
In-home health care	18.7	78.3	10.8	203	NA	NA	NA	NA

[a]Formal services are ones provided by CHSP, HOPE IV or another program. Informal services are ones provided by family members, friends, neighbors, or some other non-program source (e.g., having the person's hair washed by a hairdresser).

[b]CHSP participants were asked to indicate all sources of services; totals may add to more than 100 percent, since some participants receive similar assistance from more than one source. HOPE IV participants were asked, for each service received from a person, who provides the service and what relationship that person has to the respondent. One source was coded for each service, so the sources of assistance add to 100 percent.

[c]NA: Information on the source from which HOPE IV participants received these services was not obtained in the HOPE IV baseline survey.

Findings:

- Some services—particularly housekeeping and assistance in bathing--are provided primarily by service programs; relatively few participants in either program report that they get this kind of help from family members, friends, or neighbors, or other informal arrangements.

- Other kinds of assistance—shopping and managing money--are mostly received from sources other than formal programs. Similarly, the few participants who need someone to feed them generally get this help from a source other than a formal program.[6]

- In general, the patterns of sources of help (indicated by the proportions who report formal and informal sources for each functional area) are similar for participants in the two programs.

- For participants in CHSP, that program is a major source of formal assistance for housework and congregate meals, and it is one of several programs that provides such assistance as transportation and home-delivered meals.

  Other programs, such as home health programs, provide personal grooming and care to more CHSP participants than does CHSP itself.

- A number of HOPE IV participants receive assistance from other programs (e.g., home health), rather than HOPE IV itself. The services most likely to be received from HOPE IV are help in dressing and in housekeeping. The CHSP participants report slightly higher utilization of several kinds of personal care assistance, even though analyses of ADL data (Section 2) indicate that somewhat more HOPE IV participants have impairments in these areas.

Discussion:

- The "division of labor" between formal programs and families or other providers is consistent with more general national patterns.

  Personal and household management functions, such as managing money, shopping, and running errands, are generally done by families--because they involve areas that are seen as private ones (financial matters) or match established visiting and helping patterns (shopping, errands).

  Housekeeping assistance can be obtained from CHSP, HOPE IV, or home chore agencies and other formal service providers. If a person receives skilled services and housekeeping is included as part of a doctor-approved plan of care, it may be reimbursable under Medicare or Medicaid.

  The availability of housekeeping services and the fact that formal programs may be able to provide this service at relatively low cost (or for free) means that getting housekeeping help from a program is an alternative or adjunct to

[6]The fact that feeding a frail, elderly person is generally done by a family member or other non-program source is consistent with the view that a person who needs this level of help needs a more intensive level of care and housing. This view is reflected in the program regulations, which require that, to be eligible for the programs, a person who needs help in eating foods must have a family member or other person to assist.

housekeeping assistance from family members. Use of formal service providers is likely to increase as more children of these residents are in the paid labor force or have other demands on their time.

Traditionally, personal care (e.g., help in bathing or dressing) has traditionally been provided by families, but this can be a physically demanding service, as well as one that has to be provided frequently or on-demand. Personal care assistance is provided by home health aides working for home health agencies. It can be reimbursable under Medicare or Medicaid if it is included as part of an individual's doctor-prescribed plan of care. CHSP and HOPE IV participants receive personal-care assistance from both home health agencies (or other community agencies) and CHSP or HOPE IV.

- Substantial proportions of CHSP participants get housekeeping services, congregate meals, and transportation from CHSP, rather than from other programs.

  This is consistent with program regulations, intent, and logistics. All CHSP sites must offer congregate meals to program participants. Also, the congregate housing setting makes it relatively cost-efficient to provide housekeeping and transportation.

- The baseline data for HOPE IV were collected close to the time when participants entered that program; in some cases, this was before they began receiving many HOPE IV services.

  Housekeeping is one of the HOPE IV services received by most participants and also is the service most CHSP participants receive from the CHSP program. For both groups, housekeeping appears to be a service that is well-defined, relatively simple to deliver, and valuable to participants.

  Later in the evaluations, after a longer period of HOPE IV participation, it will be possible to examine participants' use of HOPE IV and other sources and to compare HOPE IV with CHSP in terms of each program's role as a provider of key supportive services to participants.

4. THE CHSP AND HOPE IV PROGRAMS

4.1 Introduction

The recruitment and selection of participants is a very important program function. It is a particularly visible and demanding task in the program start-up period, as the programs seek to enroll eligible participants and bring services to them. Later, these functions will continue to be important, as elderly participants die, move to nursing homes, drop out of the programs, or leave for other reasons.

Participant recruitment was different in a number of important ways for the two programs. CHSP was able to recruit largely from residents already living in the housing development, and many of the developments had housing managers, service staff or others who knew residents and their needs. For HOPE IV, it was necessary to identify potentially eligible residents living in the community, determine their eligibility, and, in many cases, arrange for both housing and supportive services.

At the same time, despite the differences between the two programs, both programs are committed to recruiting broadly, actively involving participants in making decisions about services, and making the application process as easy as possible for candidates.

Resident fees are also an important issue relative to program participation and experience. Both programs require residents to pay fees for the services they receive, up to a maximum of 20 percent of adjusted income. There is no sliding scale for fees, although fees can be waived for residents who have no income. There has been a concern that fees would be a barrier to participation, and thus there is an interest in data on the fees paid by residents.

Data in this section examine the process of learning about the programs and the experience of applying and joining the programs. It also includes data on fees paid by residents who participate in the programs.

Following this, data are presented on the role of service coordinators and on satisfaction with the CHSP and HOPE IV programs.

4.2 Participant Recruitment and Selection: Main Sources of Information about Program

Sources from Which Participants Learned about Program

Sources	CHSP (%)	HOPE IV (%)
Staff of program, building, or housing authority	69.1	23.3
Community agency (e.g., Area Agency on Aging)	16.4	24.4
Informal source (friend, relative, place of worship)	8.3	27.6
Newspaper or brochure	3.2	6.2
Other source	3.0	18.5
Number of cases	663	373

Findings:

- Participants learned about CHSP and HOPE IV from a variety of sources--staff of the program, building or housing authority; another community agency; informal sources (e.g., a friend or relative); or, especially for HOPE IV, other sources such as a doctor or hospital discharge planner.

- Written sources (e.g., newspaper or brochure) were not a primary means of information for participants in either program.

- Most CHSP participants learned about the program from a CHSP staff member or their housing development. For HOPE IV participants, other formal sources (the Area Agency on Aging or other community agency) or informal sources (e.g., friend or relative) were about equally important.

Discussion:

- Many programs prepare and distribute written materials for recruiting participants. These materials may be useful for some purposes (for instance, getting information to others who may communicate with potential participants, or to provide additional detailed information). However, these materials need to be seen as secondary to in-person contacts by program/building/agency staff or others.

- Differences between the two programs in participants' sources of information are consistent with differences in program settings and recruitment.

Many CHSP program and building staff are aware of residents' needs because of residents' long tenure and the frequent interaction possible in a congregate housing setting. Also, staff can readily access residents--through informal interactions, group meetings, or special outreach to more isolated residents.

By contrast, HOPE IV recruited people who were in dispersed locations and not necessarily known to program staff--the importance of other community agencies and informal sources reflects the operation of a strategy designed for use under these conditions.

4.3 Participant Experience with Application Process

Experience of CHSP and HOPE IV Participants with Application Process

Experience	CHSP[a] (%)	HOPE IV[c] (%)
Financial information was easy to provide or not required	98.3	91.9
Program was explained clearly	87.2	92.0
Process of determining need for assistance was not complicated or required	80.9	76.9
Resident participated actively in deciding on program services to receive	70.7	81.2
Number of cases	515-519[b]	375-382

[a]Residents were asked about each component of the application and selection process. For each component, a response category of "did not participate" or "was not required" was included. This has been grouped with other responses in this table.

[b]These questions were asked only of respondents who could reply for themselves; they were not asked in proxy interviews. The table thus reflects the residents' own perception of the process.

[c]The HOPE IV questionnaires included a "not applicable" category. For comparison with CHSP, this was grouped with responses as follows: financial information was easy to provide; program was explained clearly; need determination process was not anticipated or required; resident did not actively participate in selecting sources.

Findings:

- The responses of most participants in both programs indicate that the application process was not difficult for them: the program was explained clearly, and it was not difficult to provide the information needed for determining eligibility.

- Some residents reported not being actively involved in the process of selecting the services.

Discussion:

- Participants' responses indicate that--at least for those who applied for and were accepted into the programs--the application process was not a difficult or demanding one.

- Programs may need to make additional efforts to involve residents in selecting the services they receive from the program.

4.4 Participant Fees Paid Per Month for Services

Level of Monthly Fees Paid by CHSP and HOPE IV Participants

Fees	CHSP (%)	HOPE IV[a] (%)
Do not pay	26.7	38.2
$1-25	33.6	38.5
$26-50	15.7	12.2
More than $50	23.9	11.1
Number of cases	535	353

[a]The HOPE IV figures include fees for all services from HOPE and other sources (rent is excluded).

Findings:

- A number of program participants pay no fees for CHSP or HOPE IV services, or pay very low fees: 60 percent of CHSP participants and 77 percent of HOPE IV participants say they pay $25 or less per month for services from the programs.

- It appears that CHSP participants pay somewhat higher fees than HOPE IV participants.

- Nearly all participants believe that those who can afford it should have to pay something for services from these programs: 92 percent of CHSP and 97 percent of HOPE IV participants.

Discussion:

- The fees paid by participating residents in these programs appear somewhat low, in view of program regulations requiring payment of 10 percent to 20 percent of adjusted income in fees; having no sliding scale; and waivering fees only for residents whose adjusted income is zero.

- At the same time, participating residents agree with the view that people who can pay for services should pay something for them.

4.5 Service Coordination

Both programs place special emphasis on service coordination and employ professionally trained staff with time specifically committed to this activity. The service coordinator is responsible for such activities as helping assess care needs and develop care plans (working with the professional assessment committee), establishing linkages with agencies and service providers in the community, linking individual participants' to providers of services that meet their needs, and monitoring care plans to ensure that participants needs are met.

The two programs differ in organizational structure and operation. Because CHSP serves residents of congregate housing, service coordinators can work with residents on site and have the opportunity for frequent informal interaction to work with residents and monitor their care needs and services. HOPE IV, with its scattered site organization, requires service coordinators to work with clients who live in housing located in a large geographic area. In addition, the HOPE IV evaluation found that service coordinators became heavily burdened with unanticipated functions and greater-than-anticipated demands early in the program, as they sought to locate eligible community residents, recruit them, and help find housing and services.

From the resident's perspective, the service coordinator is the key program staff member and contact point and may represent the whole program in the resident's mind. Data from the surveys of participating residents provide their perspective on the work of the service coordinator.

Interaction with Service Coordinator

Frequency of Interaction	CHSP (%)	HOPE IV (%)
See service coordinator and discuss service needs:		
One day a week or more	10.6	8.3
Less than 1 day a week	74.8	58.0
Never	14.6	33.7
Number of cases	567	386

[a]The CHSP evaluation asked about all contact with service coordinators and about meetings to discuss service needs. The HOPE IV evaluation asked how often participants see their service coordinator. Because CHSP's congregate setting results in frequent informal interactions, this table compares the frequency of HOPE IV contact with the service coordinator with the frequency of CHSP meetings to discuss service needs.

Findings:

- Most participating residents meet with their service coordinator to discuss service needs periodically: a few meet with the service coordinator as often as once a week, though most meet less often than that.

- A minority (15 percent of CHSP participants and 34 percent of HOPE IV participants) say they never meet with their service coordinator.

- CHSP participants are much more likely to see their service coordinator often--informally or formally--than are HOPE IV participants: 63 percent of CHSP participants see their service coordinator at least weekly (though only 11 percent meet this often to discuss service needs), compared with 8 percent of HOPE IV residents.

Discussion:

- Most residents receive service coordination, as required by the programs.

- Some residents--especially in HOPE IV--report not getting service coordination. In some cases, this may be because the participants recently entered the program and have not yet had periodic meetings with the coordinator. Also, some participants may not realize that the person they are meeting with is the service coordinator. If there are instances in which participants are not receiving any service coordination, these need to be remedied.

- Frequent, informal contact allows service coordinators to monitor participant status and needs, see that services are being delivered appropriately and are helpful, and get early warning if residents are becoming increasingly frail or experiencing important life changes. This kind of informal contact is more common in CHSP than in HOPE IV. It will be important to determine whether this results in differences between the program in such areas as monitoring of resident needs, quality control for services, and tailoring of services to changing resident needs.

5. PARTICIPANT SATISFACTION

5.1 Participant Satisfaction with Program

Participant satisfaction with the programs provides a global measure of program quality and impact as perceived by the people the program directly serves. The participant data shown here represent the level of satisfaction at the baseline survey. Especially for HOPE IV participants, the baseline data were collected very close to the time they entered the program, and thus represents the early experience with the program and its services. [Because of the schedule of baseline CHSP data collection, more CHSP participants had been in the program for a longer period at the time these data were collected.]

Satisfaction with Program

Level of Satisfaction	CHSP (%)	HOPE IV (%)
Very satisfied	69.9	86.4
Somewhat satisfied	19.8	12.3
Neither satisfied nor dissatisfied	7.6	1.1
Somewhat dissatisfied	2.3	0.0
Very dissatisfied	0.4	0.3
No. of cases[a]	471	374

[a]Only residents who could answer questions for themselves were asked these questions; information from questionnaires completed by a proxy respondent is not included in this table.

Findings:

- The majority of participants in both programs say they are satisfied with the program: 90 percent of CHSP participants, and 98 percent of HOPE IV participants.
- Almost none of the participants say they are dissatisfied with the programs.
- CHSP participants appear somewhat less satisfied than HOPE IV participants--fewer say they are "very satisfied" and more say they are "neither satisfied nor dissatisfied".

Discussion:

- The responses indicate that these programs are seen as satisfactory by the participants.

- The somewhat higher apparent satisfaction with HOPE IV than with CHSP may result from high selectivity of participants or commitment to the program by HOPE IV participants, many of whom have to move to get services and do not get services from other sources. By contrast, for CHSP participants, the program may add or replace services they get from other sources. The CHSP participants may have other service sources and experience, and less investment in the program than the HOPE IV participants.

- Even though there are some differences between the two programs, participant satisfaction is very high for both.

5.2 Participant Satisfaction with Supportive Services

Satisfaction with Services Received

Service[a]	CHSP (%)	HOPE IV (%)
Housework	86.3 (487)[b]	95.1 (305)
Congregate meals	80.5 (428)	89.8 (59)
Transportation	94.3 (393)	89.9 (169)
In-home health care	96.4 (203)	95.6 (114)
Home-delivered meals	80.9 (173)	90.4 (156)
Personal grooming	95.0 (83)	97.6 (84)

[a]There is a small difference between the surveys in the question about satisfaction with services: the HOPE IV question asks only about services participants receive from HOPE IV or other providers, whereas the CHSP question asks about all services CHSP participants receive to help them carry out ADLs (including services from informal sources).

[b]Numbers of cases are given in parentheses. The numbers of cases for HOPE IV participants do not exactly match the numbers of cases for the tabulations of sources from which they receive assistance because the questions about satisfaction with services was asked in a different section of the questionnaire.

Findings:

- The large majority (80 percent or more) of participants in CHSP and HOPE IV say they are satisfied with the specific services they receive.

- It appears that somewhat more HOPE IV participants who get meal services (congregate meals or home-delivered meals) are satisfied with these than are CHSP meal participants (approximately 90 percent vs. 80 percent satisfied). It also appears that somewhat more HOPE IV than CHSP participants are satisfied with housekeeping (95 percent vs. 86 percent).

- Other differences are small (on the order of 5 percentage points or less) and, overall, the data present a picture of high levels of participant satisfaction with the services received from the programs.

Discussion:

- Both programs are delivering services that are satisfactory to the residents who receive those services.

- CHSP participants appear to be somewhat more critical of the services they receive from the program than are HOPE IV participants. This may be because CHSP participants are more likely to live in an environment where services are available from a wider variety of sources or to have prior experience with services provided by other sources. This may result in their being more critical service users.

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