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# **The Program for a Second Shift in Day Care Centers for Older Adults (Ofek Centers) Formative and Summative Evaluation**

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# Abstract

## Background

The National Insurance Institute's Fund for Development of Long-Term Care Services initiated a pilot program for the implementation of a second shift in day care centers for older adults (Ofek Centers; hereinafter: the centers) (hereinafter: the program). The goals of the program were: to offer a community-based solution in the afternoon hours in response to the needs of older adults with functional limitations; to put to better use the centers' facilities; and to expand the involvement of volunteers. The program was implemented in collaboration with the Ministry of Welfare and Social Affairs and various NGOs in 2018-2021 in four centers in four local authorities across Israel: Bat Yam, Nof Hagalil, Pardes Hanna-Karkur, and Tel Aviv-Yafo.

The Myers-JDC-Brookdale Institute won the tender issued by the National Insurance Institute's Fund for Development of Long-Term Care Services for conducting a formative and summative evaluation of the program. The present report focuses on the findings of the summative evaluation and is based on the findings of interviews conducted in 2021, toward the end of the program, as well as on administrative data provided by the centers and by the National Insurance Institute.

## Study Goals

1. To document the number of older adults who took part in the program as well as the content of the activities in which they participated.
2. To characterize the program participants according to socio-demographic characteristics, level of functioning, health status, and the nature of their social ties.
3. To analyze organizational processes related to the implementation of the program.
4. To learn about the value of the program, in particular, and the centers, in general, for older adults and their family members and about their satisfaction with the program and the centers, in general.
5. To examine the impact of the program on the operation of the centers in the morning hours (hereinafter: the first shift).
6. To evaluate the economic feasibility of the program.

## Study Methods

The study population included frail older adults who visited the centers (those eligible for long-term care benefits for whom supervision is not required as well as those ineligible for long-term care benefits who were referred by the social services departments), their family members, and officials and professionals involved in the program.

The present evaluation study used both quantitative and qualitative research methods, including the following:

- **Interviews with older adults who visited the centers**, conducted in three rounds: at the end of the first year and at the end of the second year of the program implementation – for the purpose of formative evaluation; and at the end of the third year – for the purpose of summative evaluation. Altogether, 449 interviews were conducted with the program participants and with nonparticipating older adults (those who visited the centers during the first shift).
- **Interviews with family members of older adults who visited the centers**. At the end of the third year of the program implementation, interviews were conducted with 101 family members of older adults who participated in the program as well as of nonparticipating older adults.
- **Interviews with officials and professionals involved in the program**, conducted in three rounds: six months following the launching of the program and a year later – for the purpose of formative evaluation; and toward the end of the third year of the program implementation – for the purpose of summative evaluation. Altogether, 22 interviews were conducted.
- **Analysis of administrative data** of the centers related to the number of visitors in each of the centers, the number of program participants, the program activities, the program human resources, and economic data.

## Key Findings

- The implementation of the program allowed more older adults to join the centers, especially those for whom the afternoon hours were more convenient (due to other matters they had to attend to, or other activities they engaged in, or the at-home care they received in the morning hours).
- At the end of the second year of the program implementation, the number of the program participants reached 106. Their number dropped significantly following the COVID-19 pandemic.
- The activity in small groups allowed the instructors to personally attend to each of the participants and thus enhance their sense of belonging to both the center and the group. Accordingly, most of the program participants reported that they met or maintained phone contact with other participants even outside the Center activity hours.

- Highest participation rates were found in the following program activities: lectures, physical activity and fitness classes, and music playing and sing-along sessions.
- The program alleviated the loneliness of the participants and enriched their lives.
- The program eased the burden on family members.
- Satisfaction with the program and with the centers, in general, was very high. About half of the program participants reported that they were interested in visiting the centers more frequently. Satisfaction with the activities was found to be the major factor contributing to the overall satisfaction with the center.
- The opportunity to make the most of the leisure time, the preservation of cognitive and physical functions, the attention and care offered, the alleviation of loneliness and social engagement, the life-enriching hobbies, and the stimulating learning of new things were perceived by the older adults as the most significant factors that add value to the centers.
- The main challenges involved in the implementation of the program included: marketing, recruitment of participants, and expansion and diversification of the activities.

## Recommendations

In view of the highly valuable contribution of the program, the following recommendations are suggested for its future implementation and success:

- **The National Insurance Institute and the NGOs running the program should promote the program branding and marketing.** The marketing strategies should be tailored to the target population and the relevant entities in the community (the communal ecosystem of the centers) with whom partnerships may be established. A position should be allocated for a national marketing officer for the program and/or marketing experts should be engaged to that end. The National Insurance Institute should inform those eligible for long-term care benefits of the services provided by the centers and of the program available as part of the services.
- **The activities offered as part of the program should be diversified and enriched.** To offer a diversified range of attractive activities, a position should be allocated for a program developer in each day care center, volunteers should be recruited to run some of the activities and manage operational tasks, and the program participants should be invited to take part in the planning of the activities. It is also recommended that a national activities coordinator be appointed on behalf of the Fund for Development of Long-Term Care Services to manage the coordination and exchange of information between the centers.

- **The program should be expanded and offered on a more frequent basis.** Given the preferences of the older adults and their family members as well as the views of the program operators, the program should be expanded and offered three times a week rather than twice a week.

# Executive Summary

## Background

Day care centers for older adults (Ofek Centers) (hereinafter: the centers) are one of the essential services provided in Israel for older adults with functional limitations living in the community. The service was developed about 40 years ago (in the early 1980's) in line with the social model of disability. The service provides social engagement, leisure, and cultural group activities; personal care services; meals; and professional therapeutic services under one roof. The service is offered in the morning hours and is aimed at allowing older adults to age in the community – this, by providing a supportive and professional environment that attends to the health, social, nutritional, and routine daily needs of older adults with functional decline and easing the burden on family members. The centers thus support the aging in place policy – a leading aging policy in Israel and worldwide.

The centers are part of the basket of services for recipients of long-term care benefits provided by the National Insurance Institute, which also includes at-home care, an emergency button service, and laundry services. Older adults with functional limitations whose level of functioning is above that entitling to long-term care benefits may be entitled to funding support by the Ministry of Welfare and Social Affairs, according to a means test. They may also pay privately for visiting the centers.

Studies conducted in the centers as well as requests from the field indicated the need for expanding the centers opening hours and offering activities in the afternoon hours as well so as to put to better use the centers' facilities, to meet the needs of older adults, and to help maintain a balanced budget of the centers. It was therefore decided in the National Insurance Institute to launch a pilot program for the implementation of a second shift in the centers (hereinafter: the program) and open the centers for activity in the afternoon hours. The target population included frail older adults (those eligible for long-term care benefits for whom supervision is not required as well as those ineligible for long-term care benefits who were referred by the social services departments) who found it inconvenient to visit the centers in the morning hours or were interested in visiting the centers in the afternoon hours as well.

The program was implemented in collaboration with the Ministry of Welfare and Social Affairs and various NGOs in 2018-2021 in four centers in four local authorities across Israel: Bat Yam (Ha-Shlosha day care center), Nof Hagalil (Tirosch day care center), Pardes Hanna-Karkur (regional day care center for older adults), and Tel Aviv-Yafo (Kfar Shalem multi-service center for older adults).

The program was implemented in the four centers from 13:30 to 18:30 in a format similar to the first shift and included lunch and supper, social activities, and enrichment activities. Initially, the program was implemented twice a week and was scheduled for expansion to three times a week (the plan for expansion to three times a week was implemented in one of the centers during the last year of the program). The program staff included a program coordinator and a social coordinator (known as culture coordinator in some of the centers), engaged part-time or full time, a social worker, and a nurse as well as volunteers. In March 2020, the centers were closed due to the traffic restrictions and closures imposed in Israel to deal with the COVID-19 pandemic. In June 2020, the program was reopened in two centers. In June 2021, the program was partially reopened in another center with a small number of participants. The attempt to relaunch the program in the fourth center failed.

The Myers-JDC-Brookdale Institute won the tender issued by the National Insurance Institute's Fund for Development of Long-Term Care Services for conducting a formative and summative evaluation of the program. The present report focuses on the findings of the summative evaluation and is based primarily on the findings of interviews conducted in 2021, toward the end of the program.

## **Study Goals**

1. To document the number of older adults who took part in the program as well as the content of the activities in which they participated.
2. To characterize the program participants according to socio-demographic characteristics, level of functioning, health status, and the nature of their social ties.
3. To analyze organizational processes related to the implementation of the program.
4. To learn about the value of the program, in particular, and the centers, in general, for older adults and their family members and about their satisfaction with the program and the centers, in general.
5. To examine the impact of the program on the operation of the centers in the morning hours (hereinafter: the first shift).
6. To evaluate the economic feasibility of the program.



# Study Methods

## Research design

A formative and summative evaluation – including a follow-up in four points in time and comparison between the program participants and nonparticipants. The evaluation study used both quantitative and qualitative research methods, including the following:

- a. **Interviews with older adults who visited the centers.** At the end of the first year of the program implementation (from July to October 2019), face-to-face interviews were conducted with 65 older adults who participated in the program and with 80 nonparticipating older adults (those who visited the centers during the first shift). The interviews were conducted on random days in the four centers where the program was implemented. At the end of the second year (November 2020), telephone interviews were conducted with 79 older adults who participated in the program in the four centers. The interviews were focused on their efforts to cope with the COVID-19 pandemic. Toward the end of the third year of the program implementation (from August to September 2021), 88 older adults who participated in the program and 137 nonparticipating older adults were interviewed, some of them, face to face and the others, on the phone. The interviews were conducted in the three centers where the program was implemented at the time (the program in the Tel Aviv-Yafo center was not reopened due to the COVID-19 pandemic). Altogether, 449 interviews were conducted.
- b. **Interviews with family members of older adults who visited the centers.** Telephone interviews were conducted with family members toward the end of the program. The contact details of the family members were delivered to the study team by the administrative staff of one of the centers and by the interviewed older adults in the other two centers. Altogether, 34 family members of older adults who participated in the program and 67 family members of nonparticipating older adults were interviewed (response rate of 53.4%), The interviews were conducted from August to September 2021.
- c. **Interviews with officials and professionals involved in the program.** Interviews were conducted with ten officials and professionals: managers of NGOs running the centers and the program, center managers, program coordinators, a social worker, and a nurse. Ten interviews were conducted about six months following the launching of the program; four interviews were conducted a year later; and eight interviews were conducted toward the end of the program. Altogether, 22 interviews were conducted.
- d. **Analysis of administrative data** of the centers related to the number of visitors in each of the centers, the number of program participants, the program activities, and the program human resources.

- e. **Analysis of the economic feasibility of the program**, based on revenue and expenditure data received from the National Insurance Institute.

## **Study population**

Frail older adults who visited the centers (those eligible for long-term care benefits for whom supervision is not required as well as those referred by the social services departments), their family members, and officials and professionals involved in the program.

## **Data analysis**

The analysis of the questionnaires filled out by the older adults and their family members included descriptive statistics of the distributions of the examined variables and bivariate analyses of the dependent and independent variables, to examine the relationships between the variables.

The relationships between the variables were examined using  $\chi^2$  test for comparisons between the program participants and nonparticipants (those who visited the centers during the first shift). In addition, multivariate logistic regression analyses were conducted to explain the dependent variables: the overall satisfaction with the center and the burden on family members. Factor analysis of questionnaire statements related to the place of the center in the lives of the visitors was also conducted, to understand the content worlds associated with the center activities. Finally, the Pearson correlation coefficient was used to examine the relationships between the benefits that family members attributed to the center, for themselves and for the older adults. The data regarding some of the characteristics were related to the 75+ age group in the general population.

Qualitative thematic analysis was used to analyze the interviews with the program officials and professionals, to learn about their views on the implementation of the program, and to identify the major themes related to its implementation.

## **Key Findings**

- The implementation of the program allowed more older adults to join the centers (51.5% of the program participants joined the centers following the program).
- The program hours, which were more convenient for some of the older adults (52%), and the social activities, which were in line with their preferences (31%), were perceived as the most significant factors that add value to the program.

- The activity in small groups allowed the instructors to personally attend to each of the participants and thus enhance their sense of belonging to both the center and the group. Accordingly, most of the program participants reported that they met or maintained phone contact with other participants even outside the center activity hours.
- Highest participation rates were found in the following program activities: lectures, physical activity and fitness classes, and music playing and sing-along sessions. Participation rates in lectures and language classes were found to be higher in the second shift than in the first shift while participation rates in hand craft classes and in party and table games were found to be higher in the first shift.
- The program alleviated the loneliness of the participants and enriched their lives.
- The program eased the burden on family members (53.8% of the family members of program participants reportedly experienced a significant reduction of the burden of care).
- The main challenges involved in the implementation of the program were: marketing and recruitment of participants; recruitment of staff; and diversification of the activities.
- The factors that contributed to the program success were: external factors – central location in a big city and low competitiveness; internal factors – the opening hours, the intensive marketing and the personal contacts created, the program branding, the partnerships established with other organizations (welfare services, the National Insurance Institute, and the health plans (HMOs)), the recruitment of a professional and committed staff, the recruitment of volunteers, and the adaptation of the activities to the interests, preferences, and needs of the participants.
- Satisfaction with the program and with the centers, in general, was very high. About half of the program participants reported that they were interested in visiting the centers more frequently. Satisfaction with the activities was found to be the major factor contributing to the overall satisfaction with the center.
- The opportunity to make the most of the leisure time, the preservation of cognitive and physical functions, the attention and care offered, the alleviation of loneliness and social engagement, the life-enriching hobbies, and the stimulating learning of new things were perceived by the older adults as the most significant factors that add value to the centers.

## Recommendations

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- **The activities offered as part of the program should be diversified and enriched.** To offer a diversified range of attractive activities, a position should be allocated for a program developer, volunteers should be recruited to run some of the activities and manage operational tasks, and the program participants should be invited to take part in the planning of the activities. It is also recommended that a national activities coordinator be appointed on behalf of the Fund for Development of Long-Term Care Services to manage the coordination and exchange of information between the centers.
- **The program should be expanded and offered on a more frequent basis.** Given the preferences of the older adults and their family members as well as the views of the program operators, the program should be expanded and offered three times a week rather than twice a week.