

St. Catherine University

**SOPHIA**

---

Doctor of Occupational Therapy Doctoral  
Projects

Occupational Therapy

---

8-2023

## **Are You Safe at Home?: Rebuilding a Program**

Zachary Wells

Follow this and additional works at: [https://sophia.stkate.edu/otd\\_projects](https://sophia.stkate.edu/otd_projects)

---

**Are You Safe at Home?: Rebuilding a Program**

Zachary Wells

St. Catherine University

Capstone Project completed in partial fulfillment of the Doctor of Occupational Therapy

Doctorate of Occupational Therapy

Faculty Advisor: Stephanie de Sam Lazaro, OTD, OTR/L

Capstone Committee Members: Tom Pfannenstiel, CAPS, Teresa Wickboldt, OTD, OTR/L

## Contents

Abstract .....	1
Introduction.....	2
Background Literature .....	2
Supports and Barriers .....	3
Purpose .....	5
Approach .....	5
Participants.....	6
Procedures .....	7
Data Collection Methods .....	7
Data Collection Findings .....	8
Project Deliverables .....	15
Evaluation Process.....	19
Outcomes .....	19
Post-Survey .....	19
Implications.....	21
Safe at Home Program.....	21
Recommendations for Safe at Home .....	22
Future Project Recommendations.....	23
Occupational Therapy Profession .....	24
Limitations .....	24
Conclusion.....	24

References .....	26
Appendix A: Scoping Review .....	30
Appendix B: Scoping Review Poster Presentation.....	45
Appendix C: Needs Assessment.....	49
Appendix D: Interview Protocol for RTMN Staff .....	78
Appendix E: Direct Observation Protocol of RTMN Staff .....	80
Appendix F: Interview Protocol for Volunteers .....	83
Appendix G: Direct Observation Protocol for Volunteers .....	85
Appendix H: Interview Protocol for Rebuilding Together Sacramento .....	87
Appendix I: Interview Protocol for Rebuilding Together DC-Alexandria .....	89
Appendix J: Interview Protocol for Dr. Wickboldt.....	91
Appendix K: Logic Model.....	93
Appendix L: Safe at Home Protocol .....	94
Appendix M: Pre- and Post-Screen Sheet and Script .....	124
Appendix N: Google My Maps.....	128
Appendix O: Home Modification Handout .....	129
Appendix P: Rebuilding Together Minnesota Presentation.....	130
Appendix Q: Survey for RTMN Staff.....	144
Appendix R: Poster Presentation .....	146



## **Abstract**

The purpose of this doctoral capstone project was to complete a program evaluation of the Safe at Home program provided by Rebuilding Together Minnesota (RTMN). The program evaluation assessed the efficiency of the program and identified areas for improvement. The program evaluation used the Framework for Program Evaluation from the Centers for Disease Control and Prevention (CDC) as the conceptual framework. Four themes were identified by RTMN staff to guide the program evaluation activities: 1) operational efficiency, 2) funding and resource deficits, 3) future goals, and 4) relationship and communication. The key themes from the other participants that informed the program evaluation process included: 1) a set volunteer schedule, 2) improved communication after an installation, and 3) other Rebuilding Together affiliates have occupational therapists complete home assessments year-round. The program evaluation resulted in the creation of 1) a logic model of the Safe at Home program, 2) a Safe at Home protocol for new staff to use as a cheat-sheet, 3) process updates to the program including a Shared Drive on Google Drive, 4) updated pre- and post-screen script and tables, 5) a new method for scheduling installations using My Maps from Google Maps, 6) a home modification handout, and 7) a presentation to RTMN about the program evaluation. A post-survey completed following the program evaluation activities found that the program evaluation improved the program's efficiency and ability to get services to clients in a more timely manner. The recommendations as a result of the program evaluation include 1) set volunteer times, 2) having a Salesforce super-user, 3) mechanisms to increase outreach, 4) updating the pre-screen assessments, 5) opportunities to increase funding, and 6) conducting a program evaluation for the Home Repair and Ramps programs.

## **Introduction**

A significant proportion of older adults desire to age in place, with up to 75% wanting to stay in their current residence (Binette, 2021). However, many older adults have concerns about being able to afford the necessary modifications and expenses in order to safely age in place (U.S. Department of Housing and Urban Development, 2013). Rebuilding Together Minnesota (RTMN) is a nonprofit organization that addresses this issue by assisting low-income homeowners, who are primarily older adults, in making the required modifications to their homes (Rebuilding Together Minnesota, n.d.-a). The Safe at Home program is one part of RTMN, which focuses on modifications in the homes of older adults and individuals with disabilities for home safety and fall prevention enabling them to live safely and independently (Rebuilding Together Minnesota, n.d.-b). However, the program has a backlog of clients seeking home modification services (T. Pfannenstiel, personal communication, April 25, 2023). This issue arises from a lack of a cohesive program protocol, which has undergone multiple changes over the years under different program managers, and the COVID-19 pandemic disrupting the process (T. Pfannenstiel, personal communication, April 25, 2023).

## **Background Literature**

Aging in place is a complex and multifaceted concept without a definitive definition or a consensus on where it should occur (Bigonnesse & Chaudhury, 2020; Chum et al., 2022; Rogers et al., 2020). Aging in place is commonly understood as remaining in one's own home as they age for as long as they safely can until transitioning to long-term care. It can also involve moving to a different private residential setting that better matches their needs within the same community or transitioning to a new supportive housing or community (Bigonnesse & Chaudhury, 2020; Rogers et al., 2020). At its core, aging in place empowers older adults to choose where they want to age. Additionally, aging in place extends beyond the home and encompasses the community (Brim et al., 2021). The community plays a vital part in maintaining a high quality of life by fostering social inclusion and offering amenities such as walkable

sidewalks, accessible public transportation, convenience stores, medical facilities, and more (Bigonnesse & Chaudhury, 2020; Brim et al., 2021; Lewis & Buffel, 2020; U.S. Department of Housing and Urban Development, 2013). A scoping review was conducted in the Summer of 2022 that focused on identifying the supports and barriers to older adults aging in place as well as a poster presentation on the same topic summarizing the findings, below is a brief summary of the findings (See Appendix A and Appendix B respectively for the details of the scoping review).

### ***Supports and Barriers***

Aging in place has multiple supports and barriers. Supports for aging in place involve ensuring older adults have access to essential resources like healthcare and household supplies, assistance with daily tasks, and socialization (Bigonnesse & Chaudhury, 2020; Brim et al., 2021; Fausset et al., 2009; Tural et al., 2021; U.S. Department of Housing and Urban Development, 2013; Wang et al., 2019). These supports may include home modifications, walkable communities, public transportation, smart home technology, and home care services (Bigonnesse & Chaudhury, 2020; Brim et al., 2021; Chum et al., 2022; Fausset et al., 2009; Rogers et al., 2020; Tural et al., 2021; U.S. Department of Housing and Urban Development, 2013; Wang et al., 2019). On the other hand, barriers to aging in place include the lack of the aforementioned supports, as well as challenges related to cognitive or physical decline, financial insecurity, unsafe communities, and the stigma associated with declining health and receiving help (Bigonnesse & Chaudhury, 2020; Brim et al., 2021; Chum et al., 2022; Fausset et al., 2009; Lewis & Buffel, 2020; Mayo et al., 2021; U.S. Department of Housing and Urban Development, 2013).

Although more than 75% of older adults want to age in place (Binette, 2021), many feel that their current home is not suitable and requires home modifications (U.S. Department of Housing and Urban Development, 2013). Occupational therapy plays a crucial role in identifying reasonable home modifications that maximize positive impact on safety and well-being while

ensuring it fits into the home and lives of older adults (Fields et al., 2021). Common home modifications include installing grab bars, no-step showers, handrails, emergency response systems, and smart home devices (Binette, 2021; Wang et al., 2019). However, the cost of home modifications is generally borne by the individuals themselves (Eriksen et al., 2015; U.S. Department of Housing and Urban Development, 2013), which can pose a financial challenge, particularly considering that many older adults have inadequate retirement savings (U.S. Department of Housing and Urban Development, 2013). On average in Minnesota, near-retirement households only have \$14,500 saved (AARP, 2023). Nonetheless, aging in place often proves to be a more affordable option than transitioning to a long-term care facility (U.S. Department of Housing and Urban Development, 2013; Vanleerberghe et al., 2017). Despite the potential expenses, the value of home modifications becomes evident when considering fall prevention, as every dollar spent on home modifications saves \$1.50 in medical expenses (Eriksen et al., 2015).

Typically, older adults age in place until they can no longer do so, often following a crisis or a change in their health condition, which is generally after they are 85 years old (U.S. Department of Housing and Urban Development, 2013). Falls represent a crisis event that can significantly impact an older adult's functional abilities (Brim et al., 2021; Chum et al., 2022; Eriksen et al., 2015; Lindquist et al., 2016; U.S. Department of Housing and Urban Development, 2013; Wiseman et al., 2021). Home modifications effectively reduce the risk of falls, but older adults often delay making such modifications until they are a high fall risk (Wiseman et al., 2021). When seeking contractors for home modifications, predator behaviors, such as differential pricing based on socioeconomic status or gender, may discourage older adults from using contractors (Wiseman et al., 2021). Additionally, the average wait time for home modifications is 23 days, posing a considerable risk to older adults who need these home modifications to continue living in their home (Wiseman et al., 2021).

Declining cognitive or physical function, hospitalizations, and spousal loss pose

additional health-related risks that can hinder an older adult's ability to age in place and perform their daily tasks (Brim et al., 2021; Fields et al., 2021; Lindquist et al., 2016; Mayo et al., 2021; Stav et al., 2012). Assisting older adults with cognitive or physical difficulties through caregiving, whether informal through family and friends or through professional home care services, can enable them to continue aging in place and delay the need for long-term care (Bigonnesse & Chaudhury, 2020; Brim et al., 2021; Fields et al., 2021; Mayo et al., 2021; Schwei et al., 2020; Stav et al., 2012; U.S. Department of Housing and Urban Development, 2013). Nevertheless, this places a burden on informal caregivers and may accelerate their own transition to a long-term care facility (U.S. Department of Housing and Urban Development, 2013). Occupational therapy can alleviate caregiver burden by providing education on skills training, available resources, and self-care strategies for caregivers themselves (Fields et al., 2021).

### **Purpose**

The purpose of this doctoral capstone project was to perform a program evaluation of the Safe at Home program provided by RTMN. The program evaluation assessed the efficiency of the program to identify areas of improvement to streamline the process. The question this project addressed was how the Safe at Home program could be improved to decrease the wait time for older adults to be served and in turn increase the number of older adults they can help each year. This project is significant since RTMN is one of the few Twin Cities organizations that offer home modification services at no cost to low-income older adults wanting to age in place (Rebuilding Together Minnesota, n.d.-b). The project's purpose was informed by a needs assessment of the Safe at Home program conducted in the Spring of 2023 (See Appendix C).

### **Approach**

This doctoral capstone project was a program evaluation of the Safe at Home program provided by RTMN which used the Framework for Program Evaluation from the CDC as the conceptual framework for the program evaluation (Centers for Disease Control and Prevention [CDC], 1999). The framework is a practical and adaptable tool developed to summarize and

structure the different aspects of a program evaluation (CDC, 1999). The framework has six steps: 1) engage stakeholders, 2) describe the program, 3) focus the evaluation design, 4) gather credible evidence, 5) justify conclusions, and 6) ensure use and share lessons learned (CDC, 1999). These steps don't necessarily go in order but generally followed one another to guide the evaluation process of the Safe at Home program.

For the past 20 years, Rebuilding Together, the national office of RTMN, and the American Occupational Therapy Association have worked together on providing home modifications (Santos et al., 2021). This collaboration has led to a partnership between RTMN and the occupational therapy program at St. Catherine University. The partnership started with allowing 2<sup>nd</sup> year occupational therapy students to perform home assessments for the homeowners RTMN help with their Safe at Home program. The partnership recently evolved within the last year to include level I occupational therapy fieldwork students at RTMN as part of the home assessment process and to assist with the tasks of the Safe at Home program. Supervision of two level I occupational therapy fieldwork students by the capstone student was part of the capstone experience and program evaluation process. Supervision included guiding student through tasks for the Safe at Home program, taking them on home assessments as observers, having them complete their own home assessments, and mentoring.

Institutional Review Board (IRB) approval was not required for this doctoral capstone project as it was determined to be a program evaluation for RTMN, which does not require IRB approval and it was confirmed by the co-chair of St. Catherine University IRB board to be considered a non-human subjects research project since it is centered around a program evaluation (D. Chapman, personal communication, June 1, 2023).

## **Participants**

The primary group of participants was the staff at RTMN, specifically the employees involved with the Safe at Home program. Additionally, the volunteers for the Safe at Home program who install the home modifications, the homeowners that Safe at Home assists,

Rebuilding Together Sacramento and Rebuilding Together DC – Alexandria, affiliates of RTMN with a well-run Safe at Home program, and Dr. Wickboldt, an assistant professor from St. Catherine University that works with the Safe at Home program, were participants in the program evaluation process. Lastly, the capstone student supervised and mentored two occupational therapy level I fieldwork students from St. Catherine University as part of the program evaluation activities.

### **Procedures**

To gather information for the program evaluation of the Safe at Home program, interviews and direct observation of the participants were conducted. These activities were aimed to collect insights and the experiences of a variety of stakeholders, ensuring a comprehensive and holistic understanding of the program. The interviews and direct observations were analyzed, and themes and key learnings were identified. Several project deliverables were created to help improve the Safe at Home program based on the data collected. These deliverables were aimed to organize the program, give clearer expectations of the Safe at Home program, and inform what changes were made.

### ***Data Collection Methods***

An interview was conducted with the staff of RTMN that are involved with the Safe at Home program to understand their specific roles within the program and how the program runs (See Appendix D for the interview protocol). Direct observation was also conducted of the same staff of RTMN to see how the staff implemented the current protocol of the Safe at Home program and how the flow from activity-to-activity works within the program (See Appendix E for the direct observation protocol). An interview of the volunteers of the Safe at Home program was conducted to gain their insights on how the volunteer process works (See Appendix F for the interview protocol). Direct observation of the volunteers was also conducted to see how volunteers implemented the current protocol (See Appendix G for the direct observation protocol). For the homeowners that Safe at Home assists, the post-home evaluation screens

previously conducted were reviewed to gain an understanding of homeowner's perspectives on how the process went and any recommendations or comments they made. An interview was conducted with Rebuilding Together Sacramento (See Appendix H for the interview protocol) and Rebuilding Together DC-Alexandria (See Appendix I for the interview protocol), which are other state affiliates of Rebuilding Together with well-run Safe at Home programs, to understand how their Safe at Home programs operate and how they differ from RTMN's Safe at Home program. Finally, an interview was conducted with Dr. Wickboldt to understand her perspective of the Safe at Home program and its effectiveness (See Appendix J for the interview protocol). The qualitative data collected during the interviews and observations were analyzed using narrative analysis to identify the themes and key takeaways from the data and were used to identify and guide the development of the project deliverables.

### ***Data Collection Findings***

**RTMN Staff.** The RTMN staff involved with the Safe at Home program were interviewed (n = 6) and directly observed (n = 4) during the data collection process to inform the program evaluation materials. After reviewing the interview responses and findings from the direct observations, the information was compiled and analyzed for themes. The four themes that emerged were 1) operational efficiency, 2) funding and resource deficits, 3) future goals, and 4) relationship and communication.

The first theme, operational efficiency, included the subthemes of the process, things we do well, and things we can improve (See Table 1 for examples of responses in the theme and sub-themes). The "process" subtheme was all about the steps of the Safe at Home program, the protocol that dictates those steps, and the orientation process to learn those steps. The "things we do well" subtheme was about the parts that run well and the prioritization of those parts. The "things we can improve" subtheme conversely was about the parts that don't run well and



require work to make it better, such as challenges and inefficiencies in the technology tools used (e.g. Salesforce<sup>1</sup>).

**Table 1**

*Thematic examples of operational efficiency*

Sub-Theme	Quotes
The process	<p><i>“Given a lot of verbal instruction.”</i></p> <p><i>“It would be helpful to have someone that is already doing what I should be doing to help out with orientation.”</i></p> <p><i>“A cheat sheet would be useful.”</i></p> <p><i>“The current protocol is whatever you think is right, just do it.”</i></p> <p><i>“Run it though the supervisors is the current protocol.”</i></p>
Things we do well	<p><i>“There has been a prioritization of things we know we can do, and we do them.”</i></p> <p><i>“It makes sense to do the things we can do instead of waiting and waiting and waiting.”</i></p> <p><i>“Safe at Home is really great when it can be a 2-hour thing.”</i></p> <p><i>“The application is easy to fill out.”</i></p> <p><i>“We have mastered grab bars.”</i></p>
Things we can improve	<p><i>“The ideal is to have the pre- and post-screen side by side, but that never happens.”</i></p> <p><i>“People need to learn more about how to use Salesforce.”</i></p> <p><i>“There isn’t a lot of time spent on the backbone.”</i></p> <p><i>“I have to enter each address one at a time to see which homeowners are near each other for scheduling.”</i></p> <p><i>“There are things administratively that could be more efficient.”</i></p>

*Note.* Quotes from the interviewees in each of the thematic categories are from across all questions in the interview protocol.

The second theme was funding and resource deficits with the subthemes of staff & volunteers, funding, resources, and time (See Table 2 for examples of responses in the theme and sub-themes). The “staff & volunteer” subtheme encompassed how the Safe at Home program was affected by not having enough staff and volunteers to cover all the work that can and should be done. The “funding” subtheme was about how the lack of money slowed the Safe at Home process down. The “resources” subtheme was about the lack of resources the Safe at

<sup>1</sup> Salesforce is a cloud-based technology program used by RTMN to organize their homeowner data and active projects.

Home program must complete their installations, especially regarding not having a consistent surplus of inventory and how railings are a missing aspect of installations. The “time” subtheme was about the dilemma between completing more installations to meet the granting agency goals or to spend more time during an installation to do more in each home.

**Table 2**

*Theme 2: Funding and resource deficits*

Sub-Theme	Quotes
Staff & volunteers	<i>“It would be better for the office to have set days to have the volunteers.”</i> <i>“Ideally, every volunteer [has their] same day and shift every week.”</i> <i>“There are only a couple of times a week that two volunteers are available at the same time.”</i> <i>“Figuring out how we can get more volunteers at similar times so we can double the scope of work we can achieve in the same amount of time.”</i> <i>“AmeriCorps staff is only here for about 11 months.”</i> <i>“Without an AmeriCorps staff member, [the Safe at Home manager] has to do everything on their own.”</i>
Funding	<i>“We can always do more, but due to the budget and time we are limited.”</i> <i>“Short on funding.”</i> <i>“Funding slows us down.”</i>
Resources	<i>“We order resources as we need it, but not in advance.”</i> <i>“Railings are missing right now.”</i> <i>“The barrier [to railings are] the financial concerns since it will be significantly more expensive.”</i>
Time	<i>“There are often things that would increase a client’s safety but are not achievable in a timely manner.”</i> <i>“Is it better to spend more time per Safe at Home or to do more Safe at Home projects?”</i>

*Note.* Quotes from the interviewees in each of the thematic categories are from across all questions in the interview protocol.

The third theme, future goals, included the subthemes of funding, program improvement, and outreach (See Table 3 for examples of responses in the theme and sub-themes). The “funding” subtheme was about gaining more funding so they can offer bigger modifications for homeowners. The “program improvement” subtheme was about where the RTMN staff want the

program to get bigger and better. The “outreach” subtheme was about how the program doesn’t do a lot of outreach and was a major goal for the RTMN staff to work on.

**Table 3**

*Theme 3: Future goals*

Sub-Theme	Quotes
Funding	<i>“Unsure how we add the higher ticket expense items.”</i> <i>“Offer the bigger things – walk-in showers, step-in tubs.”</i> <i>“Improve tracking smaller projects for reporting to granting agencies.”</i> <i>“Figuring out Medicare stuff would help a lot.”</i>
Program Improvement	<i>“OT assessments on all the home assessments would be great.”</i> <i>“Love to add in every client gets an OT assessment.”</i> <i>“As much as we have streamlined it, there is always room for improvement.”</i> <i>“What can get us over 100 [Safe at Home projects] and even more?”</i> <i>“Have installation dates scheduled a week in advanced.”</i> <i>“Start offering landscaping and chore services.”</i>
Outreach	<i>“Outreach can be improved.”</i> <i>“Outreach is minimal right now.”</i> <i>“We are missing reaching out to more BIPOC communities in the Twin Cities.”</i> <i>“We don’t receive a lot of homeowners from counties outside of Ramsey and Hennepin.”</i> <i>“The print pieces don’t put out a clear definition of what we do.”</i> <i>“Not enough marketing for [the Safe at Home program].”</i>

*Note.* Quotes from the interviewees in each of the thematic categories are from across all questions in the interview protocol.

The fourth and final theme was relationship and communication with the subthemes of staff & volunteers and homeowners (See Table 2 for examples of responses in the theme and sub-themes). The “staff & volunteers” subtheme was about how the Safe at Home program was as good as it was because of the people that are a part of it and how the relationship the staff have with volunteers and other organizations were vital to the program. The “homeowners” subtheme was about communication with homeowners.

**Table 4***Theme 4: Relationship and communication*

Sub-Theme	Quotes
Staff & volunteers	<i>"The people are what make [the program] really strong."</i> <i>"We have a good pool of volunteers."</i> <i>"Relationship with the volunteers are very important."</i> <i>"Seasoned installers and partnership with St. Kate's makes us a very strong aging in place contractor."</i> <i>"Love how there is different areas of people that come in and help from St. Kate's, AmeriCorps, and the volunteers."</i>
Homeowners	<i>"Some homeowners want communication after."</i> <i>"I make the pre-screen more of a conversation."</i> <i>"I once had a pre-screen last for 2 hours."</i> <i>"It's nice to talk to people."</i>

*Note.* Quotes from the interviewees in each of the thematic categories are from across all questions in the interview protocol.

**Volunteers.** Some of the volunteers were interviewed (n=2) about their thoughts on the Safe at Home program and directly observed (n = 4) to see their process during an installation. The key learning identified was compiled as a result of interview responses and observation notes. First, the emails that the RTMN staff use to communicate with the volunteers worked well. Both volunteers stated they like to dictate their availability each week to set their own schedule, but one of the volunteers also stated that they would like more of a set schedule. Both volunteers also talked about how homeowners usually ask for additional work to be done, or as RTMN calls it scope creep. These tasks are usually electrical or plumbing. Both volunteers also mentioned that it would be nice if the contract that they give the homeowner to sign could be done beforehand and to organize it better so that the part that comes back to RTMN is stapled together and the part that stays with the homeowner is separate.

**Homeowners.** The homeowner post-screen responses that were done prior to this program evaluation project were analyzed for key learnings (n=20). Most of the homeowners (70%, n=14) were appreciative of the installations and very satisfied with the safety and accessibility improvements those installations brought. Some of the homeowners (10%, n=2)

thought that the responsiveness could be better since it took a while to connect with someone. They also wanted to hear from someone after the installation a lot sooner and that the follow-up was not good. Half of the homeowners (50%, n=10) had additional modifications that they wanted done after their installation date. The modification requests were for railings (20%, n=4), grab bars (5%, n=1), exterior lights (5%, n=1), fire extinguisher (5%, n=1), ramp (5%, n=1), and requests that are not a part of the Safe at Home program but for RTMN's other program called Home Repair, which deals with the larger changes to a home like roofs and windows (25%, n=5).

**Rebuilding Together Affiliates.** Rebuilding Together Sacramento and Rebuilding Together DC – Alexandria were both interviewed (n=2) about their Safe at Home program and how it differs from the Safe at Home program at RTMN. The interview question responses were analyzed, and key learning was identified for each interview.

**Rebuilding Together Sacramento.** Rebuilding Together Sacramento has a similar process to RTMN, but their main difference is that they have an OT consultant and they have set times for their volunteers each week. For the OT, they previously worked with OT students like RTMN currently does, but they moved to an OT consultant that assesses about 10 homeowners each month. Additionally, the OT assesses the homeowners both before and after the installations while RTMN currently is only able to have the students from St. Catherine University assess the homeowners before the installations. For the volunteers, they have the volunteers come in on Tuesday and Thursday mornings and volunteers are expected to work at least 1 day a week. Also, since they have set times, there are enough volunteers available at the same time that they can go out in pairs, which allows them to complete the installations in a shorter time frame. Lastly, the volunteers take pictures of the completed work to file in the homeowners' files, which RTMN doesn't do.

**Rebuilding Together DC – Alexandria.** Rebuilding Together DC – Alexandria has a very different process to RTMN. Low-income older adult homeowners in the DC – Alexandria

area contact the DC Department of Aging if they require home modifications to age in place safely, then the DC Department of Aging assigns those homeowners to organizations, such as Rebuilding Together DC – Alexandria. They also work with contractors instead of volunteers since they complete modifications that require more skill, such as stair lifts. One thing that Rebuilding Together DC – Alexandria has is an OT contractor to complete a home assessment for every homeowner both before and after installation; this is something that RTMN wants to work towards. However, Rebuilding Together DC – Alexandria has found that consistency with OTs can be hard since they move more often than the contractors.

**Dr. Wickboldt.** Dr. Wickboldt, an assistant professor from St. Catherine University that works with the Safe at Home program, was interviewed to gain an understanding of how the collaboration between RTMN and St. Catherine University was going (n=1). The interview question responses were analyzed, and the key learning was identified. St. Catherine University and RTMN started to use a shared folder on Google Drive, which worked a lot better than having the students email RTMN their finished reports. The students were also instructed to name the report with the homeowner's last name instead of their own, which is what they normally do for their other assignments. This helped RTMN since they didn't have to rename all the reports. Dr. Wickboldt also liked that RTMN was very willing to meet consistently throughout the collaboration to ensure everything is on track and undergo constant quality improvement. However, Dr. Wickboldt shared that she didn't like that the students had access to all of the homeowners' folders, which was a privacy issue. She also stated that the financial information that is a part of the application doesn't need to be sent to the students for the homeowner's privacy. Dr. Wickboldt questioned if the pre-screen assessments were the best assessments to use. She stated that she was unsure if all of them were necessary, especially since the standard in practice is to just use the Falls Efficacy Scale, which is one of the assessments used. Dr. Wickboldt would love to go back to each of the homeowners after the installations happened to

ensure all of the homeowner's needs were met, but stated this was unrealistic for the students to do within their school schedule.

### ***Project Deliverables***

**Logic Model.** The first project deliverable was a logic model of the Safe at Home program (See Appendix K for the logic model). The logic model aims to define the program's sequence of steps, the intended impact, and the overarching goals.

Prior to the program evaluation, the Safe at Home program did not have a logic model. A logic model is important to have since it states what activities the program does, what impact those activities are intended to have, and the goals those activities are working towards (Milstein & Chapel, n.d.). A logic model will be used by the Safe at Home program to ensure they stay on track to complete the intended changes and overarching goals they have for the program, to help explain how the program runs to new staff, and to document accomplishments during evaluations (Milstein & Chapel, n.d.).

The logic model includes the inputs, participants, activities, outputs of the program, the short-term, medium-term, and long-term outcomes the program aims to achieve, and the assumptions and external factors that affect the program. To ensure each section was well defined in the logic model, they are all color-coded so it is clear which items belong to each section. Additionally, there are arrows to demonstrate what items are associated with each other, both as the cause and the effect, and color-coded with the cause to make it clear where the arrow starts.

**Safe at Home Protocol.** The second project deliverable was an updated Safe at Home protocol (See Appendix L for the protocol). The primary objective of the protocol was to simplify the learning process for new staff to provide them with a framework or "cheat sheet" to guide them through learning the steps of the Safe at Home program. The secondary objective was to promote consistency and standardization for the Safe at Home program.

The existing protocol for Safe at Home did not have a lot of information. Available program information had limited detail and included documentation of an overview of the Safe at Home program and the partnership with St. Catherine University on home assessments. Additionally, these documents were made several years ago and were not up to date on the process currently used. Finally, there was a lot of verbal and hands-on learning about how to do each step that was not described in a protocol.

The updated protocol includes instructions, explanations, and examples to ensure that all learners will be able to understand each step. The protocol utilizes a google sheet document that has a table of contents that will jump to each section for easier navigation of the document. The protocol was given to the staff members that work on the Safe at Home program to ensure accuracy and clarity of the protocol.

**Process Updates to the Safe at Home Program.** The third project deliverable was an updated set of procedures for the Safe at Home program. The updated procedures include completing pre- and post-screens, scheduling installations, and document storage and sharing. The aim of these updates was to maximize efficiency, minimize potential errors, and ensure all the required documents are shared and received in a consistent and reliable manner while maintaining continuity from year to year.

**Pre- and Post-Screens.** Prior to the program evaluation, the pre- and post-screens were done by calling the homeowner and the Safe at Home staff member moved between a Google Form that had an outdated script and a Google Sheet that had all the questions, but the questions were not separated into the different sections of the pre- and post-screen. With the help of the level I occupational therapy fieldwork students, the script was updated to remove all the clinical jargon and instead used language that the homeowners would understand. The updated script met a Flesch-Kincaid Grade Level readability score of below grade 8, based on the Program for Readability in Science and Medicine (Ridpath et al., 2007). Additionally, a table was developed so each section of the pre- and post-screen (introduction, the three



assessments, and conclusion) was clearly separated out so it was easy to understand which question was in which section. Lastly, the updated script was added to the Google Sheet (See Appendix M for the script and Google Sheet), so the caller doesn't have to switch between documents when on the phone with the homeowner.

***Scheduling Installations.*** Prior to the program evaluation, scheduling installations was done by putting each homeowners' address into Google Maps individually and trying to determine which homeowners were close to each other. This process was very time-intensive since the Safe at Home staff could only see one address at one time. The process was changed to using Google My Maps (See appendix N for a My Maps example), a feature that allows you to add addresses to a Google Map that is easily shared and editable with multiple people (*My Maps*, n.d.). This allows for the Safe at Home staff to see every house that is ready for an installation at once overlaid onto a map to determine which houses are near each other to increase efficiency while scheduling. The icons on the map can be changed to denote if the address is a volunteer, homeowner with a variety of needs, or a homeowner that specifically needs railings, fire safety modifications, door handles, or bathroom modifications. Additionally, the addresses can be added to different sections of the map to easily note if the homeowner isn't scheduled yet, scheduled on a specific date, or if their installation has been completed.

***Document Storage and Sharing.*** Prior to the program evaluation, there was a variety of shared documents and folders on Google Drive for the documents pertaining to the Safe at Home program. This worked well, but it was hard to share all the necessary documents with new staff and it included an inherent longevity problem with a shared folder. A shared folder is owned by an individual and if that individual moves on and their account is deleted by the organization, the folder will be deleted (Google Workspace Learning Center, n.d.). The document storage and sharing process updates included transferring all the files to a shared drive on Google Drive. A shared drive is not owned by an individual but rather the organization. This means that if the person that created the shared drive leaves the organization and their

account is deleted, the drive remains and any work they uploaded to the drive remains. The shared drive includes the pre- and post-screen sheet, the Safe at Home My Maps, home modification handout, an inventory list, a link to the RTMN project calendar, a folder of all the documents needed for having level I occupational therapy fieldwork students, and another folder for the home assessments done by the 2<sup>nd</sup> year occupational therapy students at St. Catherine University.

**Home Modification Handout.** The fourth project deliverable is a handout on the most common home modifications done by the Safe at Home program (See Appendix O for the handout). The handout aims to increase awareness and knowledge of the program's capabilities for the students at St. Catherine University conducting home evaluations and the homeowners.

Prior to the program evaluation, the Safe at Home program did not have a handout that outlined the most common home modifications done by the Safe at Home program.

Homeowners were getting confused with what to expect from the Safe at Home, which led to homeowners leaving out home modifications they needed from the application. Additionally, the students from St. Catherine University were getting confused about what home modifications were within the scope of the Safe at Home program and which ones were a part of other programs at RTMN.

The home modification handout includes the most common home modifications done by the Safe at Home program with a picture of each home modification. Additionally, to ensure the handout was accessible, the Web Content Accessibility Guidelines were utilized to inform the choice of font style, size, and color contrast (W3C, 2019). A Flesch-Kincaid Grade Level readability score of below grade 8 was achieved in the document to ensure accessibility (Ridpath et al., 2007).

**Rebuilding Together Minnesota Presentation.** The fifth and final project deliverable was a presentation to the RTMN staff (See Appendix P for the slide deck and presentation notes). The aim was to inform and engage the staff in the program evaluation so they can have

a more thorough understanding of the impact and effectiveness of the Safe at Home program and the changes that were made to improve efficiency. The presentation is a Microsoft PowerPoint slide deck and was presented in-person during a staff meeting. The outline of the presentation includes the approach, findings, and recommendations of the program evaluation activities, including the specific project deliverables that were created during this doctoral capstone project.

### **Evaluation Process**

A post-survey was developed for the RTMN staff that participated in the interviews during the data collection phase (See Appendix Q for the survey). The interview questions during the data collection phase started with statements that used a scaled rating format for the respondents to indicate how much they agree or disagree with the statement, then had probing questions for each statement to collect more information. The post-survey used after the completion of the program evaluation and presentation to the team repeated the same statements and used the same scaled rating items to demonstrate if the changes implemented during the program evaluation have made an improvement in the Safe at Home program. The post-survey also included open ended questions to receive any additional feedback on the Safe at Home program. The scaled rating interview statements and survey responses were analyzed using descriptive statistics. Open ended responses were reviewed for commonalities.

### **Outcomes**

The outcomes of the program evaluation came from the post-survey given to the RTMN staff involved with the Safe at Home program to gain an understanding of the impact of the project deliverables and program evaluation process on the Safe at Home program.

### **Post-Survey**

A post-survey was given to the RTMN staff involved with the Safe at Home program (n=6) following completion of the program evaluation deliverables and presentation of the program evaluation to the team. Three scaled rating items used in the initial interviews and the

post-survey were analyzed for changes. Prior to the program evaluation, participant responses on the three items ranged from disagree to strongly agree, with a high variability from item to item. On the post-survey, respondents rated the 3 statements between neutral and strongly agree. In two of the three items (“The Safe at Home program has a clearly defined protocol” and “The Safe at Home Program”), showed an increase in responses in the agree and strongly agree categories as compared to the interview timeline, with the largest percentage change noted in the item “The Safe at Home program is efficient” (33.3% rating this “agree” during the interview and 83.3% rating this “agree” during the post-survey) (See Table 5 for the all responses). One final scaled rating item was included on the post-survey, “The changes to the Safe at Home program have improved the program.” This item had a unanimous response of strongly agree (100%, n=6).

**Table 5**

*Safe at Home Staff Responses to the Following Statements Pre- and Post-Project Deliverables*

	SA	A	N	D	SD
The Safe at Home program meets the needs of the community.					
Pre	33.3% (n=2)	66.7% (n=4)	0% (n=0)	0% (n=0)	0% (n=0)
Post	33.3% (n=2)	50% (n=3)	16.7% (n=1)	0% (n=0)	0% (n=0)
The Safe at Home program has a clearly defined protocol.					
Pre	16.7% (n=1)	50% (n=3)	16.7% (n=1)	16.7% (n=1)	0% (n=0)
Post	50% (n=3)	50% (n=3)	0% (n=0)	0% (n=0)	0% (n=0)
The Safe at Home program is efficient.					
Pre	0% (n=0)	33.3% (n=2)	66.7% (n=4)	0% (n=0)	0% (n=0)
Post	0% (n=0)	83.3% (n=5)	16.7% (n=1)	0% (n=0)	0% (n=0)

*Note.* For all items (n=6). SA = strongly agree, A = agree, N = neutral, D = disagree, and SD = strongly disagree.

There was also a free response section for participants to add in any additional thoughts that they have about the program evaluation. The free-response statements included, “*The work done...will help Rebuilding Together Minnesota create an even more efficient program to*

*plan/implement modifications for homeowners,” and ““Your work will allow us to take the Safe at Home program to the next level.”*

## **Implications**

### **Safe at Home Program**

The program evaluation for the Safe at Home program was overall successful, with everyone responding that the program evaluation helped improve the program (100%, n=6) and open-ended responses including examples of increased efficiency and opportunities for the program to continue to grow and expand to a new level. Changes from the interview to the post-survey phase also show a positive trend. For instance, item 2 “The Safe at Home program has a clearly defined protocol,” showed a change with the interview stage including a range of responses from strongly agree to disagree versus all post-survey responses as either agree or strongly agree. Similarly, for item 3, “The Safe at Home program is efficient,” the majority of responses in the interview stage were “neutral” (66.7%, n=4) compared to the majority of responses as “agree” (83.3%, n=5) during the post-survey with only one “neutral” response. All of this data shows that the project deliverables helped improved the efficiency of the program.

The increased efficiency will likely increase the number of homeowners the program is able to help each year and increase staff satisfaction while completing these tasks. However, since no one responded strongly agree to the third item, there is still room to improve the efficiency of the Safe at Home program. Supervising level I occupational therapy fieldwork students during the program evaluation helped the program evaluator increase understanding of the program and helped further organize how RTMN can host future occupational therapy level I fieldwork students in the future.

The timing of these increased efficiencies has aligned well with current happenings at RTMN, for instance a new grant from the Department of Housing and Urban Development was recently received. This grant will increase what RTMN is able to do for a homeowner during a Safe at Home installation and allows them to hire a professional occupational therapist to

conduct home assessments year-round (T. Pfannenstiel, personal communication, July 26, 2023).

Overall, the program evaluation and the project deliverables that were created helped to improve the program. The improvements changed the direction of the program for the better and gave it a strong foundation for where the program should grow in the future (T. Pfannenstiel, personal communication, August 7, 2023). Additionally, the changes helped to support the staff, volunteers, homeowners, AmeriCorps members, and future students at RTMN (T. Pfannenstiel, personal communication, August 7, 2023).

### ***Recommendations for Safe at Home***

After reviewing the identified areas for improvement and the project deliverables that were created, further recommendations for the Safe at Home were given to RTMN. The first recommendation is to have set volunteer times each week, similar to how Rebuilding Together Sacramento operates their Safe at Home program. This would mean that pairs of volunteers would be available at the same time to go to the same installation, which could increase the speed of the installation. To implement this change, RTMN could survey the volunteers to determine what days they would be free on a consistent basis and choose 2-3 times in a week that multiple volunteers are free. That would ensure that current volunteers are able to continue volunteering under the new schedule.

The second recommendation is to have a Salesforce super-user. A common finding from the interviews and direct observations was the difficulties in using Salesforce. The protocol that was developed as a project deliverable shows the steps needed to use Salesforce. However, having a dedicated person that understands how to use Salesforce that other staff members can go to for their Salesforce related questions will likely make using Salesforce easier. To implement this change, a staff member could watch instructional videos about Salesforce to better learn how to use it and connect with a Salesforce representative to ask any questions.

### ***Future Project Recommendations***

Further recommendations for the Safe at Home program and RTMN in general include:

1) increasing outreach, 2) program evaluation of other RTMN programs, 3) examine screening tools used, and 4) explore opportunities for additional funding. First, it is recommended that RTMN increase the outreach for the Safe at Home program. A common finding from the interviews was that the program lacked outreach and were counting on word-of-mouth and limited existing contacts with other organizations and social workers. The outreach could focus on both increasing the number of homeowners that apply but also the number of volunteers that help. Additionally, the outreach could involve connecting with other organizations that provide yardwork or chore services since that is a common request from homeowners.

Second, a program evaluation of the other programs at RTMN, which include Home Repair and Ramps, would be beneficial to further the work completed during this program evaluation. Some of the project deliverables created during this program evaluation could be utilized by the other two programs to increase their efficiency, but their own program evaluation would tailor the project deliverables and process updates to that specific program and its needs.

Third, an assessment of the pre-screen assessments currently used would be beneficial to determine if they are the correct assessments to utilize in the pre-screen process. The project would involve looking at what is required by the granting agencies in their reporting as well as what information the Safe at Home program wants to learn. Next, they could look at the current best practice for assessments that gather the needed information and update the screens used to reflect their findings.

Finally, an increase in the funding for the Safe at Home program in a sustainable way would benefit RTMN. The increased funding could help pay for larger modifications, such as a walk-in shower or tub cut-outs. They could look into Medicare and CADI waiver funding in addition to grants.

## **Occupational Therapy Profession**

The occupational therapy profession is increasing their presence in working with nonprofit organizations, such as RTMN. Occupational therapists should expand their services into these new and emerging settings (Emmert & Petrone, 2022). This program evaluation, led by an occupational therapy student, demonstrates that occupational therapists can do more than the typical healthcare related tasks, such as perform home assessments. It is within the scope of occupational therapy to complete program evaluations (Popova & Wescott, 2019), and OT practitioners should expand into completing them more often.

## **Limitations**

The main limitation of this program evaluation was the small sample size of participants. This was combated with collecting data from multiple sources to get a well-rounded view of the program, but there are only so many people that work on the program, which limits the sample size. Another limitation was that the second scaled rating question, which was “the Safe at Home program has a clearly defined protocol” was not well understood by RTMN staff. Most of the RTMN staff (66.7%, n=4) based their response during the interview stage on if the program has a process in place. However, the question was trying to identify if that process was in a clearly written-up protocol for new staff to use. Future studies should re-word similar questions to avoid this misunderstanding. A final limitation about the participants was that they tended not to be overly critical of the program during interviews, which might explain the high scores during the interview pre-deliverables.

## **Conclusion**

This doctoral capstone project aimed to perform a program evaluation of the Safe at Home program provided by RTMN. Several data collection methods were utilized to gain an understanding of the efficiencies of the program and to identify areas for improvement to streamline the process. These data collection methods revealed that the program had a strong and enthusiastic staff and volunteers working together to make the program happen. Overall,



the program had a strong foundation, and the areas of improvement were identified and either addressed through a project deliverable or given to RTMN as a recommendation. These recommendations were shared with a public audience to further advance dissemination of this work (See Appendix R for the poster presentation).

## References

- AARP. (2023, February 16). *Minnesota faces vast retirement savings deficit*.  
<https://states.aarp.org/minnesota/minnesota-faces-vast-retirement-savings-deficit>
- Bigonnesse, C., & Chaudhury, H. (2020). The landscape of “aging in place” in gerontology literature: Emergence, theoretical perspectives, and influencing factors. *Journal of Aging & Environment*, 34(3), 233–251. <https://doi.org/10.1080/02763893.2019.1638875>
- Binette, J. (2021). 2021 AARP home and community preferences survey: A national survey of adults age 18-plus. *AARP Research*. <https://doi.org/10.26419/res.00479.001>
- Brim, B., Fromhold, S., & Blaney, S. (2021). Older adults’ self-reported barriers to aging in place. *Journal of Applied Gerontology*, 40(12), 1678–1686.  
<https://doi.org/10.1177/0733464820988800>
- Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. *Recommendations and Reports: Morbidity and Mortality Weekly Report*, 48(RR-11), 1–40. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>
- Chum, K., Fitzhenry, G., Robinson, K., Murphy, M., Phan, D., Alvarez, J., Hand, C., Laliberte Rudman, D., & McGrath, C. (2022). Examining community-based housing models to support aging in place: A scoping review. *The Gerontologist*, 62(3), e178–e192.  
<https://doi.org/10.1093/geront/gnaa142>
- Emmert, C., & Petrone, N. (2022). Unlocking the potential of OT in new settings. *SIS Quarterly Practice Connections*, 7(4), pages. <https://www.aota.org/publications/sis-quarterly>
- Eriksen, M. D., Greenhalgh-Stanley, N., & Engelhardt, G. V. (2015). Home safety, accessibility, and elderly health: Evidence from falls. *Journal of Urban Economics*, 87, 14–24.  
<https://doi.org/10.1016/j.jue.2015.02.003>
- Fausset, C. B., Mayer, A. K., Rogers, W. A., & Fisk, A. D. (2009). *Understanding aging in place for older adults: A needs analysis*, 53(8), 521–525.  
<https://doi.org/10.1177/154193120905300808>

- Fields, B., Rodakowski, J., Jewell, V. D., Arthanat, S., Park, M., Piersol, C. V., Schepens  
Niemiec, S. L., Womack, J., & Mroz, T. M. (2021). Unpaid caregiving and aging in place  
in the United States: Advancing the value of occupational therapy. *The American Journal  
of Occupational Therapy*, 75(5), 7505347010. <https://doi.org/10.5014/ajot.2021.044735>
- Google Workspace Learning Center. (n.d.). *What are shared drives? Google Workspace  
productivity guide*. <https://support.google.com/a/users/answer/7212025>
- Lewis, C., & Buffel, T. (2020). Aging in place and the places of aging: A longitudinal study.  
*Journal of Aging Studies*, 54, 100870. <https://doi.org/10.1016/j.jaging.2020.100870>
- Lindquist, L. A., Ramirez-Zohfeld, V., Sunkara, P., Forcucci, C., Campbell, D., Mitzen, P., &  
Cameron, K. A. (2016). Advanced life events (ALEs) that impede aging-in-place among  
seniors. *Archives of Gerontology and Geriatrics*, 64, 90–95.  
<https://doi.org/10.1016/j.archger.2016.01.004>
- Mayo, C. D., Kenny, R., Scarapicchia, V., Ohlhauser, L., Syme, R., & Gawryluk, J. R. (2021).  
Aging in place: Challenges of older adults with self-reported cognitive decline. *Canadian  
Geriatrics Journal: CGJ*, 24(2), 138–143. <https://doi.org/10.5770/cgj.24.456>
- Milstein, B., & Chapel, T. (n.d.). *Developing a logic model or theory of change*. Community Tool  
Box. [https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-  
development/logic-model-development/main](https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main)
- My maps*. (n.d.). <https://www.google.com/maps/about/mymaps/>
- Popova, E. S., & Wescott, J. J. (2019). Art as occupation: Promoting the occupational therapy  
role in evaluating community-based programs. *SIS Quarterly Practice Connections*, 4(1),  
5–7. <https://www.aota.org/publications/sis-quarterly/children-youth-sis/cysis-2-19>
- Rebuilding Together Minnesota. (n.d.-a). *About*. <https://rtmn.org/about/>
- Rebuilding Together Minnesota. (n.d.-b). *Safe at home program*. [https://rtmn.org/apply-for-  
help/safe-at-home-program/](https://rtmn.org/apply-for-help/safe-at-home-program/)

- Ridpath, J. R., Greene, S. M., & Wiese, C. J. (2007). *PRISM Readability Toolkit* (3rd ed.). Kaiser Permanente Washington Health Research Institute.
- Rogers, W. A., Ramadhani, W. A., & Harris, M. T. (2020). Defining aging in place: The intersectionality of space, person, and time. *Innovation in Aging*, 4(4), 1–11.  
<https://doi.org/10.1093/geroni/igaa036>
- Santos, E. dos, Stutzbach, M., Trudeau, S. A., & Kariyawasam, S. (2021, October 1). *Occupational therapy and home modifications: Breaking new ground with Rebuilding Together*. <https://www.aota.org/publications/ot-practice/ot-practice-issues/2021/rebuilding-together-home-modifications>
- Schwei, R. J., Amesoudji, A. W., DeYoung, K., Madlof, J., Zambrano-Morales, E., Mahoney, J., & Jacobs, E. A. (2020). Older adults' perspectives regarding peer-to-peer support programs and maintaining independence. *Home Health Care Services Quarterly*, 39(4), 197–209. <https://doi.org/10.1080/01621424.2020.1778594>
- Stav, W. B., Hallenen, T., Lane, J., & Arbesman, M. (2012). Systematic review of occupational engagement and health outcomes among community-dwelling older adults. *The American Journal of Occupational Therapy*, 66(3), 301–310.  
<https://doi.org/10.5014/ajot.2012.003707>
- Tural, E., Lu, D., & Austin Cole, D. (2021). Safely and actively aging in place: Older adults' attitudes and intentions toward smart home technologies. *Gerontology & Geriatric Medicine*, 7, 23337214211017340. <https://doi.org/10.1177/23337214211017340>
- U.S. Department of Housing and Urban Development. (2013, Fall). *Aging in place: Facilitating choice and independence*.  
<https://www.huduser.gov/portal/periodicals/em/fall13/highlight1.html>
- Vanleerberghe, P., De Witte, N., Claes, C., Schalock, R. L., & Verté, D. (2017). The quality of life of older people aging in place: A literature review. *Quality of Life Research*, 26(11), 2899–2907. <https://doi.org/10.1007/s11136-017-1651-0>

W3C. (2019, October 4). *How to Meet WCAG (Quick Reference)*. Web Content Accessibility

Guidelines. <https://www.w3.org/WAI/WCAG21/quickref/?versions=2.0#contrast-minimum>

Wang, J., Du, Y., Coleman, D., Peck, M., Myneni, S., Kang, H., & Gong, Y. (2019). Mobile and

connected health technology needs for older adults aging in place: Cross-sectional

survey study. *JMIR Aging*, 2(1), e13864. <https://doi.org/10.2196/13864>

Wiseman, J. M., Stamper, D. S., Sheridan, E., Caterino, J. M., Quatman-Yates, C. C., &

Quatman, C. E. (2021). Barriers to the initiation of home modifications for older adults for fall prevention. *Geriatric Orthopaedic Surgery & Rehabilitation*, 12,

21514593211002160. <https://doi.org/10.1177/21514593211002161>

## **Appendix A: Scoping Review**

Acknowledgement to Scoping Review Faculty Advisor: Darla Coss, OTD, OTR/L, CHT

### **Aims**

Older adults have a desire to age in place, with up to 75% wanting to stay in their current residence.<sup>1</sup> Still, many older adults worry about being able to afford the necessary changes or expenses.<sup>2</sup> Rebuilding Together Minnesota (RTMN) is a nonprofit organization that works to ensure low-income older adults can make the necessary changes in their homes to age in their homes for longer.<sup>3</sup> They are a part of a national organization called Rebuilding Together with over 120 affiliates, RTMN being one of them, across the country in 38 states and the District of Columbia.<sup>4</sup> One specific program they offer is the Safe at Home program, which provides modifications in the homes of older adults and individuals with disabilities for home safety, fall prevention, and ramps so they can live safely and independently.<sup>5</sup> The problem associated with the Safe at Home program, however, is that there is a backlog of clients seeking home modification services with wait times of about a year or more.<sup>6</sup> This is due to the protocol for evaluating what home modifications an older adult requires being changed over the years by different program managers without being made cohesive.<sup>6</sup> This doctoral project will evaluate the Safe at Home program and provide solutions for processes to be improved and streamlined.

### **Aims**

The first aim of my doctoral project is to evaluate the Safe at Home program provided by RTMN. As stated above, the program has an issue with a backlog of clients and a protocol that cannot keep up with the need for evaluating older adults in their homes. This doctoral project will aim to determine what is going well in the program and what could be improved. This would mainly include a program evaluation of the Safe at Home program and comparing it to other Safe at Home programs from Rebuilding Together organizations in other states.<sup>6</sup>

The second aim of my doctoral project is to identify ways to improve the Safe at Home program provided by RTMN and educate the staff on how to implement the changes. This would involve

taking the information gained from the program evaluation, determining ways to improve the program, and giving those recommendations to the board members and staff of RTMN. Depending on the time frame left in the doctoral project after those recommendations have been made, in-service training for the staff of RTMN will be completed to help them learn how to implement the improvements.

### **The Payoff**

This doctoral project will help improve the Safe at Home program provided by RTMN. The improvements are expected to decrease the wait time for older adults to be served, increasing the number of older adults RTMN can help each year. The improvements are also expected to increase staff confidence and knowledge on adequately evaluating the older adults they serve.

### **Significance**

Aging in place is a complex topic with no clear consensus on a definition nor where one should age in place.<sup>7-9</sup> Aging in place is often thought of as aging in one's home for as long as possible until moving to a long-term care setting, but it can mean moving to a different private residential setting in their current community that better matches their needs or to new supportive housing or community.<sup>7,8</sup> The main component of aging in place is that the older adult can choose where they want to age.<sup>7,8</sup> Additionally, aging in place includes more than just the home but also includes the community.<sup>10</sup> The community plays an important part in maintaining quality of life through social inclusion while aging in place, the walkability of the sidewalks, public transportation, stores, medical offices, and more.<sup>2,7,10,11</sup>

### **Supports and Barriers**

Aging in place has multiple supports and barriers. The supports to aging in place include ones that make it easier to access resources like healthcare or household supplies, complete tasks in their private residence, and socialization.<sup>2,7,10,12-14</sup> This might include home modifications, walkable communities, public transportation, smart home technologies, and home

care services.<sup>2,7-10,12-14</sup> On the other hand, the barriers to aging in place include the lack of the aforementioned supports but can also include a decrease in cognition or physical ability, financial insecurity, unsafe communities, and the stigma related to poorer health and receiving help.<sup>2,7,9-11,13,15</sup>

Over 75% of older adults want to age in place,<sup>1</sup> but many do not feel that their home is suitable and requires home modifications.<sup>2</sup> Occupational therapy can be instrumental in determining reasonable home modifications to maximize positive impact while ensuring it fits into the home and lives of the older adult.<sup>16</sup> Some common home modifications are installing grab bars, no-step showers, handrails, emergency response systems, and smart home devices.<sup>1,12</sup> However, almost all home modifications are privately funded.<sup>2,17</sup> This can become very expensive depending on the older adult's needs, and many older adults don't have enough money saved for retirement.<sup>2</sup> Additionally, aging in place also tends to be a cheaper option than moving to a long-term care facility.<sup>2,18</sup> When looking for a contractor to complete home modifications, predatory behaviors, such as different quotes depending on socioeconomic status and gender, might make an older adult less likely to use a contractor.<sup>19</sup> Although home modifications can be expensive, they can be worth the cost. Regarding fall prevention, \$1 spent on home modifications saves \$1.50 on medical expenses.<sup>17</sup>

The community is another integral aspect of aging in place. The community includes buildings, like stores, medical centers, and the post office, sidewalks, public transportation, parks, and social hubs, like libraries, waiting rooms, and community centers.<sup>2,7,9-11,20</sup> The most challenging part of ensuring the community is a support to older adults aging in place instead of a barrier is that all of these services are accessible within walking distance, which is only 400 to 500 meters.<sup>7,21</sup> This includes access to public transportation systems so the destination can be within walking distance of where the public transportation has a stop. Still, the issue with public transportation is that it is generally made for commuters and less often for older adults moving around their community.<sup>2,7,21</sup> Also, paratransit services, like door-to-door, are available to older



adults, but over 50% of older adults don't qualify for ADA paratransit services since they don't have a serious disability, and these services are expensive to pay privately.<sup>2</sup>

Socialization and social support are also important aspects of aging in place and are often associated with the community. Maintaining socialization is vital to successfully age in place since social isolation leads to loneliness and decreased satisfaction.<sup>7,9-11,20,21</sup> One aspect of socialization is social support, which can come from family, friends, health care providers, volunteers, and more.<sup>2,7,10,21</sup> Peer-to-peer support programs are an example of social support that provides older adults aging in place volunteers to help them maintain independence mainly through assisting with community mobility and friendship through constant socialization.<sup>21</sup>

Smart home technology is often cited as a support for older adults wanting to age in place.<sup>7,12,14,22,23</sup> The positives of smart home technology is that it can help keep older adults connected to friends and family, they can assist in monitoring the health and wellness of older adults, automate common home tasks such as turning on the lights and controlling the thermostat, and assist with health-related tasks such as medication adherence.<sup>12,14,23</sup> The negative aspects of smart home technology include technology skepticism, rapid technological advances that make smart home technology obsolete, financial concerns over both the cost of the technology and the resale value of the home, and privacy concerns.<sup>12,14,22,23</sup>

Older adults tend to age in place until they can no longer, which usually occurs after a crisis or a change in condition and is generally after they are 85 years old.<sup>2</sup> Falls are a crisis event that can significantly affect an older adult and their functional ability.<sup>2,9,10,17,19,24</sup> Home modifications, as described above, are great ways to reduce the risk of falls, but older adults usually wait until they are a high risk for falls to complete home modifications.<sup>19</sup> Additionally, the average wait time for home modifications is 23 days, which is a long time for a high-risk older adult to live in their home and dramatically increases the chance of a fall.<sup>19</sup> Older adults also tend to avoid the term fall, and health care providers need to be educated on the words they usually use to describe a fall, such as a stumble, trip, or that they became unsteady.<sup>10</sup> In

addition to falls, other health-related risks, such as a decline in cognitive or physical function, hospitalizations, and spousal loss can make it harder for an older adult to age in place and successfully complete their daily tasks.<sup>10,15,16,24,25</sup> Caregiving, both informal through friends and family and formal through home care services, can help an older adult with cognitive or physical difficulties age in place longer and delay moving to a long-term care setting.<sup>2,7,10,15,16,21,25</sup> However, this puts a strain on the informal caregivers and might lead them to need to move to a long-term care setting sooner.<sup>2</sup> Occupational therapy can help with caregiver burden by educating the caregiver on skills training, available resources, and how to take care of themselves as well.<sup>16</sup>

### **Rebuilding Together Minnesota**

The proposed doctoral project will improve the interprofessional work at RTMN. As described above, RTMN has a backlog of older adult clients, and this doctoral project will evaluate the Safe at Home program to improve the efficiency and effectiveness of the evaluation. This contribution will be significant because RTMN would be able to serve older adults in a timely manner and serve more older adults since they can help them faster. Additionally, assisting these older adult homeowners, who want to stay in their homes but cannot afford the needed home modifications, will increase their independence and decrease their risk of falls and other related health risks.<sup>2,7,17</sup>

### **Innovation**

RTMN, formally known as Rebuilding Together – Twin Cities, was founded in 1997<sup>26</sup> and is a nonprofit organization that works to ensure low-income homeowners can live independently and safely in their homes.<sup>3</sup> Their mission is “repairing homes, revitalizing communities, rebuilding lives.”<sup>3</sup> RTMN has three primary programs that they offer. The first is the Safe at Home program described above in the aims section. The second is the Home Repair program, which provides repairs in the homes of older adults and others for interior and exterior improvements and the replacement of essential systems so they can live safely.<sup>27</sup> The third is

the Community Revitalization program, which provides facility repairs and improvements for nonprofit organizations.<sup>28</sup> This doctoral project will focus on the Safe at Home program.

RTMN is important since they are one of the few Twin Cities organizations offering free home modification services to low-income older adults wanting to age in place.<sup>5</sup> In 2021, they served 250 low-income residents in Minnesota with home repair services and accessibility modifications.<sup>29</sup> Making sure that the home older adults choose to age in place has the proper home modifications for them, like grab bars or brighter lights, ensures that the home is safe for the older adult.<sup>2</sup> This results in the older adult being able to age in place longer instead of needing to move elsewhere, which tends to be a lot more expensive, especially for low-income homeowners.<sup>2</sup>

As previously stated, RTMN has a backlog of clients in their Safe at Home program that is causing a significant backlog of homeowners that they want to help but cannot.<sup>6</sup> This doctoral project will evaluate the current Safe at Home program, find a way to streamline the process of evaluating older adults for home modification recommendations, and give those recommendations to the staff. If time allows, staff education will also occur on the new process. This will remove the bottleneck from the Safe at Home program so RTMN can help older adults promptly and help more older adults.

### **Approach**

This doctoral project will use the Framework for Program Evaluation from the Centers for Disease Control and Prevention as the conceptual framework. The framework is a practical and nonprescriptive tool designed to summarize and organize the various aspects of a program evaluation.<sup>30</sup> The framework has six steps: engage stakeholders, describe the program, focus the evaluation design, gather credible evidence, justify conclusions, and ensure use and share lessons learned.<sup>30</sup> These steps, which don't necessarily go in order but generally follow each other,<sup>30</sup> will guide the program evaluation of the Safe at Home program.

## Aim One

The first aim of my doctoral project is to evaluate the Safe at Home program provided by RTMN. This aim will focus on the first four steps in the Framework for Program Evaluation, which include: engage stakeholders, describe the program, focus the evaluation design, and gather credible evidence.<sup>30</sup>

The first step of the framework is to engage stakeholders.<sup>30</sup> Stakeholders are those with an investment in the evaluation or program being evaluated,<sup>30</sup> who care about the program,<sup>31</sup> or who may be affected by the program.<sup>32</sup> Additionally, project partners, which are individuals that will help with the evaluation, and knowledge users, which are individuals that will use the knowledge from the evaluation and make informed decisions based on that knowledge, are both types of stakeholders as well.<sup>32,33</sup> Both project partners and knowledge users can include service providers, consumers, decision-makers, and volunteers of the program as well as the public or researchers.<sup>33</sup> The stakeholders for this project include the board members and staff at RTMN, the funders of RTMN, and the older adults that RTMN serves. The executive director of RTMN and the program director of the Safe at Home program are project partners that have been integrated from the start of the project and will be involved throughout the project. The rest of the RTMN board members and staff are knowledge users will be integrated throughout the project to be kept up to date on the project and its findings. Engaging stakeholders at the start of the program evaluation to help create it and decide on the objectives and throughout can assist with obtaining useful information, increase successful outcomes and implementation, and increase the quality and utilization of the evaluation.<sup>34,35</sup> The funders of RTMN, which are knowledge users, will be engaged at the end of the project to notify them about how the program was improved, and the older adults RTMN serves will be indirectly engaged by the improvements the RTMN staff will incorporate into the program.

The second step of the framework is to describe the program.<sup>30</sup> This step involves defining the need, expected effects, activities, resources, stage of development, context, and

logic model that the program has.<sup>30</sup> Taking the time to define the program ensures that the evaluator has a clear picture of what the program is, what the stakeholders think the important aspects of the program are, and what needs to be evaluated.<sup>31</sup> For this project, the Safe at Home program provides home modification services to older adults wanting to age in place.<sup>5</sup>

The third step of the framework is to focus on the evaluation design.<sup>30</sup> Deciding on the purpose of the evaluation, the users and how it will be used, the questions the evaluation will answer, the methods for achieving the evaluation, and relevant agreements are made helps ensure the evaluation is well designed to meet the needs of the stakeholders and uses the available resources efficiently.<sup>30,36</sup> For this project, there are three evaluation goals: to evaluate the Safe at Home program, share knowledge gained from the evaluation, and facilitate practice change within RTMN based on the evaluation. The evaluation will mainly be summative since it will determine how the program is working<sup>34</sup> but will include some formative aspects since it will compare the Safe at Home program at RTMN to other Safe at Home programs in other affiliates across the country when a benchmark is available.<sup>34</sup>

The fourth step of the framework is to gather credible evidence.<sup>30</sup> This step involves deciding what data to collect, where to collect the data, assessing the quality of the data, deciding if there is enough data collected, and the logistics of the evaluation.<sup>30</sup> This is another crucial step to engage the relevant stakeholders since if they have input on the type of data to collect, they are more likely to accept the evaluation results and implement the recommendations.<sup>30</sup> Additionally, using multiple types of methods for data collection increases the credibility of the results.<sup>31</sup> For this doctoral project, the data collection might include interviews, surveys, and focus groups of the people who help with the Safe at Home program, looking at past documents associated with the program, and observing the RTMN staff as they work on tasks for the program.<sup>30,37-39</sup>

## Aim Two

The second aim of my doctoral project is to identify ways to improve the Safe at Home program provided by RTMN and educate the staff on how to implement the changes. This aim will take the information gathered in the first aim's evaluation, determine how best to improve the Safe at Home program, and educate the staff at RTMN on what changes to make. This aim covers the last two steps of the Framework for Program Evaluation, which include: justify conclusions, ensure use, and share lessons learned.<sup>30</sup>

The fifth step of the framework is to justify conclusions.<sup>30</sup> This includes defining the standards of the evaluation, the analysis and synthesis of the findings, the interpretation of the findings, making judgments on the findings, and deciding on the recommendations that will be made.<sup>30</sup> For this project, this will mean looking at the data from the Safe at Home program evaluation, interpreting the data, and coming up with ways to improve the program. The recommendations formed in this step will need to be supported by the evidence from step four and also align with the values and mission of RTMN<sup>31</sup>, which would be defined in step two.

The sixth and final step of the framework is to ensure use and share lessons learned.<sup>30</sup> This step is thought about throughout the entire process since it includes ensuring the design of the evaluation meets how users of the program will use it.<sup>30</sup> It also includes the preparation of the evaluation, the feedback on the evaluation, follow-up with the users after implementation of the recommendations, and the dissemination of the findings.<sup>30</sup> Additionally, this step can be considered the main knowledge translation step since it is when the stakeholders, or knowledge users, are given the evaluation results and recommendations.<sup>33</sup> For this doctoral project, the recommendations formed in step five will be given to the board members and staff at RTMN. If time permits, further education on how to implement the recommendations will be given as well as time for the staff to implement them and have a follow-up to discuss if the recommendations are working well and how to implement them better. This would mean that the board members and staff at RTMN would get a plain language summary of the evaluation and if time permits,

they would receive in-service training on implementing the recommendations.<sup>33</sup> The recommendations, or knowledge translation, will additionally be evaluated, which might include use indicators, program indicators, and knowledge change<sup>33</sup>, it depends on what time will permit.

## **Feasibility**

The executive director of RTMN and the Safe at Home program director have provided support for the program evaluation of the Safe at Home program.<sup>6</sup> There are numerous publications discussing how to conduct a program evaluation, collect data, and disseminate the findings among relevant stakeholders,<sup>30,31,34,36–39</sup> as explained above. Additionally, occupational therapy has a vital role in program evaluation, especially in community-based programs,<sup>40</sup> like the Safe at Home program from RTMN. Occupational therapists can provide a holistic focus of the program and its stakeholders, promote participation and independence, modify the program through task analysis, and prevent unintentional barriers to community integration, accessibility, and social inclusion.<sup>40</sup>

## **IRB**

Ethics is integral to conducting a capstone project since it ensures all people involved are treated fairly and not exploited. St. Catherine University's Institutional Review Board (IRB) will evaluate the ethical considerations of this doctoral project. Although this doctoral project is a program evaluation for Rebuilding Together Minnesota, which doesn't need IRB approval<sup>41</sup>, the doctoral project includes other aspects that do require IRB approval since it is associated with St. Catherine University.<sup>41</sup> These include that the doctoral project will be presented to the public, will likely include interviews, surveys, and focus groups during the program evaluation, and may require access to sensitive data or records from clients of Rebuilding Together Minnesota. I have also completed at least one mandatory Human Subject Research course from CITI Training,<sup>41</sup> which expires in June 2024.

## References

1. Binette, J. (2021). 2021 AARP home and community preferences survey: A national survey of adults age 18-plus. *AARP Research*. <https://doi.org/10.26419/res.00479.001>
2. U.S. Department of Housing and Urban Development. (2013, Fall). *Aging in place: Facilitating choice and independence*.  
<https://www.huduser.gov/portal/periodicals/em/fall13/highlight1.html>
3. Rebuilding Together Minnesota. (n.d.). *About*. <https://rtmn.org/about/>
4. Rebuilding Together. (n.d.). *Frequently asked questions*. <https://rebuildingtogether.org/faq>
5. Rebuilding Together Minnesota. (n.d.). *Safe at home program*. <https://rtmn.org/apply-for-help/safe-at-home-program/>
6. Greiner, K., & Pfannenstiel, T. (2022, May 5). [Personal communication].
7. Bigonnesse, C., & Chaudhury, H. (2020). The landscape of “aging in place” in gerontology literature: Emergence, theoretical perspectives, and influencing factors. *Journal of Aging & Environment*, 34(3), 233–251. <https://doi.org/10.1080/02763893.2019.1638875>
8. Rogers, W. A., Ramadhani, W. A., & Harris, M. T. (2020). Defining aging in place: The intersectionality of space, person, and time. *Innovation in Aging*, 4(4), 1-11.  
<https://doi.org/10.1093/geroni/igaa036>
9. Chum, K., Fitzhenry, G., Robinson, K., Murphy, M., Phan, D., Alvarez, J., Hand, C., Laliberte Rudman, D., & McGrath, C. (2022). Examining community-based housing models to support aging in place: A scoping review. *The Gerontologist*, 62(3), e178–e192.  
<https://doi.org/10.1093/geront/gnaa142>
10. Brim, B., Fromhold, S., & Blaney, S. (2021). Older adults’ self-reported barriers to aging in place. *Journal of Applied Gerontology*, 40(12), 1678–1686.  
<https://doi.org/10.1177/0733464820988800>
11. Lewis, C., & Buffel, T. (2020). Aging in place and the places of aging: A longitudinal study. *Journal of Aging Studies*, 54, 100870. <https://doi.org/10.1016/j.jaging.2020.100870>



12. Wang, J., Du, Y., Coleman, D., Peck, M., Myneni, S., Kang, H., & Gong, Y. (2019). Mobile and connected health technology needs for older adults aging in place: Cross-sectional survey study. *JMIR Aging*, 2(1), e13864. <https://doi.org/10.2196/13864>
13. Fausset, C. B., Mayer, A. K., Rogers, W. A., & Fisk, A. D. (2009). Understanding aging in place for older adults: A needs analysis. *Proc Hum Factors Ergon Soc Annu Meet*, 53(8), 521–525. <https://doi.org/10.1177/154193120905300808>
14. Tural, E., Lu, D., & Austin Cole, D. (2021). Safely and actively aging in place: Older adults' attitudes and intentions toward smart home technologies. *Gerontology & Geriatric Medicine*, 7, 23337214211017340. <https://doi.org/10.1177/23337214211017340>
15. Mayo, C. D., Kenny, R., Scarapicchia, V., Ohlhauser, L., Syme, R., & Gawryluk, J. R. (2021). Aging in place: Challenges of older adults with self-reported cognitive decline. *Canadian Geriatrics Journal: CGJ*, 24(2), 138–143. <https://doi.org/10.5770/cgj.24.456>
16. Fields, B., Rodakowski, J., Jewell, V. D., Arthanat, S., Park, M., Piersol, C. V., Schepens Niemiec, S. L., Womack, J., & Mroz, T. M. (2021). Unpaid caregiving and aging in place in the United States: Advancing the value of occupational therapy. *The American Journal of Occupational Therapy*, 75(5), 7505347010. <https://doi.org/10.5014/ajot.2021.044735>
17. Eriksen, M. D., Greenhalgh-Stanley, N., & Engelhardt, G. V. (2015). Home safety, accessibility, and elderly health: Evidence from falls. *Journal of Urban Economics*, 87, 14–24. <https://doi.org/10.1016/j.jue.2015.02.003>
18. Vanleerberghe, P., De Witte, N., Claes, C., Schalock, R. L., & Verté, D. (2017). The quality of life of older people aging in place: A literature review. *Quality of Life Research*, 26(11), 2899–2907. <https://doi.org/10.1007/s11136-017-1651-0>
19. Wiseman, J. M., Stamper, D. S., Sheridan, E., Caterino, J. M., Quatman-Yates, C. C., & Quatman, C. E. (2021). Barriers to the initiation of home modifications for older adults for fall prevention. *Geriatric Orthopaedic Surgery & Rehabilitation*, 12, 21514593211002160. <https://doi.org/10.1177/21514593211002161>

20. Gardner, P. J. (2011). Natural neighborhood networks—Important social networks in the lives of older adults aging in place. *Journal of Aging Studies*, 25(3), 263–271.  
<https://doi.org/10.1016/j.jaging.2011.03.007>
21. Schwei, R. J., Amesoudji, A. W., DeYoung, K., Madlof, J., Zambrano-Morales, E., Mahoney, J., & Jacobs, E. A. (2020). Older adults' perspectives regarding peer-to-peer support programs and maintaining independence. *Home Health Care Services Quarterly*, 39(4), 197–209. <https://doi.org/10.1080/01621424.2020.1778594>
22. Mitzner, T. L., Boron, J. B., Fausset, C. B., Adams, A. E., Charness, N., Czaja, S. J., Dijkstra, K., Fisk, A. D., Rogers, W. A., & Sharit, J. (2010). Older adults talk technology: Technology usage and attitudes. *Computers in Human Behavior*, 26(6), 1710–1721.  
<https://doi.org/10.1016/j.chb.2010.06.020>
23. Choi, Y. K., Lazar, A., Demiris, G., & Thompson, H. J. (2019). Emerging smart home technologies to facilitate engaging with aging. *Journal of Gerontological Nursing*, 45(12), 41–48. <https://doi.org/10.3928/00989134-20191105-06>
24. Lindquist, L. A., Ramirez-Zohfeld, V., Sunkara, P., Forcucci, C., Campbell, D., Mitzen, P., & Cameron, K. A. (2016). Advanced life events (ALEs) that impede aging-in-place among seniors. *Archives of Gerontology and Geriatrics*, 64, 90–95.  
<https://doi.org/10.1016/j.archger.2016.01.004>
25. Stav, W. B., Hallenen, T., Lane, J., & Arbesman, M. (2012). Systematic review of occupational engagement and health outcomes among community-dwelling older adults. *The American Journal of Occupational Therapy*, 66(3), 301–310.  
<https://doi.org/10.5014/ajot.2012.003707>
26. Rebuilding Together Minnesota. (2021). *Gratitude report 2020*. <https://rtmn.org/wp-content/uploads/2021/09/RTTC-2020-Annual-Report.pdf>
27. Rebuilding Together Minnesota. (n.d.). *Home repair program*. <https://rtmn.org/apply-for-help/home-repair-program/>

28. Rebuilding Together Minnesota. (n.d.). *Community revitalization program*. Rebuilding Together Minnesota. <https://rtmn.org/apply-for-help/non-profit-facility-program/>
29. Rebuilding Together Minnesota. (2022, February 22). 2021 services impact hundreds. <https://rtmn.org/2021-services-impact-hundreds/>
30. Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. *MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports*, 48(RR-11), 1–40.  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>
31. Milstein, B., Wetterhall, S., & CDC Evaluation Working Group. (n.d.). *A framework for program evaluation: A gateway to tools*. Community Tool Box.  
<https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/framework-for-evaluation/main>
32. Canadian Institutes of Health Research. (2022, July 22). *Glossary of funding-related terms*.  
<https://cihr-irsc.gc.ca/e/34190.html#s>
33. Barwick, M. (2019). *Knowledge translation planning template*. The Hospital for Sick Children.
34. Liket, K. C., Rey-Garcia, M., & Maas, K. E. H. (2014). Why aren't evaluations working and what to do about it: A framework for negotiating meaningful evaluation in nonprofits. *American Journal of Evaluation*, 35(2), 171–188.  
<https://doi.org/10.1177/1098214013517736>
35. Chacón Moscoso, S., Chaves, S. S., Vidal, M. P., & Teresa Anguera Argilaga, M. (2013). Reporting a program evaluation: Needs, program plan, intervention, and decisions. *International Journal of Clinical and Health Psychology*, 13(1), 58–66.  
[https://doi.org/10.1016/S1697-2600\(13\)70008-5](https://doi.org/10.1016/S1697-2600(13)70008-5)
36. Hampton, C. (n.d.). *Developing an evaluation plan*. Community Tool Box.  
<https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/evaluation-plan/main>

37. Adams, W. C. (2015). Conducting semi-structured interviews. In K. E. Newcomer, H. P. Hatry, & J. S. Wholey (Eds.), *Handbook of Practical Program Evaluation* (4th ed., pp. 492–505). John Wiley & Sons, Inc. <https://doi.org/10.1002/9781119171386.ch19>
38. Hampton, C., & Vilela, M. (n.d.). *Conducting surveys*. Community Tool Box. <https://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources/conduct-surveys/main>
39. Krueger, R. A., & Casey, M. A. (2015). Focus group interviewing. In K. E. Newcomer, H. P. Hatry, & J. S. Wholey (Eds.), *Handbook of Practical Program Evaluation* (4th ed., pp. 506–534). John Wiley & Sons, Ltd. <https://doi.org/10.1002/9781119171386.ch20>
40. Popova, E. S., & Wescott, J. J. (2019). Art as occupation: Promoting the occupational therapy role in evaluating community-based programs. *SIS Quarterly Practice Connections*, 4(1), 5–7. <https://www.aota.org/publications/sis-quarterly/children-youth-sis/cysis-2-19>
41. St. Catherine University. (n.d.). *IRB application process*. <https://www.stkate.edu/academics/research/spree/irb/application-process>

## Appendix B: Scoping Review Poster Presentation

### Supports and Barriers to Older Adults Aging in Place: A Mini Scoping Review

Zachary Wells, OTS

Faculty Advisor: Darla Coss, OTD, OTR/L, CHT

Occupational Therapy Department, St. Catherine University

#### Background

- Aging in place is a complex topic with no clear consensus on a definition nor where one should age in place.<sup>1,3</sup>
- Over 75% of older adults want to age in place.<sup>4</sup>
- It can mean staying in one's home, moving to a new private residence in the same or a different community, or moving to supportive housing, the important part is that the older adult has a choice.<sup>1,2</sup>

#### Objective

- To answer the questions:
  - What is the nature of the evidence on the supports and barriers to older adults aging in place?
  - What are the best practices for program evaluation in community non-profit organizations to maximize efficiency and productivity?

#### Methods

- Searched Google Scholar, CINHAL Complete, Cochrane Library, and PubMed with keywords: "older adult" OR "frail elderly" and "community dwelling" and "aging in place" and "supports and barriers"
- Searched Google Scholar, CINAH Complete, Cochrane Library, PubMed, AJOT, and AOTA with keywords: "program evaluation" or "program effectiveness" or "program assessment" and "best practices" and "guidelines" and "productivity" and "efficiency" and "performance" and "nonprofit" or "nonprofit organization"
- Manually reviewing reference lists from applicable studies.
- Reviewed recommended resources from scholar in field.
- Searched Google for governmental and organizational resources with the same key words above and filtering the searches with .gov or .org.



#### Findings

- Common home modifications include installing grab bars, no-step showers, handrails, emergency response systems, and smart home devices.<sup>4,5</sup>
- The community includes the public spaces, like parks and sidewalks, grocery store, post office, health clinics, and more.<sup>1,3,6-9</sup> For the older adult to successfully engage with the community, everything needs to be in walking distance, which is 400 – 500 meters.<sup>1,10</sup>
- Social isolation leads to loneliness and decreased life satisfaction.<sup>1,3,6,8-10</sup> Interactions from family, friends, volunteers, and strangers can be beneficial for socialization.<sup>1,6,7,10</sup>
- Smart home technology can be beneficial for staying connected to family and friends, monitoring health and wellbeing, automate common household tasks like turning on the lights or changing the temperature, and assist with medication adherence.<sup>5,11,12</sup>
- Older adults tend to age in place until they cannot anymore, which usually occurs after age 85 and a crisis or a change in condition event. These include falls, hospitalizations, decline in cognitive or physical abilities, and spousal loss.<sup>3,6,7,13-17</sup>

#### Supports

- Walkable communities
- Public transportation
- Home modifications
- Socialization
- Home care services
- Smart home technology

1,5-8,11,12,18

#### Barriers

- Decline in cognitive ability
- Decline in physical ability
- Financial insecurity
- Unsafe communities
- Stigma associated with poorer health and receiving help

1,3,6,7,9,13,14,18

#### Approach

- The Framework for Program Evaluation from the CDC<sup>19</sup> will be used during the doctoral capstone project to guide the evaluation of the Safe at Home program provided by Rebuilding Together Minnesota.<sup>20</sup>

#### Discussion

- Occupational therapy can be an integral part for home modifications since they can determine what modifications fit into the lives and homes of the older adult.<sup>21</sup>
- Home modifications can be very expensive and are usually paid out of pocket.<sup>7,15</sup> These changes can be worth the cost. When looking at falls, \$1 spent on home modifications saves \$1.50 on medical costs.<sup>15</sup>
- Home modifications can support the older adult in aging in place, but the average wait time for home modification services is 23 days, which is a long time to live in a home without those modifications.<sup>16</sup>
- Public transportation routes tend to be made with commuters in mind instead of older adults.<sup>1,7,10</sup>
- Occupational therapy has a role in program evaluations since they can provide a holistic focus, promote participation and independence, use task analysis, and prevent unintentional barriers to community integration, accessibility, and social inclusion.<sup>22</sup>

#### Conclusion

- Aging in place is a complex topic that is different for each older adult, so occupational therapy should be involved in each step to ensure the needs of older adults are being met.
- We should provide home modification services sooner than 23 days.
- We should plan communities so they are more walkable and plan public transportation routes to better suit the needs of older adults.

#### References

- Available upon request

## References

1. Bigonnesse, C., & Chaudhury, H. (2020). The landscape of “aging in place” in gerontology literature: Emergence, theoretical perspectives, and influencing factors. *Journal of Aging & Environment*, 34(3), 233–251. <https://doi.org/10.1080/02763893.2019.1638875>
2. Rogers, W. A., Ramadhani, W. A., & Harris, M. T. (2020). Defining aging in place: The intersectionality of space, person, and time. *Innovation in Aging*, 4(4), 1-11. <https://doi.org/10.1093/geroni/igaa036>
3. Chum, K., Fitzhenry, G., Robinson, K., Murphy, M., Phan, D., Alvarez, J., Hand, C., Laliberte Rudman, D., & McGrath, C. (2022). Examining community-based housing models to support aging in place: A scoping review. *The Gerontologist*, 62(3), e178–e192. <https://doi.org/10.1093/geront/gnaa142>
4. Binette, J. (2021). 2021 AARP home and community preferences survey: A national survey of adults age 18-plus. *AARP Research*. <https://doi.org/10.26419/res.00479.001>
5. Wang, J. (2018). Mobile and Connected Health Technologies for Older Adults Aging in Place. *Journal of Gerontological Nursing*, 44(6), 3–5. <https://doi.org/10.3928/00989134-20180509-01>
6. Brim, B., Fromhold, S., & Blaney, S. (2021). Older adults’ self-reported barriers to aging in place. *Journal of Applied Gerontology*, 40(12), 1678–1686. <https://doi.org/10.1177/0733464820988800>
7. U.S. Department of Housing and Urban Development. (2013, Fall). Aging in place: Facilitating choice and independence. <https://www.huduser.gov/portal/periodicals/em/fall13/highlight1.html>
8. Gardner, P. J. (2011). Natural neighborhood networks—Important social networks in the lives of older adults aging in place. *Journal of Aging Studies*, 25(3), 263–271. <https://doi.org/10.1016/j.jaging.2011.03.007>
9. Lewis, C., & Buffel, T. (2020). Aging in place and the places of aging: A longitudinal study. *Journal of Aging Studies*, 54, 100870. <https://doi.org/10.1016/j.jaging.2020.100870>

10. Schwei, R. J., Amesoudji, A. W., DeYoung, K., Madlof, J., Zambrano-Morales, E., Mahoney, J., & Jacobs, E. A. (2020). Older adults' perspectives regarding peer-to-peer support programs and maintaining independence. *Home Health Care Services Quarterly*, 39(4), 197–209. <https://doi.org/10.1080/01621424.2020.1778594>
11. Tural, E., Lu, D., & Austin Cole, D. (2021). Safely and actively aging in place: Older adults' attitudes and intentions toward smart home technologies. *Gerontology & Geriatric Medicine*, 7, 23337214211017340. <https://doi.org/10.1177/23337214211017340>
12. Choi, Y. K., Lazar, A., Demiris, G., & Thompson, H. J. (2019). Emerging smart home technologies to facilitate engaging with aging. *Journal of Gerontological Nursing*, 45(12), 41–48. <https://doi.org/10.3928/00989134-20191105-06>
13. Mayo, C. D., Kenny, R., Scarapicchia, V., Ohlhauser, L., Syme, R., & Gawryluk, J. R. (2021). Aging in place: Challenges of older adults with self-reported cognitive decline. *Canadian Geriatrics Journal: CGJ*, 24(2), 138–143. <https://doi.org/10.5770/cgj.24.456>
14. Lindquist, L. A., Ramirez-Zohfeld, V., Sunkara, P., Forcucci, C., Campbell, D., Mitzen, P., & Cameron, K. A. (2016). Advanced life events (ALEs) that impede aging-in-place among seniors. *Archives of Gerontology and Geriatrics*, 64, 90–95. <https://doi.org/10.1016/j.archger.2016.01.004>
15. Eriksen, M. D., Greenhalgh-Stanley, N., & Engelhardt, G. V. (2015). Home safety, accessibility, and elderly health: Evidence from falls. *Journal of Urban Economics*, 87, 14–24. <https://doi.org/10.1016/j.jue.2015.02.003>
16. Wiseman, J. M., Stamper, D. S., Sheridan, E., Caterino, J. M., Quatman-Yates, C. C., & Quatman, C. E. (2021). Barriers to the initiation of home modifications for older adults for fall prevention. *Geriatric Orthopaedic Surgery & Rehabilitation*, 12, 21514593211002160. <https://doi.org/10.1177/21514593211002161>
17. Stav, W. B., Hallenen, T., Lane, J., & Arbesman, M. (2012). Systematic review of occupational engagement and health outcomes among community-dwelling older adults. *The American Journal of Occupational Therapy*, 66(3), 301–310. <https://doi.org/10.5014/ajot.2012.003707>

18. Fausset, C. B., Mayer, A. K., Rogers, W. A., & Fisk, A. D. (2009). Understanding aging in place for older adults: A needs analysis. *Proc Hum Factors Ergon Soc Annu Meet*, 53(8), 521–525. <https://doi.org/10.1177/154193120905300808>
19. Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. *MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports*, 48(RR-11), 1–40.  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>
20. Rebuilding Together Minnesota. (n.d.). Safe at home program. <https://rtmn.org/apply-for-help/safe-at-home-program/>
21. Fields, B., Rodakowski, J., Jewell, V. D., Arthanat, S., Park, M., Piersol, C. V., Schepens Niemiec, S. L., Womack, J., & Mroz, T. M. (2021). Unpaid caregiving and aging in place in the United States: Advancing the value of occupational therapy. *The American Journal of Occupational Therapy*, 75(5), 7505347010. <https://doi.org/10.5014/ajot.2021.044735>
22. Popova, E. S., & Wescott, J. J. (2019). Art as occupation: Promoting the occupational therapy role in evaluating community-based programs. *SIS Quarterly Practice Connections*, 4(1), 5–7. <https://www.aota.org/publications/sis-quarterly/children-youth-sis/cysis-2-19>



## Appendix C: Needs Assessment

### Part 1: Description of the Organization or Community

#### *Description of Organization/Community*

Rebuilding Together Minnesota (RTMN), which was formally known as Rebuilding Together – Twin Cities, was founded in 1997<sup>1</sup> and is a nonprofit organization that works to ensure low-income older adults can make the necessary changes in their homes to age in their homes for longer.<sup>2</sup> They are a part of a national organization called Rebuilding Together with over 120 affiliates, RTMN being one of them, across the country in 38 states and the District of Columbia.<sup>3</sup>

The mission statement for RTMN is “Repairing homes, revitalizing communities, rebuilding lives.”<sup>2</sup> There is no specific vision statement that RTMN has on their website, but there is a statement on their website that speaks to their vision and who they are, “Since 1997, we’ve been working year-round to sustain healthy neighborhoods and ensure that people in need can live independently and safely in their homes. Through individual and corporate sponsors and volunteer efforts, we provide opportunities for community involvement and impact the places people in our community live and gather.”<sup>2</sup> Additionally, their 2020 audit outlines the Healthy Housing Principles they adhere to, which is “We [implement] a Healthy Housing Principles-based approach and incorporate the seven Principles of Healthy Homes into practice (keep it: dry, clean, ventilated, pest-free, safe, contaminant-free, and maintained).”<sup>4</sup>

The primary stakeholders include the board members and staff at RTMN and the older adults that RTMN serves. The secondary stakeholders include the funders of RTMN, the national Rebuilding Together organization, and the Minnesota community that RTMN serves.

One specific program RTMN offers is the Safe at Home program, which provides modifications in the homes of older adults and individuals with disabilities for home safety, fall prevention, and ramps so they can live safely and independently.<sup>5</sup> The problem associated with the Safe at Home program, however, is that there is a backlog of clients seeking home modification services with wait times of about a year or more.<sup>6</sup> This is due to the protocol for evaluating what home modifications an older adult requires being changed over the years by different program managers without being made cohesive.<sup>6</sup>

#### *Priority/Need/Issue #1:*

Primary Goal: Streamline the protocol for the Safe at Home program to decrease wait times for the program and increase how many older adults can be helped.

Strategy: A program evaluation of the Safe at Home program will be completed to identify ways to improve the program. This program evaluation will use the Framework for Program Evaluation from the Centers for Disease Control and Prevention as the conceptual framework. Collaboration with the RTMN staff will be crucial throughout this evaluation. This project will include recommendations on the improvement for the program and education for the staff on how to implement the improvements. The project is expected to decrease the wait time for older adults and increase the number of older adults RTMN can help each year.

#### *Priority/Need/Issue #2:*

Primary Goal: Increase the involvement of occupational therapy services during the process of evaluating what home modifications an older adult requires.

Strategy: Currently, RTMN works with occupational therapy students from St. Catherine University to help evaluate a limited number of older adult homes once a year. RTMN values occupational therapy’s role in determining both what home modifications older adults want but also what they would benefit from. RTMN does not have the budget to hire their own occupational therapist to conduct more home assessments, but does receive funding from the Live Well at Home grant from the Minnesota Department of Human Services.<sup>6</sup> The

project would determine if funding for an occupational therapist can come from that grant or other billing sources as well as creating and justifying the position.

*Priority/Need/Issue #3:*

Primary Goal: Broaden the scope of RTMN to assist more older adults.

Strategy: Recently, RTMN has changed from only working in the Twin Cities metro area to expanding to more rural communities throughout Minnesota. The project would evaluate how well the expansion has gone, including how well they have been able to apply what they do in the Twin Cities metro area to rural communities, their volunteer network in rural communities, and the resources they are using in the rural communities.

The Priority/Need/Issue #1 focused on streamlining the Safe at Home program will be the focus of this Needs Assessment.

**Part 2: Preliminary Information and Resources for Learning about a Priority/Need/Issue**

*Internal Information and Resources*

Name of Information or Resource	Description of Information or Resource	Brief Summary of Key Learning
Meeting with the Executive Director of RTMN and Safe at Home Manager	A meeting with Kathy Greiner, the executive director of RTMN, and Tom Pfannenstiel, the Safe at Home Manager to discuss the needs of RTMN and the direction of the doctoral capstone project.	There is a wait time of about a year or more for the Safe at Home program due to the protocol for evaluation being changed every year by a new person without being made cohesive. They would like to have an OT assessment for every older adult but need to find the funding for this.
<u>Gratitude Report 2021</u>	A yearly report put out by Rebuilding Together Minnesota.	The report describes the different types of projects they worked on in the past year, their financial statements and sources of revenue, their volunteers, and the households they served. <sup>1</sup> The report also talks about their work on expanding from Rebuilding Together Twin Cities to Rebuilding Together Minnesota and their expansion of services to Cottonwood, Jackson, Nobles, and Pipestone Counties.
<u>Safe at Home page on the RTMN website</u>	The page that gives an overview of the Safe at Home program.	The page describes the basics of the program, has a video that shows the impact the program has had on the lives of the people they help, as well as the qualifications an applicant needs to meet in order to qualify for the program and how to apply. <sup>5</sup>

### External Information

Name of Information or Resource	Description of Information or Resource	Brief Summary of Key Learning
Framework for program evaluation in public health 7	Article published in the Morbidity and Mortality Weekly Report by the Centers for Disease Control and Prevention.	The framework is a practical and nonprescriptive tool designed to summarize and organize the various aspects of a program evaluation. <sup>7</sup> The framework has six steps: engage stakeholders, describe the program, focus the evaluation design, gather credible evidence, justify conclusions, and ensure use and share lessons learned. <sup>7</sup>
Why Aren't Evaluations Working and What To Do About It: A Framework for Negotiating Meaningful Evaluation in Nonprofits 8	Article published in the American Journal of Evaluation.	The article describes how evaluations, especially for nonprofit organizations, tend to fail due to failed miscommunication and the reliance on evaluations that are not fit for the organization's questions. <sup>8</sup> The article outlines ways to ensure the evaluation's purpose, question, and what levels of effect the evaluation should measure are understood by everyone involved in the evaluation. <sup>8</sup>
The Landscape of "Aging in Place" in Gerontology Literature: Emergence, Theoretical Perspectives, and Influencing Factors 9	Article published in the Journal of Aging and Environment	The article gives a great overview of aging in place including what aging in place can be, supports and barriers to aging in place, and the various factors that influence aging in place. Understanding aging in place can help inform the program evaluation of a program focused on helping older adults age in place.
<u>The Minnesota Board on Aging State Plan 2019-2022</u>	A report published from the Minnesota Board on Aging	The reports details the achievements and the programs/activities/services that are provided for older adults in Minnesota. <sup>10</sup> Specifically, the reports contains information on older adult homeowners and their needs, such as where they live, what kind of help they require in relation to their home, and their thoughts on staying in their home or moving elsewhere. <sup>11</sup>

### Gaps in Learning:

- How similar programs are run by other nonprofit organizations.
  - Other state affiliates of Rebuilding Together
  - Age-Well at Home program by Twin Cities Habitat for Humanity
- The current protocol for the Safe at Home program.
- The demographics of the older adults they serve.
- A detailed list of the home modifications they can do as well as how often each one happens.

- Internal evaluations RTMN has done in the past.
  - Evaluations of the programs RTMN does
  - Evaluations of the home modifications RTMN completes

### **Part 3: Informational Interviews**

*Tom Pfannenstiel, RTMN Safe at Home Manager, Certified Aging-in-Place Specialist*

*Interview Questions:*

- How did you get involved with Rebuilding Together and the Safe at Home program?
  - Do you have a history working with nonprofit organizations? Home modifications? Older adults?
- What is your role as manager of the Safe at Home program?
- What is the current protocol for the Safe at Home program?
  - Is there a process to determine how well the home modifications have worked? If so, can you describe it?
  - What are the common struggles or areas of “backlog” within the current protocol that you have noticed?
- What changes to the program have you implemented since you became the manager?
  - Are there any other changes you plan to make in the next few months?
- What are some of your goals for the program within the next year?
- Any additional comments and/or questions?

As manager of the Safe at Home program at RTMN, Tom Pfannenstiel’s primary responsibility is to oversee the program and make sure it runs smoothly. This includes being involved in each step of the program from when an application arrives, to defining what the older adult requires, to coordinating the volunteers to do the home modifications, and determining how well the home modifications worked.

Per Tom Pfannenstiel’s report, the COVID-19 pandemic disrupted the flow of the program and has caused a large backlog of clients. They have been working through the applications and the home modifications as fast as they can. This backlog has caused an increase in the amount of work since it adds in extra steps of re-confirming if the older adult still requires these changes as well as their income level to ensure they still qualify. The increased work has resulted in not completing the post-survey after the home modifications.

Overall, Tom’s goals for the next year are to make the program more efficient, complete the pre- and post-screens efficiently, work towards better serving clients with hearing and sight impairments, and expanding the box that the Safe at Home program is currently in.

*Kathy Greiner, RTMN Executive Director, Certified Aging-in-Place Specialist*

*Interview Questions:*

- How did you get involved with Rebuilding Together and the Safe at Home program?
  - Do you have a history working with nonprofit organizations? Home modifications? Older adults?
- What is your role as the executive director of Rebuilding Together Minnesota?
- How do all the programs RTMN offer interact with each other?
  - Is it common for homeowners to require the assistance of multiple programs you offer?
- How has the expansion into rural Minnesota gone?
- What is the role of the board of Rebuilding Together Minnesota?
  - How involved is the board with the various programs you have?
- What are the interactions between other state affiliates like?
  - What state affiliates have well-run Safe at Home programs?
- What goals do you have for RTMN within the next year?

- Any additional comments and/or questions?

As executive director of RTMN, Kathy's primary responsibility is on fundraising. However, since she is the head administrative role in a small nonprofit organization, she assists with anything that needs to happen, from strategic planning to HR to even IT work as needed.

The two main programs for making changes to homes, the Home Repair program and the Safe at Home program, run as two separate programs. The Home Repair program was the first program and deals with changes from the roof to the basement but takes a lot longer to get the modifications done. The Safe at Home program was designed as a "quick hit" to ensure the home was safe for an older adult to live in without having to wait for the Home Repair program. They do make internal referrals if one program notices that a homeowner requires the other program, which occurs about 30-40% of the time.

The expansion into rural Minnesota has gone well but slower than RTMN hoped since they are starting from scratch. One challenge is ensuring the program manager focuses on specific things instead of looking at everything that could be worked on. The main goal here is increasing the staff to increase how much they can work on at once. One challenge is that it is hard to complete home repair work year-round like in the Twin Cities, so each county organizes a "Rebuilding Day" with volunteers to ensure there are enough volunteers and supplies to get the job done.

The RTMN board uses the John Carver Model of Governance, which gives the board a direction for how they can assist RTMN without being a manager and looking at the details of every document. Their overarching role is strategic thinking and planning. Additionally, they have a fiduciary duty to ensure RTMN does what they say they do. They are not involved in the day-to-day aspects of RTMN or the programs they run.

Overall, Kathy's goals for RTMN are to increase the staff and volunteers to get more projects done. Long-term, the goals are for the staff to double, open 2-3 more offices throughout the state, and offer construction training.

#### **Part 4: Public Records and Organizational/Community Resources**

##### *Gratitude Report 2021 – Rebuilding Together Minnesota<sup>1</sup>*

The current annual report published by Rebuilding Together that talks about their work, homeowner or community partner testimonials that they, the donors, a summary of their financial reports, and a summary of the volunteers and households they served within the past year. It also touches on how they have improved within the past year, such as their change from Rebuilding Together Twin Cities to Rebuilding Together Minnesota and their expansion of services to Cottonwood, Jackson, Nobles, and Pipestone Counties. Lastly, it reiterates their overarching goal of ensuring Minnesotans have a safe, healthy, and affordable home.

##### *Minnesota Board on Aging* <sup>10,12,11</sup>

The Minnesota Board on Aging is a Governor-appointed board that focuses on advising and coordinating the government plans surrounding aging so that the Older American's Act requirements are met within Minnesota. Their website contains information on aging, resources for older adults to use, and links to the Area Agencies on Aging within Minnesota. One report the board releases is the State Plan on Aging, a document that describes the achievements and the programs/activities/services that are provided for older adults in Minnesota. This report also includes lots of information on state spending for older adults as well as home ownership among older adults and their needs related to that. Some specific data in the report includes 60% of older adults aged 85 years and older as well as 76% of older adults younger than 85 years old live in a single-family home while 843 Minnesotans in 2015 aged 55 and older were unhoused. Additionally, 26% of older adults wanted to stay in their home with support from their family and friends, 24% wanted to move to assisted living, 18% wanted to stay at home with support from an agency, and 6% wanted to move in with their family.

## Part 5: Organization or Community Assets

*Teresa Wickboldt, OTD, OTR/L*

Dr. Wickboldt is an Assistant Professor at the occupational therapy department at St. Catherine University. She partners with RTMN for the occupational therapy students to conduct home assessments for the Safe at Home program. She will be a valuable resource to inform on the Safe at Home program from an occupational therapist perspective as well as someone who works with the program.

### Rebuilding Together Organization

Rebuilding Together has a national organization and various state affiliates. They have similar programs, such as the Safe at Home program. They would be a valuable resource to inform on different protocols for the Safe at Home program since each state affiliate runs their programs differently. Per Kathy Greiner, the executive director of RTMN, Sacramento, CA, Kansas City, MO, and Raleigh, NC have well run Safe at Home programs.

## Part 6: Proposed Methods to Collect Other Information During the Doctoral Capstone Experiences and Project

### *Internal Information and Resources*

Name of Information or Resource	Description of Information or Resource	Brief Summary of Focus of Learning
RTMN meetings	Weekly meetings involving the RTMN staff members to discuss current plans/issues.  Weekly meetings involving RTMN project managers to discuss current plans/issues.	Gain insight into current Safe at Home program trends as well as the specifics of any upcoming plans.
RTMN staff interviews	Staff of RTMN, especially the ones that interact with the Safe at Home program.	Inform on the Safe at Home program, their thoughts on how the protocol work, and their recommendations on how to improve it.
RTMN Safe at Home protocol	A document that outlines the Safe at Home program protocol.	Learn about the aspects of each specific step of the Safe at Home program.

### *External Information and Resources*

Name of Information or Resource	Description of Information or Resource	Brief Summary of Focus of Learning
<u>Program Performance and Evaluation Office website</u>	The website from the CDC about their framework for program evaluation	Inform on the various steps of the framework for program evaluation as well as materials and resources to conduct a program evaluation.
<u>Chapter 3 of Community Tool Box by University of Kansas</u>	A chapter on assessing community needs and resources	The chapter covers understanding and analyzing the community, needs assessments, focus groups, surveys, interviews, SWOT analysis, and how to use the information gathered.

Name of Information or Resource	Description of Information or Resource	Brief Summary of Focus of Learning
<u>Minnesota Council of Nonprofits</u>	A state affiliate of the National Council of Nonprofits that has resources for nonprofits	Contains numerous free resources and materials on program evaluation, including step-by-step guides and information on logic models.

### Part 7: SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats

Rebuilding Together Minnesota has a strong program. The strengths of the organization having an established name with a history of successfully running the program and a strong network of support from volunteers and their national organization. The weaknesses include a bottlenecked evaluation process for the Safe at Home program, limited funding for staff and resources, and only having a limited number of occupational therapy home assessments for the Safe at Home program during the spring and summer. The opportunities include rising support for aging in place, more older adults requiring their assistance, and funding opportunities they can and are applying for. The threats include an increasing amount of older adults straining the organization on what they can handle and competition for the grants.

Internal		External	
Strengths	Weaknesses	Opportunities	Threats
Years of experience running the Safe at Home program	Slow evaluation process for the Safe at Home program	Rising support and awareness for aging in place	Competition from similar organizations for the limited funding resources
Has grants and donations to fund home modifications	Funding limits how many home modifications they can complete	Additional grants for increased funding	Upcoming recession could limit amount of donations RTMN receives.
Strong volunteer network for completing home modifications	Increased wait times for older adults requiring assistance	Aging population increasing the number of older adults and older homes requiring home modifications to age in place as an area of growth	Aging population increasing the number of older adults and older homes requiring home modifications to age in place as a strain on how many RTMN can complete
Incorporates occupational therapy to ensure the home modifications reflect best clinical practices	OT support is limited to St. Kate's OT students in the spring semester and very limited in the summer	There are grants to pay for OT involvement throughout the year	COVID-19 pandemic greatly impacted RTMN and they are still working on returning to pre-pandemic work levels
Has a strong national organization and other state affiliates for assistance	Expansion is new into rural Minnesota and still building up a volunteer and resource network	Similar organizations (like the Age Well at Home program from the Twin Cities Habitat for Humanity) can assist	Aging volunteer base that will be unable to continue to volunteer in the future
		Aging population increasing the number of retirees looking for organizations to volunteer with	Higher home interest rates resulting in less people buying homes meaning fewer future homeowners requiring RTMN's services

## Part 8: Preliminary Evidence Review on Populations, Interventions, and Programs of the Organization/Community

Resource: Resources and Forms from Evidence Based Practice Course

### Article 1: (Bigonnesse & Chaudury, 2020)

	<b>Overview of Article</b>
Type of article	Overall Type: Review of Research Study Specific Type: Scoping Review
APA Reference	Bigonnesse, C., & Chaudhury, H. (2020). The landscape of “aging in place” in gerontology literature: Emergence, theoretical perspectives, and influencing factors. <i>Journal of Aging &amp; Environment</i> , 34(3), 233–251. <a href="https://doi.org/10.1080/02763893.2019.1638875">https://doi.org/10.1080/02763893.2019.1638875</a>
Abstract	“The literature on the concept of “aging in place” covers a wide range of areas; however, there is no consensus on how it should be defined or on the influencing factors. This literature review aimed to identify its definitions, related processes, and factors. Results showed there was much variability in the definition and theoretical assumptions and that older adults’ perspective was rarely included. Influencing factors and processes included individual experiences and characteristics, home and neighborhood built environment, social support, community-based services, and mobility. Practitioners and policymakers need to prioritize multidisciplinary and multisectoral approaches to effectively support aging in place” (p. 233).
Author	Credentials: Ph.D.  Position and Institution: Assistant Professor at the University of New Brunswick in Fredericton, New Brunswick, CA.  Publication History in Peer-Reviewed Journals: Limited
Publication	Type of publication: Scholarly peer-reviewed journal  Publisher: Taylor & Francis  Other: The journal, <i>Journal of Aging and Environment</i> , has a CiteScore of 1.8 on Scopus.
Date and Citation History	Date of publication: 2020  Cited By: 58 citations according to Google Scholar.
Stated Purpose or Research Question	“This article aims to provide a broad overview of the complex landscape related to the AIP literature, to guide practitioners in their AIP programs, and to support future theory development” (p. 233).
Author’s Conclusion	“In conclusion, AIP is a complex process, and researchers, practitioners, and policymakers should take into account the complexity and challenges associated with this concept while conducting research or developing programs and policies. There is a clear need for a more focused articulation of AIP and a more encompassing definition that will acknowledge the dynamics inherent to this topic” (p. 242).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good  Rationale: This article is relevant to my Doctoral Capstone project since it helps me understand the population affected by the Safe at Home program and define what aging in place can mean and gives an overview of various supports and barriers that an older adult may face.



Overall Quality of Article	<p>Overall Quality of Article: Good</p> <p>Rationale: The article quality is good since the second author is an established author in the field, published by an established journal and publisher, and adds to the body of research for older adults aging in place.</p>
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> What are the factors for older adults to successfully age in place through home modifications and how can they be incorporated into a program evaluation?</p> <p><i>Clinical Bottom Line:</i> The factors for older adults to age in place include their health status, socio-demographic factors, social support, and the physical environment in their homes. The program evaluation should keep these factors in mind to ensure the program is meeting the needs of its intended population.</p>
Your Lay Summary	<p>The article looks at how older people can live in their own homes as they age. The authors want to learn about this concept and why it matters. They looked at 89 articles from 1990 to 2017 to get information. The authors found that different things can make it harder or easier for older adults to age in place. These things include their health, how much help they get from family and friends, and the homes they live in. The authors did a good job showing how different ideas about aging in place can change how people study it. They also talked about things that make it harder or easier for people to age in place. But the article only looked at articles in English, so there could be important studies left out. This study is important because it helps people understand how to help older people live in their own homes longer. This can be helpful for making policies and practices that help older people live the way they want to.</p>
Your Professional Summary	<p>The article provides a comprehensive overview of the concept of aging in place and its theoretical foundation. The authors' objective is to synthesize existing literature on aging in place, explore the theoretical perspectives that inform this concept, and identify the influencing factors that impact older adults' ability to age in place. The article employs a narrative review design, analyzing 89 articles published between 1990 and 2017. The article's strength lies in its in-depth analysis of the theoretical perspectives that shape the concept of aging in place, providing a new understanding of how different theoretical frameworks inform research in this area. Additionally, the authors highlight the various influencing factors that impact older adults' ability to age in place, including sociodemographic factors, health status, social support, and the physical environment. However, the study's weaknesses include the potential for selection bias due to the authors' inclusion criteria and the exclusion of non-English language articles. The article's implications are significant, providing a foundational understanding of aging in place that can inform policy and practice. The authors' emphasis on the need for interdisciplinary research and a focus on the individual's experiences and preferences is particularly noteworthy. Overall, the article makes a significant contribution to the field of gerontology, providing a comprehensive synthesis of the literature on aging in place.</p>

**Article 2: (Brandon & Fukunaga, 2014)**

	<b>Overview of Article</b>
Type of article	Overall Type: Review of Research Study Specific Type: Broad-Based Systematic Review
APA Reference	Brandon, P. R., & Fukunaga, L. L. (2014). The state of the empirical research literature on stakeholder involvement in program evaluation. <i>American Journal of Evaluation</i> , 35(1), 26–44. <a href="https://doi.org/10.1177/1098214013503699">https://doi.org/10.1177/1098214013503699</a>
Abstract	“Evaluators widely agree that stakeholder involvement is a central aspect of effective program evaluation. With the exception of articles on collaborative evaluation approaches, however, a systematic review of the breadth and depth of the literature on stakeholder involvement has not been published. In this study, we examine peer-reviewed empirical studies as the first step in establishing a firm foundation for a discussion of stakeholder involvement. We excluded all studies that did not provide descriptions of their methods, helping ensure that we only reviewed studies with strong methodological warrants for their findings. We address three key questions about the state of the empirical literature on stakeholder involvement, focusing on the studies’ methodological and contextual characteristics, and the involvement themes and substantive nature (positive, negative/ mixed, or explanatory/normative) of the findings. We provide detailed findings in an appendix at <a href="http://aje.sagepub.com/supplemental">http://aje.sagepub.com/supplemental</a> or <a href="http://goo.gl/W8oMnI">http://goo.gl/W8oMnI</a> ” (p. 26).
Author	Credentials: Ph.D.  Position and Institution: Professor Emeritus at the University of Hawai’i at Mānoa in Honolulu, Hawai’i  Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer-reviewed journal  Publisher: Sage Journals  Other: The journal, <i>American Journal of Evaluation</i> , has a CiteScore of 3.100 on Scopus.
Date and Citation History	Date of publication: March 2014  Cited By: 133 citations according to Google Scholar.
Stated Purpose or Research Question	“The purpose of this article is to help close a gap in the [Review of Evaluation] literature by providing an overview of the state of the empirical research on stakeholder involvement in program evaluation” (p. 28).
Author’s Conclusion	“Our review of the state of the empirical research on stakeholder involvement in evaluation suggests a body of work that is far more limited than desirable, uses fairly simple designs and data collection methods, and occurs mostly in a few professions or disciplines but nevertheless has contributed considerably to our knowledge of the topic. It is the first grounded-theory review of the literature on the topic that has addressed strict inclusion criteria, includes a detailed description of major topics (i.e., components and component features), and provides useful information about the strengths and weaknesses of involving stakeholders” (p. 39).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Moderate  Rationale: This article is relevant to my Doctoral Capstone project since it offers a foundational knowledge on stakeholders and their role within a program evaluation, but it only discusses how to complete an aspect of an effective program evaluation.

Overall Quality of Article	<p>Overall Quality of Article: Good</p> <p>Rationale: The article quality is good since it is written by an established author in the field, published by an established journal and publisher, and adds to the body of research for program evaluation.</p>
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> What is the importance of stakeholder involvement in program evaluation in nonprofit organizations?</p> <p><i>Clinical Bottom Line:</i> Stakeholder involvement in program evaluations can improve program effectiveness, increase program buy-in, and enhance stakeholder engagement. Stakeholders are vital for nonprofit organizations so involving them in the program evaluation can ensure the program is meeting their needs.</p>
Your Lay Summary	<p>This study is about how to evaluate whether a program is working well or not. One way to do this is to involve people who are interested in the program in the evaluation process. The researchers looked at many different studies and found that when people who care about the program are involved in the evaluation, it can help make the program better. This is because people are more likely to like the program and feel like they are a part of it when they are involved in the evaluation. However, there are some problems with the research that the study found. For example, some people might have more power than others, and this can make it hard to listen to everyone's opinions. The study suggests that more research is needed to learn how to make sure everyone's voice is heard and everyone feels important. In conclusion, involving people who care about the program is important for evaluating how well it works. This can help make the program better and keep people interested.</p>
Your Professional Summary	<p>The article is a systematic review that aims to synthesize and analyze the existing empirical research on stakeholder involvement in program evaluation. The study examines the strengths, weaknesses, and implications of stakeholder involvement in program evaluation. The review includes 72 studies that meet the inclusion criteria, providing a comprehensive overview of the research literature in this area. The findings of the review suggest that stakeholder involvement in program evaluation can improve program effectiveness, increase program buy-in, and enhance stakeholder engagement. However, the review also identified several limitations in the current research, such as a lack of attention to power dynamics among stakeholders and the limited focus on the impact of stakeholder involvement on program outcomes. The review highlights the need for more research to explore the role of stakeholders in program evaluation and to develop effective strategies for stakeholder engagement. Overall, the study provides valuable insights into the state of the empirical research literature on stakeholder involvement in program evaluation and offers useful recommendations for future research and practice in this area. The review concludes that stakeholder involvement is essential to program evaluation and emphasizes the importance of ongoing stakeholder engagement throughout the evaluation process. The study is a significant contribution to the field of program evaluation and provides a foundation for future research to explore stakeholder involvement in program evaluation further.</p>

**Article 3: (Braverman, 2013)**

	<b>Overview of Article</b>
Type of article	Overall Type: Primary Research Study Specific Type: Qualitative Research Design
APA Reference	Braverman, M. T. (2013). Negotiating measurement: Methodological and interpersonal considerations in the choice and interpretation of instruments. <i>American Journal of Evaluation</i> , 34(1), 99–114. <a href="https://doi.org/10.1177/1098214012460565">https://doi.org/10.1177/1098214012460565</a>
Abstract	“Sound evaluation planning requires numerous decisions about how constructs in a program theory will be translated into measures and instruments that produce evaluation data. This article, the first in a dialogue exchange, examines how decisions about measurement are (and should be) made, especially in the context of small-scale local program settings. Rigorous measurement strategies will increase the credibility of a study’s conclusions, but they usually entail various kinds of costs. In making measurement decisions, evaluators must establish standards for strength of evidence that a given measure produces, weigh alternative measurement options, and communicate carefully with clients and other stakeholders about the measurement requirements in a given evaluation” (p. 99).
Author	Credentials: Ph.D. Position and Institution: Professor at Oregon State University in Corvallis, Oregon Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer-reviewed journal Publisher: Sage Journals Other: The journal, <i>American Journal of Evaluation</i> , has a CiteScore of 3.100 on Scopus.
Date and Citation History	Date of publication: March 2013 Cited By: 33 citations according to Google Scholar.
Stated Purpose or Research Question	“In this article, I examine one aspect of that planning process: the measurement-related decisions that will have a bearing on the strength of the conclusions about program effectiveness and success” (p. 99).
Author’s Conclusion	“The measurement specification tasks that I describe in this article—starting with one or more constructs and translating them into one or more measures that form the basis of data collection—are done in virtually every impact evaluation and can scarcely be avoided. However, the evaluation will benefit if this process is accomplished consciously, thoughtfully, with identification of competing options, and with broad stakeholder input” (p. 111).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Moderate Rationale: This article is relevant to my Doctoral Capstone project since it offers a foundational knowledge on choosing measurements for program evaluation, but it only discusses how to complete an aspect of an effective program evaluation.
Overall Quality of Article	Overall Quality of Article: Good Rationale: The article quality is good since it is written by an established author in the field, published by an established journal and publisher, and adds to the body of research for program evaluation.
Your Focused	<i>Question:</i> What are some challenges in choosing and interpreting instruments for program evaluation?

Question and Clinical Bottom Line	<i>Clinical Bottom Line:</i> There are several factors that go into choosing and interpreting instruments for program evaluation, which include how well the instrument works, how it fits the program, and how much stakeholders are involved throughout the evaluation. In order to choose the best instruments in program evaluation and use them, you have to work with stakeholders and recognize the possible power imbalance between the stakeholder and the evaluator.
Your Lay Summary	This article is about how to choose and interpret tools for program evaluation, or assessments. The researchers interviewed nine people who have experience in assessments to learn about the troubles they face. The study found that choosing and reading tools is difficult because there are many factors to consider. Some of these factors include how well the tool works, how it fits the program, and how much stakeholders are involved. The study found that there are some good things about the process, like getting stakeholders involved and customizing tools to fit the program. However, there are also some bad things, like a difference in power and the risk of making mistakes. The study suggests that the people who do assessments should work with stakeholders and be aware of power differences to make better choices. The study also shows that more research is needed to learn how to choose and reading tools more effectively. Overall, this article gives us useful information about ways to pick and read tools for assessments.
Your Professional Summary	The article explores the challenges of selecting and interpreting instruments for program evaluation. The study aims to provide insights into the factors that affect the choice and interpretation of instruments, including methodological and interpersonal considerations. The study uses a qualitative research design, including interviews with nine evaluators who have experience in program evaluation. The sample size is small but provides in-depth information about the challenges of negotiating measurement in program evaluation. The study identifies several strengths of the negotiation process, such as the potential for stakeholder engagement and the ability to tailor instruments to specific contexts. However, the study also highlights some of the weaknesses of the negotiation process, such as the potential for power imbalances and the risk of compromising the validity of the instruments. The study concludes that negotiating measurement is a complex and challenging process that requires careful consideration of methodological and interpersonal factors. The study's implications suggest that program evaluators should engage stakeholders in the selection and interpretation of instruments and be mindful of power dynamics that can affect the negotiation process. Additionally, the study highlights the need for further research to develop effective strategies for negotiating measurement in program evaluation. Overall, the article provides valuable insights into the challenges of negotiating measurement in program evaluation and offers useful recommendations for improving the instrument selection and interpretation process.

**Article 4:** (Chacón-Moscoso, 2013)

	<b>Overview of Article</b>
Type of article	<p>Overall Type: Theoretical article</p> <p>Specific Type: No specific type identified beyond it being a theoretical article, the authors did claim that “At present, the wide variety of interventions and the different ways in which they are communicated prevent any systematic evaluation and the extrapolation of results” (p. 59).</p>
APA Reference	<p>Chacón-Moscoso, S., Chaves, S. S., Vidal, M. P., &amp; Anguera-Argilaga, M. T.. (2013). Reporting a program evaluation: Needs, program plan, intervention, and decisions. <i>International Journal of Clinical and Health Psychology</i>, 13(1). 58-66.  <a href="https://doi.org/10.1016/S1697-2600(13)70008-5">https://doi.org/10.1016/S1697-2600(13)70008-5</a></p>
Abstract	<p>“The approach to intervention programs varies depending on the methodological perspective adopted. This means that health professionals lack clear guidelines regarding how best to proceed, and it hinders the accumulation of knowledge. The aim of this paper is to set out the essential and common aspects that should be included in any program evaluation report, thereby providing a useful guide for the professional regardless of the procedural approach used. Furthermore, the paper seeks to integrate the different methodologies and illustrate their complementarity, this being a key aspect in terms of real intervention contexts, which are constantly changing. The aspects to be included are presented in relation to the main stages of the evaluation process: needs, objectives and design (prior to the intervention), implementation (during the intervention), and outcomes (after the intervention). For each of these stages the paper describes the elements on which decisions should be based, highlighting the role of empirical evidence gathered through the application of instruments to defined samples and according to a given procedure” (p. 58).</p>
Author	<p>Credentials: Ph.D.</p> <p>Position and Institution: Professor at the Universidad de Sevilla in Sevilla, Spain and Senior Researcher at the Autonomous University of Chile in Santiago, Chile</p> <p>Publication History in Peer-Reviewed Journals: Extensive</p>
Publication	<p>Type of publication: Scholarly peer-reviewed journal</p> <p>Publisher: Elsevier</p> <p>Other: The journal, <i>International Journal of Clinical and Health Psychology</i>, has a CiteScore of 9.9 on Scopus.</p>
Date and Citation History	<p>Date of publication: January 2013</p> <p>Cited By: 88 citations according to Google Scholar.</p>
Stated Purpose or Research Question	<p>“The aim of this paper is to set out the essential and common aspects that should be included in any program evaluation report, thereby providing a useful guide for professionals regardless of the procedural approach used” (p. 59).</p>
Author's Conclusion	<p>“The aspects to be included are presented in relation to the main stages of the evaluation process: needs, objectives and design (prior to the intervention), implementation (during the intervention), and outcomes (after the intervention)” (p. 58).</p>
Overall Relevance to your Doctoral Capstone Project	<p>Overall Relevance of Article: Good</p> <p>Rationale: This article is relevant to my Doctoral Capstone project by providing essential knowledge to the steps, process, and anticipated outcomes of the program.</p>

Overall Quality of Article	<p>Overall Quality of Article: Good</p> <p>Rationale: The article quality is good since it is written by an established author in the field, published by a respected journal and publisher, and adds to the body of research for program evaluation.</p>
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> How should the outcomes of the program evaluation be evaluated?</p> <p><i>Clinical Bottom Line:</i> The evaluations of the outcome should look at the efficacy, effectiveness, efficiency, continuity, progress, utility, probity, and equity of the evaluation.</p>
Your Lay Summary	<p>The article talks about how to write a good report for a program evaluation. The authors think it's important to include important things like figuring out what the program needs, making a plan for the program, explaining what the program does, and how decisions are made. They say that writing a good report is important to make programs better and more accountable. The article gives a lot of details on how to write a good report, but it doesn't talk about how many people they studied or how they did the study. One good thing about the article is that it gives a clear plan for how to write a good report, which can help people who run programs. But, the article doesn't talk about how hard it might be to follow the plan. Overall, the article is useful for people who want to learn how to write a good report for a program evaluation. The authors say that it's important to be clear and honest when reporting on programs. This can help make programs better and help people make good decisions about them.</p>
Your Professional Summary	<p>Chacon-Moscoso et al. aims to provide a comprehensive framework for reporting program evaluations. The article emphasizes the importance of including essential elements in program evaluation reports, such as needs assessment, program design and plan, intervention description, and decision-making processes. The authors argue that comprehensive reporting of program evaluations is crucial for program improvement, accountability, and replicability. The article provides a detailed framework for reporting program evaluations, including a description of each element and its essential components. The sample size and design of the study were not mentioned, as the focus was on reporting guidelines rather than conducting a specific program evaluation. One strength of the article is the comprehensive framework provided for reporting program evaluations. The authors' emphasis on the importance of including essential elements in program evaluation reports will be helpful for evaluators, program managers, and stakeholders. However, a weakness of the article is the lack of discussion on the challenges and limitations of implementing the reporting guidelines. Overall, the article has important implications for program evaluation practice. It highlights the need for comprehensive reporting of program evaluations and provides a useful framework for evaluators and program managers to follow. The article's emphasis on transparency and accountability in program evaluation reporting will help promote better program design, implementation, and decision-making.</p>

**Article 5: (Chen, 2010)**

	<b>Overview of Article</b>
Type of article	Overall Type: Conceptual Article Specific Type: Describing the limitations of a model and providing a different model to use
APA Reference	Chen, H. T. (2010). The bottom-up approach to integrative validity: A new perspective for program evaluation. <i>Evaluation and Program Planning</i> , 33(3), 205–214. <a href="https://doi.org/10.1016/j.evalprogplan.2009.10.002">https://doi.org/10.1016/j.evalprogplan.2009.10.002</a>
Abstract	“The Campbellian validity model and the traditional top-down approach to validity have had a profound influence on research and evaluation. That model includes the concepts of internal and external validity and within that model, the preeminence of internal validity as demonstrated in the top-down approach. Evaluators and researchers have, however, increasingly recognized that in an evaluation, the over-emphasis on internal validity reduces that evaluation’s usefulness and contributes to the gulf between academic and practical communities regarding interventions. This article examines the limitations of the Campbellian validity model and the top-down approach and provides a comprehensive, alternative model, known as the integrative validity model for program evaluation. The integrative validity model includes the concept of viable validity, which is predicated on a bottom-up approach to validity. This approach better reflects stakeholders’ evaluation views and concerns, makes external validity workable, and becomes therefore a preferable alternative for evaluation of health promotion/social betterment programs. The integrative validity model and the bottom-up approach enable evaluators to meet scientific and practical requirements, facilitate in advancing external validity, and gain a new perspective on methods. The new perspective also furnishes a balanced view of credible evidence, and offers an alternative perspective for funding” (p. 205).
Author	Credentials: Ph.D. Position and Institution: Senior evaluation scientist at the Centers for Disease Control and Prevention. Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer-reviewed journal Publisher: Elsevier Other: The journal, <i>Evaluation and Program Planning</i> , has a CiteScore of 3.8 on Scopus.
Date and Citation History	Date of publication: August 2010 Cited By: 178 citations according to Google Scholar.
Stated Purpose or Research Question	“This article examines the weaknesses of the Campbellian model and the top-down approach and provides an alternative— not only for program evaluation, but for improved validity as well” (p. 205).
Author’s Conclusion	“The integrative validity model and the bottom-up approach help to advance external validity and provide a contingency perspective on methods, a balanced view on credible evidence, and a new perspective for funding” (pp. 212-213).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good Rationale: This article is relevant to my Doctoral Capstone project since it gives a new perspective on the focus of the intervention and ensure my evaluation is comprehensive and well-rounded.



Overall Quality of Article	<p>Overall Quality of Article: Good</p> <p>Rationale: The article quality is good since it is written by an established author in the field, published by an established journal and publisher, and adds to the body of research for program evaluation.</p>
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> Why is an important to engage stakeholders throughout the evaluation?</p> <p><i>Clinical Bottom Line:</i> Stakeholders are the ones that use the program or are affected by it in the real world, so they can give great insight into how the project works and the feasibility of implementing the recommendations.</p>
Your Lay Summary	<p>The article suggests a new way to evaluate programs. The idea is to talk to everyone involved in the program, like the people who run it, the people who use it, and the people in the community. Then, you use this information to understand if the program is working well. This is a good idea because it helps us understand how people feel about the program, instead of just looking at the program's numbers. It's also helpful because it gets everyone involved in working together to make the program better. However, it might take a long time to collect all this information, and it could be hard to decide which ideas are most important. This new way of evaluating programs is important because it could help programs work better for everyone involved. By understanding what people need and want from a program, we can make it work better and help more people.</p>
Your Professional Summary	<p>The article proposes a new perspective for program evaluation that utilizes a bottom-up approach to integrative validity. The objective of this approach is to ensure that program evaluation is comprehensive, inclusive, and based in the experiences of the individuals impacted by the program. The design of the approach involves collecting data from a diverse group of stakeholders, including program participants, staff members, and community members, and then integrating these perspectives to gain a holistic understanding of the program's effectiveness. The sample size for this approach is not specified, as it will depend on the scope and scale of the program being evaluated. One of the strengths of this approach is that it emphasizes the importance of incorporating diverse perspectives and recognizes that program effectiveness cannot be evaluated solely based on quantitative data. Another strength is that it encourages collaboration and communication among stakeholders, which can lead to greater buy-in and support for the program. However, a weakness of this approach is that it can be time-consuming and resource-intensive to collect and integrate data from a wide range of stakeholders. Additionally, there may be challenges in combining conflicting perspectives or determining which perspectives to prioritize. Overall, the implications of this approach are significant, as it has the potential to lead to more comprehensive and well-rounded program evaluations that better reflect the experiences and needs of those impacted by the program. This can in turn lead to more effective and equitable programs that are better able to meet the needs of their intended beneficiaries.</p>

**Article 6:** (Coryn et al., 2011)

	<b>Overview of Article</b>
Type of article	Overall Type: Review of Research Study Specific Type: Systematic Review
APA Reference	Coryn, C. L. S., Noakes, L. A., Westine, C. D., & Schröter, D. C. (2011). A systematic review of theory-driven evaluation practice from 1990 to 2009. <i>American Journal of Evaluation</i> , 32(2), 199–226. <a href="https://doi.org/10.1177/1098214010389321">https://doi.org/10.1177/1098214010389321</a>
Abstract	“Although the general conceptual basis appeared far earlier, theory-driven evaluation came to prominence only a few decades ago with the appearance of Chen’s 1990 book <i>Theory-Driven Evaluations</i> . Since that time, the approach has attracted many supporters as well as detractors. In this paper, 45 cases of theory-driven evaluations, published over a twenty-year period, are systematically examined to ascertain how closely theory-driven evaluation practices comport with the key tenants of theory-driven evaluation as described and prescribed by prominent theoretical writers. Evidence derived from this review to repudiate or substantiate many of the claims put forth both by critics of and advocates for theory-driven forms of evaluation are presented and an agenda for future research on the approach is recommended” (p. 199).
Author	Credentials: Ph.H.  Position and Institution: Assistant Professor at Western Michigan University in Kalamazoo, Michigan  Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer-reviewed journal  Publisher: Sage Journals  Other: The journal, <i>American Journal of Evaluation</i> , has a CiteScore of 3.100 on Scopus.
Date and Citation History	Date of publication: June 2011  Cited By: 653 citations according to Google Scholar.
Stated Purpose or Research Question	“In this paper, 45 cases of theory-driven evaluations, published over a twenty-year period, are systematically examined to ascertain how closely theory-driven evaluation practices comport with the key tenants of theory-driven evaluation as described and prescribed by prominent theoretical writers” (p. 199).
Author’s Conclusion	“This review does provide valuable insight into what has otherwise principally consisted of anecdotal reports regarding one form of evaluation theory and practice ... The evidence resulting from this review to repudiate or substantiate many of the claims put forth by critics of and advocates for theory-driven forms of evaluation is, at best, modest, and in some instances conflicting” (p. 215).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Moderate  Rationale: This article is relevant to my Doctoral Capstone project since it gives an extremely detailed overview of the various theories in relation to evaluations, which is useful, but it does not directly relate to a program evaluation for nonprofit organizations.
Overall Quality of Article	Overall Quality of Article: Good  Rationale: The article quality is good since it is written by an established author in the field, published by an established journal and publisher, and adds to the body of research for program evaluation.

Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> How can using theories help improve program evaluations?</p> <p><i>Clinical Bottom Line:</i> Theories offer a framework for how a program should run, the outcomes it should achieve, and what factors should be looked at during an evaluation.</p>
Your Lay Summary	<p>This study that looks at how people evaluated programs from 1990 to 2009. The study focused on using theories to help guide the evaluation process, which can make it more accurate and useful. The study looked at 129 articles that met their requirements. This study is important because it shows how using theories can help make evaluations better. When we use theories to guide evaluations, we can be surer that the information we get is useful and accurate. This can help programs work better and help more people. One of the strengths of the study is that it was very careful and looked at a lot of articles. This makes us more confident in the results. However, the study only looked at a specific time period, so we don't know if the same things are true now. Also, the study only looked at articles in English, so we might be missing important information from other languages. Overall, this study is important because it can help us make evaluations better. By using theories to guide evaluations, we can be surer that they are useful and accurate.</p>
Your Professional Summary	<p>The article aims to review the use of theory-driven evaluation (TDE) in program evaluations during the period from 1990 to 2009. The study's design involves a systematic review of relevant literature, including articles from various databases and manual searches of references. The sample size of this review includes 129 articles that meet the inclusion criteria. The strengths of this study include the rigorous methodology used in the systematic review and the focus on TDE as a means of improving the accuracy and relevance of program evaluations. Additionally, the study provides insights into the use of TDE in various contexts and across multiple disciplines. However, one of the weaknesses of this study is that it is limited to the period between 1990 and 2009, and it does not include more recent developments in TDE. Another weakness is that the review is limited to English-language publications, potentially excluding relevant studies from other languages. The implications of this study are significant, as it highlights the importance of using theory to guide program evaluations. TDE can help ensure that evaluations are based on sound principles and that they are relevant to the contexts in which they are conducted. By providing a comprehensive review of the use of TDE in program evaluations, this study can inform the development of future evaluations and contribute to the ongoing improvement of evaluation practices.</p>

**Article 7: (Lee & Nowell, 2015)**

	<b>Overview of Article</b>
Type of article	Overall Type: Conceptual Article Specific Type: Creating a framework
APA Reference	Lee, C., & Nowell, B. (2015). A framework for assessing the performance of nonprofit organizations. <i>American Journal of Evaluation</i> , 36(3), 299-319. <a href="https://doi.org/10.1177/1098214014545828">https://doi.org/10.1177/1098214014545828</a>
Abstract	"Performance measurement has gained increased importance in the nonprofit sector, and contemporary literature is populated with numerous performance measurement frameworks. In this article, we seek to accomplish two goals. First, we review contemporary models of nonprofit performance measurement to develop an integrated framework in order to identify directions for advancing the study of performance measurement. Our analysis of this literature illuminates seven focal perspectives on nonprofit performance, each associated with a different tradition in performance measurement. Second, we demonstrate the utility of this integrated framework for advancing theory and scholarship by leveraging these seven perspectives to develop testable propositions aimed at explaining variation across nonprofits in the adoption of different measurement approaches. By better understanding how performance measurement is conceptualized within sector, the field will be better positioned to both critique and expand upon normative approaches advanced in the literature as well as advance theory for predicting performance measurement decisions" (p. 299).
Author	Credentials: Ph.D. Position and Institution: Associate Professor at California State University in L.A. Publication History in Peer-Reviewed Journals: Moderate
Publication	Type of publication: Scholarly peer-reviewed journal Publisher: Sage Journals Other: The journal, American Journal of Evaluation, has a CiteScore of 3.100 on Scopus.
Date and Citation History	Date of publication: September 2015 Cited By: 185 citations according to Google Scholar.
Stated Purpose or Research Question	In this article, we address this gap by reviewing the contemporary literature on nonprofit performance measurement and presenting an integrated framework that summarizes the different perspectives that can be adopted in conceptualizing and measuring nonprofit performance" (p. 300).
Author's Conclusion	"This study synthesizes the varied perspectives advocated by scholars to present an integrated framework of nonprofit performance. Such a review highlights that there is more than one legitimate way to conceptualize performance" (p. 314).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good Rationale: This article is relevant to my Doctoral Capstone project since it directly discusses how to evaluate a nonprofit organization.
Overall Quality of Article	Overall Quality of Article: Good Rationale: The article quality is good since it is written by an established author in the field, published by an established journal and publisher, and adds to the body of research for program evaluation.

Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> How does evaluating a nonprofit organization differ from evaluating a general organization?</p> <p><i>Clinical Bottom Line:</i> Nonprofits oftentimes have a mission that is difficult to measure, so it is important to look at the input, organizational capacity, output, outcome for behavioral and environmental changes as well as client satisfaction, public value accomplishment, and network/institutional legitimacy to gain a full perspective of how well a nonprofit organization is doing.</p>
Your Lay Summary	<p>Lee and Nowell created a framework, or guide, for looking at the performance of nonprofit organizations. Their goal was to help nonprofits measure their performance better, since there is more focus on being accountable and clearer in this sector. Their guide has four groups: financial performance, program performance, stakeholder satisfaction, and organizational capacity. It also has a way to collect and analyze data and relay results. Nonprofits can adjust the guide to fit their specific goals and contexts. The study doesn't say how many people were involved because the authors didn't do an experiment. Instead, they provided a tool that nonprofits can use themselves. One strength of this guide is that it's flexible and comprehensive, but it assumes that nonprofits have enough resources to use it. Using this guide can help nonprofits be more accountable and clearer to their stakeholders. It can also help them improve their impact on the areas they serve.</p>
Your Professional Summary	<p>Lee and Nowell present a framework for assessing the performance of nonprofit organizations. The objective of this research is to develop a comprehensive framework that would help nonprofit organizations measure their performance in a more systematic and effective manner. The authors argue that this framework is particularly relevant given the increasing emphasis on accountability and transparency in the nonprofit sector. The design of the framework involves identifying key performance indicators (KPIs) that are relevant to nonprofit organizations, and grouping them into four categories: financial performance, program performance, stakeholder satisfaction, and organizational capacity. The framework also includes a set of guidelines for data collection and analysis, as well as a process for interpreting and communicating the results. The sample size of this study is not explicitly stated, as the authors do not conduct an empirical analysis of the framework. Rather, they present the framework as a tool that can be applied by nonprofit organizations themselves. One strength of this framework is that it provides a comprehensive and flexible approach to performance measurement, allowing organizations to tailor the KPIs to their specific goals and contexts. However, a weakness of the framework is that it assumes a certain level of capacity and resources on the part of nonprofit organizations, which may not always be the case. The implications of this framework are significant, as it provides a useful tool for nonprofit organizations to assess their performance and communicate their results to stakeholders. By using this framework, organizations can improve their accountability and transparency, and will enhance their impact on the communities they serve.</p>

**Article 8:** (Liket et al., 2014)

	<b>Overview of Article</b>
Type of article	Overall Type: Conceptual Article Specific Type: Creating a framework
APA Reference	Liket, K. C., Rey-Garcia, M., & Maas, K. E. (2014). Why aren't evaluations working and what to do about it: A framework for negotiating meaningful evaluation in nonprofits. <i>American Journal of Evaluation</i> , 35(2), 171-188. <a href="https://doi.org/10.1177/1098214013517736">https://doi.org/10.1177/1098214013517736</a>
Abstract	"Nonprofit organizations are under great pressure to use evaluations to show that their programs "work" and that they are "effective." However, empirical evidence indicates that nonprofits struggle to perform useful evaluations, especially when conducted under accountability pressures. An increasing body of evidence highlights the crucial role of a participatory negotiation process between nonprofits and stakeholders on the purpose and design of evaluations in achieving evaluation utility. However, conceptual confusion about the evaluation objectives, unclear evaluation purposes, a lack of appropriate evaluation questions, and normative ideas about superior evaluation designs and methods, complicate the process. In response, we provide practical conceptualizations of the central objectives of evaluations and propose a framework that can guide negotiation processes. It presents the relationships between the evaluation purpose, evaluation question, and the different levels of effects that should be measured. The selection of the evaluation method is contingent on the choices made within this framework" (p. 171).
Author	Credentials: Ph.D.  Position and Institution: Founder and CEO at Effective Giving. At the time of publication she was a researcher at Erasmus University  Publication History in Peer-Reviewed Journals: Extensive
Publication	Type of publication: Scholarly peer-reviewed journal  Publisher: Sage Journals  Other: The journal, American Journal of Evaluation, has a CiteScore of 3.100 on Scopus.
Date and Citation History	Date of publication: June 2014  Cited By: 158 citations according to Google Scholar.
Stated Purpose or Research Question	"We first conducted a focused review of the literature to analyze the pressures and confusions in the nonprofit sector that hamper the utility of their evaluations... On the basis of these concepts, we developed a framework that captures the steps described previously and allows nonprofits to overcome the obstacles to meaningful evaluation" (p. 172).
Author's Conclusion	"Our framework helps professional evaluators and others who are responsible for leading or conducting evaluations in nonprofits to explain to stakeholders that evaluations can fulfill various purposes and that these purposes must be negotiated with them in order to ensure that more meaningful information will be produced by evaluations" (pp. 184).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Good  Rationale: This article is relevant to my Doctoral Capstone project since it discusses difficulties associated with evaluating a nonprofit organization and ways to better do it.

Overall Quality of Article	<p>Overall Quality of Article: Good</p> <p>Rationale: The article quality is good since it is written by an established author in the field, published by an established journal and publisher, and adds to the body of research for program evaluation.</p>
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> What is the most important step in evaluating nonprofit organizations?</p> <p><i>Clinical Bottom Line:</i> The most important step is defining the purpose of the evaluation since that can help determine the evaluation question, what should be measured, and the evaluation design.</p>
Your Lay Summary	<p>Liket, Rey-Garcia, and Maas looked at why evaluations, or assessments, in nonprofit organizations, or groups, often don't work well, and they came up with a way to make assessments better. Their goal was to help groups create assessments that really matter. Their framework, or guide, has four parts: context, criteria, capability, and culture. They say that assessments should be tailored to the group's situation, use the right standards to measure success, have the skills to do the assessments, and have a culture that values learning and improvement. The study didn't have a specific number of people involved because the authors used their own experiences and what they found in other studies. Their guide is practical, but it might be hard for some groups to use because it needs a lot of resources and ability to make it work. This research shows that assessments need to be more custom to the groups. By using this guide, groups can create better assessments that fit their needs and make a bigger impact on the people they serve.</p>
Your Professional Summary	<p>Liket, Rey-Garcia, and Maas explore why evaluations often fail to produce meaningful results in nonprofit organizations and propose a framework for creating more effective evaluation processes. The objective of this research is to identify the barriers that prevent evaluations from being effective in nonprofits and to provide a practical framework that organizations can use to negotiate more meaningful evaluations. The design of the framework involves identifying four key elements that are necessary for creating meaningful evaluations: context, criteria, capability, and culture. The authors argue that evaluations must be tailored to the unique context of the organization, use appropriate criteria for measuring success, have the necessary capability to conduct the evaluation, and have a culture that values learning and improvement. The sample size of this study is not explicitly stated, as the authors draw on their own experiences working with nonprofit organizations and the existing literature on evaluation practices. One strength of this framework is that it provides a practical approach to evaluation that is grounded in the realities of nonprofit organizations. However, a weakness of the framework is that it may require significant resources and capacity on the part of organizations to implement. The implications of this research are significant, as it highlights the need for a more nuanced approach to evaluation in the nonprofit sector. By using this framework, organizations can negotiate more meaningful evaluations that better reflect their unique contexts and priorities, and ultimately improve their impact on the communities they serve.</p>

**Article 9:** (Linzalone & Schiuma, 2015)

	<b>Overview of Article</b>
Type of article	Overall Type: Review of Research Study Specific Type: Systematic Review
APA Reference	Linzalone, R., & Schiuma, G. (2015). A review of program and project evaluation models. <i>Measuring Business Excellence</i> , 19(3), 90–99. <a href="https://doi.org/10.1108/MBE-04-2015-0024">https://doi.org/10.1108/MBE-04-2015-0024</a>
Abstract	<p><b>Purpose</b> – This paper aims to review Program and Project evaluation Models. The assessment of the Evaluation Model (metaevaluation) is a critical step in Evaluation, as it is at the basis of a successful Program/Project evaluation. A wide and effective review of EMs is a basic, as well as fundamental, support in meta-evaluation that affects positively the overall evaluation efficacy and efficiency. Despite a large number of reviews of EMs and a numerous population of EMs, developed in heterogeneous projects and programs settings, the literature lacks comprehensive collections and reviews of EMs that this paper addresses to provide a basis for the assessment of EMs.</p> <p><b>Design/methodology/approach</b> – Through a systematic literature review carried out via the Internet, and querying search engines, several models addressing program or project evaluation have been identified and analyzed. Following a process of normalization of the results gathered, they have been analyzed and compared according to key descriptive issues. They have been, at the end, summarized and rationalized in a comprehensive frame.</p> <p><b>Findings</b> – In recent years, evaluation studies have focused on the explanation of the mechanisms that underlie the transformation of projects' and programs' outputs into socio-economic effects, arguing that making them explicit allows to understand why a project or program is successful, as well as evaluating its extent. To assess and explain program's and project's effects, a basic, although fundamental, role in evaluation is played by the EM. A wide and heterogeneous set of 57 EMs has been identified, defined and framed in typologies, according to a systematic review research.</p> <p><b>Originality/value</b> – The approach to the review of EMs and the definition of a boundary of interest for management and economic researchers and practitioners represent an original issue of this paper" (p. 90).</p>
Author	<p>Credentials: Ph.D.</p> <p>Position and Institution: Research Associate at the Univerit� della Calabria in Rende, Italy</p> <p>Publication History in Peer-Reviewed Journals: Extensive</p>
Publication	<p>Type of publication: Scholarly peer-reviewed journal</p> <p>Publisher: Emerald Group Publishing</p> <p>Other: The journal, <i>Measuring Business Excellence</i>, has a CiteScore of 2.8 on Scopus.</p>
Date and Citation History	<p>Date of publication: August 2015</p> <p>Cited By: 36 citations according to Google Scholar.</p>
Stated Purpose or Research Question	"This paper aims to review Program and Project evaluation Models" (p. 90).



Author's Conclusion	"Effectiveness and efficiency of the evaluation are increasingly important for programs and projects. In such a perspective, the assessment of [evaluation models] is a key and critical activity" (p. 97).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Moderate  Rationale: This article is relevant to my Doctoral Capstone project since it gives an overview of the various types of evaluation models, which is useful, but does not directly relate to a program evaluation for nonprofit organizations.
Overall Quality of Article	Overall Quality of Article: Moderate  Rationale: The article quality is moderate since it is written by an established author in the field, published by an established journal and publisher, and adds to the body of research for program evaluation.
Your Focused Question and Clinical Bottom Line	<i>Question:</i> What are the different types of evaluation models used in program evaluation?  <i>Clinical Bottom Line:</i> The four main categories are traditional, participatory, systems, and social impact models. These four model categories are used for different purposes, such as measuring the effectiveness of programs, assessing the needs of stakeholders, and evaluating the sustainability of projects.
Your Lay Summary	The article looks at different ways to evaluate programs and projects. They studied 53 different models and put them into four categories: traditional models, participatory models, systems models, and social impact models. They looked at things like the purpose of the evaluation, how detailed it was, and whether it focused on stakeholders. The good thing about this article is that it can help evaluators choose the best model for their program or project. However, the study only looked at sources in English, so there might be other models that were missed. Also, the study didn't say which models were the best, so it might be hard to know which one to use. This article is important because it can help programs and projects be more successful. By using the right evaluation model, people can understand how the program or project is working, what needs to be improved, and what outcomes are being achieved. This can help groups make better decisions and achieve better results.
Your Professional Summary	The article aims to review the different evaluation models used in program and project evaluations. The authors reviewed 53 evaluation models from different sources and classified them into four main categories: traditional models, participatory models, systems models, and social impact models. They evaluated each model based on different criteria such as the purpose, the level of detail, the focus on stakeholders, and the ability to measure impact. The strength of the article is that it provides a comprehensive overview of different evaluation models and their characteristics, which can help evaluators choose the most appropriate model for their specific context. However, the study only focused on English-language sources, which limits the generalizability of the findings. Additionally, the study did not provide a detailed analysis of the effectiveness of the different models, which would have been useful for program managers and evaluators. The implications of this study are significant as it provides a useful resource for program and project evaluators who are looking for different evaluation models. The categorization of models into different types based on their characteristics can help evaluators identify the most appropriate model for their specific evaluation needs. Moreover, the study highlights the importance of involving stakeholders in the evaluation process and measuring the impact of programs and projects. Overall, this study can contribute to improving the quality and relevance of program and project evaluations, which can help organizations make informed decisions and achieve better outcomes.

**Article 10:** (Mayer & Fischer, 2023)

	<b>Overview of Article</b>
Type of article	Overall Type: Primary Research Study Specific Type: Mixed-Methods Design
APA Reference	Mayer, D. J., & Fischer, R. L. (2023). Exploring data use in nonprofit organizations. <i>Evaluation and Program Planning</i> , 97, 102197. <a href="https://doi.org/10.1016/j.evalprogplan.2022.102197">https://doi.org/10.1016/j.evalprogplan.2022.102197</a>
Abstract	“Organizations around the world have increasingly employed data for a variety of purposes, and nonprofit organizations are no exception. This article reviews the use of data in nonprofit organizations, including the types of data collected and accessed, the motivations for data capture, and the barriers to systematic use of data. The literature shows that nonprofit organizations capture a variety of data, including public and financial data, performance measures, program evaluation data, and volunteer information. Organizations use these with diverse motivations such as program or organizational improvement, marketing, and accountability. Prominent barriers faced by organizations include challenges in identifying meaningful information, lack of technical ability, inability to prioritize data work, as well as external influences. The article highlights the challenges in synthesizing the available literature, with a high degree of fragmentation, including research from distinct intellectual traditions resulting in many disconnected constructs, measurements, and theories. Finally, the paper discusses challenges in the study of nonprofit data use and strives to provide guidance for future inquiry” (p. 1).
Author	Credentials: BSW, MSW Position and Institution: Ph.D. candidate at Case Western Reserve University. Publication History in Peer-Reviewed Journals: Limited; advisor and co-author is extensive
Publication	Type of publication: Scholarly peer-reviewed journal Publisher: Elsevier Other: The journal, <i>Evaluation and Program Planning</i> , has a CiteScore of 3.8 on Scopus.
Date and Citation History	Date of publication: April 2023 Cited By: 0 citations according to Google Scholar, but it was published less than a month ago.
Stated Purpose or Research Question	“This study aims to help coalesce this literature by taking a holistic perspective, synthesizing the existing knowledge related to data use in nonprofit organizations” (p. 2).
Author’s Conclusion	“Our synthesis shows mandates by funding organizations as a strong determinant of the types of programmatic information collected by nonprofits, as many nonprofits may collect no other data. Therefore, it is crucial that funding organizations verify that the data they require are meaningful to organizations and of managerial relevance” (p. 7).
Overall Relevance to your Doctoral Capstone Project	Overall Relevance of Article: Moderate Rationale: This article is relevant to my Doctoral Capstone project since it discusses the various kinds of data I will encounter in my program evaluation, but it only discusses how to complete an aspect of an effective program evaluation.

Overall Quality of Article	<p>Overall Quality of Article: Moderate</p> <p>Rationale: The article quality is moderate since it is written by a new author in the field with an established advisor and co-author, published by an established journal and publisher, and adds to the body of research for nonprofits.</p>
Your Focused Question and Clinical Bottom Line	<p><i>Question:</i> What are the main ways in which nonprofit organizations use data for program evaluation?</p> <p><i>Clinical Bottom Line:</i> Data that nonprofit organizations collect are used to track program outcomes and outputs, measure program effectiveness, and assess the impact of the program on the community and its intended audience, which are all important aspects to consider during a program evaluation.</p>
Your Lay Summary	<p>The article aims to see how much nonprofit organizations, or NPOs, use data and what things affect how much they use it. The researchers did a study using a survey and interviews with 96 NPOs in the United States. The study found that NPOs mostly use data for looking at their programs and raising money. However, there are some problems that stop them from using data, like not having enough money, staff not knowing how to use data, and how the organization works. The study also saw that leaders who supported using data, staff who knew how to use data, and how the organization worked were important for using data. The study is good because it used a variety of ways of getting data to learn about how NPOs use data. However, the study only looked at NPOs in the United States, so what they learned might not be true for NPOs in other places. The study shows that NPOs need to have enough money, leaders who support using data, and staff who know how to use data to use it better. By using data, NPO can do their work better and show how they help people.</p>
Your Professional Summary	<p>The article aims to examine the extent to which data is being utilized in nonprofit organizations and the factors that affect the adoption of data-driven practices. The researchers employed a mixed-method design that consisted of a survey and interviews with 96 nonprofit organizations located in the United States. The study found that data is predominantly used in nonprofit organizations for program evaluation and fundraising purposes. However, there are significant barriers to adopting data-driven practices, such as limited resources, insufficient staff capabilities, and organizational culture. The study also highlighted the significant role that leadership support, staff skills, and organizational culture play in promoting the adoption of data-driven practices. One of the strengths of this study is its mixed-method design, which allowed the researchers to obtain both quantitative and qualitative data to achieve a better understanding of data use in nonprofit organizations. However, the sample was limited to nonprofit organizations in the United States, so the findings may not be representative of all nonprofit organizations worldwide. The study's implications suggest that nonprofit organizations need to prioritize resources, leadership support, and staff training to overcome barriers to data use. By adopting data-driven practices, nonprofit organizations can enhance their impact and accountability, enabling them to achieve their missions more effectively.</p>

## References

1. Rebuilding Together Minnesota. (2022). *Gratitude report 2021*. [https://rtmn.org/wp-content/uploads/2022/08/RTMN\\_Annual-Report\\_2021.pdf](https://rtmn.org/wp-content/uploads/2022/08/RTMN_Annual-Report_2021.pdf)
2. Rebuilding Together Minnesota. (n.d.). *About*. <https://rtmn.org/about/>
3. Rebuilding Together. (n.d.). *Frequently asked questions*. <https://rebuildingtogether.org/faq>
4. ABDO, EICK & MEYERS, LLP, & Rebuilding Together Minnesota. (2020, April 21). *Financial statements: RTTC 2019 audit*. [https://rtmn.org/wp-content/uploads/2020/08/RTTC\\_2019-Audit.pdf](https://rtmn.org/wp-content/uploads/2020/08/RTTC_2019-Audit.pdf)
5. Rebuilding Together Minnesota. (n.d.). *Safe at home program*. <https://rtmn.org/apply-for-help/safe-at-home-program/>
6. Greiner, K., & Pfannenstiel, T. (2022, May 5). [Personal communication].
7. Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. *MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports*, 48(RR-11), 1–40.
8. Liket, K. C., Rey-Garcia, M., & Maas, K. E. H. (2014). Why aren't evaluations working and what to do about it: A framework for negotiating meaningful evaluation in nonprofits. *American Journal of Evaluation*, 35(2), 171–188.  
<https://doi.org/10.1177/1098214013517736>
9. Bigonnesse, C., & Chaudhury, H. (2020). The landscape of “aging in place” in gerontology literature: Emergence, theoretical perspectives, and influencing factors. *Journal of Aging & Environment*, 34(3), 233–251. <https://doi.org/10.1080/02763893.2019.1638875>
10. Minnesota Board on Aging. (n.d.). *State Plan on Aging*. <https://mn.gov/board-on-aging/state-plan-on-aging/>
11. Minnesota Board on Aging. (n.d.). *The Minnesota Board on Aging State Plan 2019-2022*. [http://www.advancingstates.org/sites/default/files/Minnesota\\_MBA\\_State\\_plan\\_2019\\_2022\\_Public\\_Comment.pdf](http://www.advancingstates.org/sites/default/files/Minnesota_MBA_State_plan_2019_2022_Public_Comment.pdf)

12. Minnesota Board on Aging. (n.d.). *About Us*. <https://mn.gov/board-on-aging/about-us/>

## **Appendix D: Interview Protocol for RTMN Staff**

### **Introduction and Purpose**

My name is Zack Wells, and I am a doctoral occupational therapy student from St. Kate's completing my capstone experience. I am helping Rebuilding Together Minnesota by completing a program evaluation of the Safe at Home program. Rebuilding Together Minnesota will use the information to help improve the program. I expect this interview to last no longer than 60 minutes. Your information will be shared with Rebuilding Together Minnesota and used during my poster presentation for my coursework, and it might include direct quotes from our session today, but I will not share your name or other identifying information. However, I cannot guarantee complete anonymity. We would really appreciate your honest opinions so that the Safe at Home program can make improvements to become better and help more older adults. I am going to take notes of your answers so that I don't miss anything. You can discontinue your participation at any time.

### **Questions**

1. Can you tell me about your role within the Safe at Home program?
  - a. Optional probing questions:
    - i. What are your daily tasks for the Safe at Home program?
    - ii. What steps of the program are you involved in?
2. The Safe at Home program meets the needs of the community.
  - a. On a scale of 1-5 with 1 being strongly disagree and 5 being strongly agree, what would you rate this question?
  - b. Can you tell me about why you rated it that way?
    - i. Optional probing questions:
      1. What are the needs of the community that Safe at Home is missing?
      2. Which of those needs could Safe at Home address within their work scope?
3. The Safe at Home program has a clearly defined protocol.
  - a. On a scale of 1-5 with 1 being strongly disagree and 5 being strongly agree, what would you rate this question?
  - b. Can you tell me about why you rated it that way?
    - i. Optional probing questions:
      1. What do you like about the flow of the program?
      2. What could be improved?

4. The Safe at Home program is efficient.
  - a. On a scale of 1-5 with 1 being strongly disagree and 5 being strongly agree, what would you rate this question?
  - b. Can you tell me about why you rated it that way?
    - i. Optional probing questions:
      1. What parts of the program run efficiently?
      2. What parts of the program slow down the process?
      3. What parts of the program feel redundant or not worth doing?
      4. How do you think the process could be make more efficient?
5. What are the strengths of the Safe at Home program?
  - a. Optional probing questions:
    - i. Overall, what is going well with the program?
    - ii. What aspects of the program run smoothly without issue?
    - iii. What aspects of the program are you excited to do? Why is that?
6. What are the weaknesses of the Safe at Home program?
  - a. Optional probing questions:
    - i. Overall, what could be improved about the program?
    - ii. What aspects of the program do you not like doing? Why is that?
7. What else do you think I should know about the Safe at Home program that I have not asked about?

## **Conclusion**

Thank you so much for your time and input. This has been very helpful, and your comments will help improve the program for future homeowners. Have a great day!

**Appendix E: Direct Observation Protocol of RTMN Staff**

Observer's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time Observation Began: \_\_\_\_\_ Time Ended: \_\_\_\_\_

Subject of the Observation: \_\_\_\_\_

Role of the Subject: \_\_\_\_\_

Describe the **program setting** (color, size, shape, windows, furniture, temperature, noise level, potential distractions):

Describe the **flow of the work** (any awkward pauses, unnecessary or repeated steps, repetitive communication, waiting on responses):



Describe the <b>sequence of events</b> for the following steps in the program:	
Intake	
Prescreen	
Assessment	
Scheduling	
Installation	
Post-Screen	

**Reflect** on the observation (what steps went well, what steps didn't go well, what seemed *clunky*, any thoughts on what to improve, general feelings throughout the observation):

## Appendix F: Interview Protocol for Volunteers

### Introduction and Purpose

My name is Zack Wells, and I am a doctoral occupational therapy student from St. Kate's completing my capstone experience. I am helping Rebuilding Together Minnesota by completing a program evaluation of the Safe at Home program. Rebuilding Together Minnesota will use the information to help improve the program. I expect this interview to last no longer than 20 minutes. Your information will be shared with Rebuilding Together Minnesota and used during my poster presentation for my coursework, and it might include direct quotes from our session today, but I will not share your name or other identifying information. However, I cannot guarantee complete anonymity. We would really appreciate your honest opinions so that the Safe at Home program can make improvements to become better and help more older adults. I am going to take notes of your answers so that I don't miss anything. You can discontinue your participation at any time.

### Questions

1. How did you get involved with Rebuilding Together Minnesota and the Safe at Home program?
  - a. Optional probing questions:
    - i. Do you have a lot of experience being a volunteer? Home modifications? Older adults?
2. Can you tell me about how the **scheduling** process goes?
  - a. Optional probing questions:
    - i. How would you prefer to be contacted each week?
    - ii. Would you rather have the same set time each week? Or do you like having flexibility in choosing the time each week?
3. Can you tell me about how **picking up** the resources and tools goes?
  - a. Optional probing questions:
    - i. Is there a way to better condense the tools?
4. Can you tell me about how completing the **home modifications** goes?
  - a. Optional probing questions:
    - i. Are there any modifications that the homeowners need that we don't have in the work scope?
    - ii. Are there any issues installing the home modifications?
5. Can you tell me about how you have the client sign the **contract**?
  - a. Optional probing questions:

- i. Do you go through the contract with the client?
  - ii. Do you write notes on the work scope section to say what wasn't done and why?
- 6. Can you tell me about how **returning** the resources, tools, and contracts goes?
  - a. Optional probing questions:
    - i. Do you prefer to return it the same day or return it when you come in next? Why is that?
    - ii. Is there a way to make it easier for you?
- 7. What else do you think I should know about the volunteer process for Safe at Home that I have not asked about?

## **Conclusion**

Thank you so much for your time and input. This has been very helpful, and your comments will help improve the program for future homeowners. Have a great day!

### Appendix G: Direct Observation Protocol for Volunteers

Observer's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time Observation Began: \_\_\_\_\_ Time Ended: \_\_\_\_\_

Subject of the Observation: \_\_\_\_\_

Role of the Subject: \_\_\_\_\_

Use the following checklist as a tool to identify specific strengths and areas for improvement. + = done well      — = needs improvement.      0 = n/a		Use this space for any notes during the observation
<b>Picking up resources and tools</b>	<b>+ / — / 0</b>	
Resources and tools are ready to be picked up		
Resources and tools are organized in a matter that can easily be transferred to the volunteer's transportation		
The volunteer re-organized the materials and tools		
The work scope is reviewed with the volunteer prior to them leaving		
<b>Interacting with the homeowner</b>	<b>+ / — / 0</b>	
Introduces self and explains role		
Respectful of the homeowner		
Seeks out the homeowner's perspective and concerns		
Makes decisions jointly with the homeowner		
Explains to homeowner what s/he is doing		
<b>Home modifications</b>	<b>+ / — / 0</b>	
Uses the work scope to know what modifications to complete		
Has the necessary resources and tools to complete the modifications		
Able to complete the modifications accurately		
Adheres to all safety regulations		
Cleans up any messes made during the modifications		

Discusses the modifications completed with the homeowner		
<b>Contract</b>	<b>+ / — / 0</b>	
Gives the contract to the homeowner		
Reviews the contract with the homeowner		
Answers all the homeowner questions about the contract		
Homeowner signs the contract		
Volunteer notes what modifications was and was not completed		

**Reflect** on the observation (what steps went well, what steps didn't go well, what seemed *clunky*, any thoughts on what to improve, general feelings throughout the observation):

## **Appendix H: Interview Protocol for Rebuilding Together Sacramento**

### **Introduction and Purpose**

My name is Zack Wells, and I am a doctoral occupational therapy student from St. Kate's completing my capstone experience. I am helping Rebuilding Together Minnesota by completing a program evaluation of the Safe at Home program. Rebuilding Together Minnesota will use the information to help improve the program. I expect this interview to last no longer than 60 minutes. Your information will be shared with Rebuilding Together Minnesota and used during my poster presentation for my coursework, and it might include direct quotes from our session today, but I will not share your name or other identifying information. However, I cannot guarantee complete anonymity. We would really appreciate your honest opinions so that the Safe at Home program can make improvements to become better and help more older adults. I am going to take notes of your answers so that I don't miss anything. You can discontinue your participation at any time.

### **Questions**

1. How did you get involved with Rebuilding Together Sacramento and the Safe at Home program?
  - a. Optional probing questions:
    - i. Did you have a history working with nonprofits, home modifications, or older adults?
2. What are the key elements of your current protocol for the Safe at Home program?
  - a. Optional probing questions:
    - i. Do you have the protocol written up? If so, would you be willing to send it to me?
    - ii. Can you tell me about how having an OT complete home assessments goes?
      1. RTMN partners with an OT school for home assessments, do you partner with a school, or do you pay licensed OTs?
    - iii. Can you tell me about the process you have for volunteers?
      1. How do you schedule your volunteers? What are the expectations of the volunteers?
3. I noticed that you have both no-cost services and affordable services. Can you tell me more about that?
  - a. Optional probing questions:

- i. About how many people that apply for Safe at Home receive no-cost services and how many receive affordable services?
  - ii. For the affordable services, what are the homeowners paying for? Supplies? Volunteers? Contractors?
  - iii. Is there a pay scale in relation to how much they are over the income range for no-cost services?
    - 1. Like does someone who only makes a few thousand dollars extra then the threshold for no-cost pay the same as someone who is well over the threshold for the same services.
- 4. The affiliate I am working with, Rebuilding Together Minnesota, states that you have a very well run Safe at Home program. Why do you think that is?
  - a. Optional probing questions:
    - i. What do you do differently compared to other affiliates?
    - ii. How do you ensure your program runs smoothly?
    - iii. What do you see as strengths and weaknesses of your Safe at Home program?
- 5. What else do you think I should know about your Safe at Home program that I have not asked about?

## **Conclusion**

Thank you so much for your time and input. This has been very helpful, and your comments will help improve the program for future homeowners. Have a great day!



## **Appendix I: Interview Protocol for Rebuilding Together DC-Alexandria**

### **Introduction and Purpose**

My name is Zack Wells, and I am a doctoral occupational therapy student from St. Kate's completing my capstone experience. I am helping Rebuilding Together Minnesota by completing a program evaluation of the Safe at Home program. Rebuilding Together Minnesota will use the information to help improve the program. I expect this interview to last no longer than 60 minutes. Your information will be shared with Rebuilding Together Minnesota and used during my poster presentation for my coursework, and it might include direct quotes from our session today, but I will not share your name or other identifying information. However, I cannot guarantee complete anonymity. We would really appreciate your honest opinions so that the Safe at Home program can make improvements to become better and help more older adults. I am going to take notes of your answers so that I don't miss anything. You can discontinue your participation at any time.

### **Questions for Rebuilding Together DC-Alexandria**

1. How did you get involved with Rebuilding Together DC - Alexandria and the Safe at Home program?
  - a. Optional probing questions:
    - i. Did you have a history working with nonprofits, home modifications, or older adults?
2. What are the key elements of your current protocol for the Safe at Home program?
  - a. Optional probing questions:
    - i. Do you have the protocol written up? If so, would you be willing to send it to me?
    - ii. Are you able to send me a copy of your application to see how it differs from RTMN's application?
    - iii. Can you tell me about how having an OT complete home assessments goes?
      1. RTMN partners with an OT school for home assessments, do you partner with a school, or do you pay licensed OTs?
      2. What criteria do you use to determine if a homeowner would benefit from an OT assessment?
    - iv. Can you tell me about the process you have for volunteers?
      1. How do you schedule your volunteers? What are the expectations of the volunteers?

3. I noticed that you provide services for DC residents between 80-100% AMI. Can you tell me more about that?
  - a. Optional probing questions:
    - i. Is there anybody that applies for your services that is below 80% AMI?
    - ii. Are you able to do anything for homeowners that are above 100% AMI?
4. What are the common home modifications that you install for homeowners?
  - a. Optional probing questions:
    - i. What is your process for installing both interior and exterior handrails?
    - ii. What kind of chair lifts do you offer?
    - iii. What are your most common 3 home modifications?
5. The affiliate I am working with, Rebuilding Together Minnesota, states that you have a very well run Safe at Home program. Why do you think that is?
  - a. Optional probing questions:
    - i. What do you do differently compared to other affiliates?
    - ii. How do you ensure your program runs smoothly?
    - iii. What do you see as strengths and weaknesses of your Safe at Home program?
6. What else do you think I should know about your Safe at Home program that I have not asked about?

## **Conclusion**

Thank you so much for your time and input. This has been very helpful, and your comments will help improve the program for future homeowners. Have a great day!

## **Appendix J: Interview Protocol for Dr. Wickboldt**

### **Introduction and Purpose**

My name is Zack Wells, and I am a doctoral occupational therapy student from St. Kate's completing my capstone experience. I am helping Rebuilding Together Minnesota by completing a program evaluation of the Safe at Home program. Rebuilding Together Minnesota will use the information to help improve the program. I expect this interview to last no longer than 60 minutes. Your information will be shared with Rebuilding Together Minnesota and used during my poster presentation for my coursework, and it might include direct quotes from our session today, but I will not share your name or other identifying information. However, I cannot guarantee complete anonymity. We would really appreciate your honest opinions so that the Safe at Home program can make improvements to become better and help more older adults. I am going to take notes and audio-record your answers so that I don't miss anything. You can discontinue your participation at any time.

### **Questions**

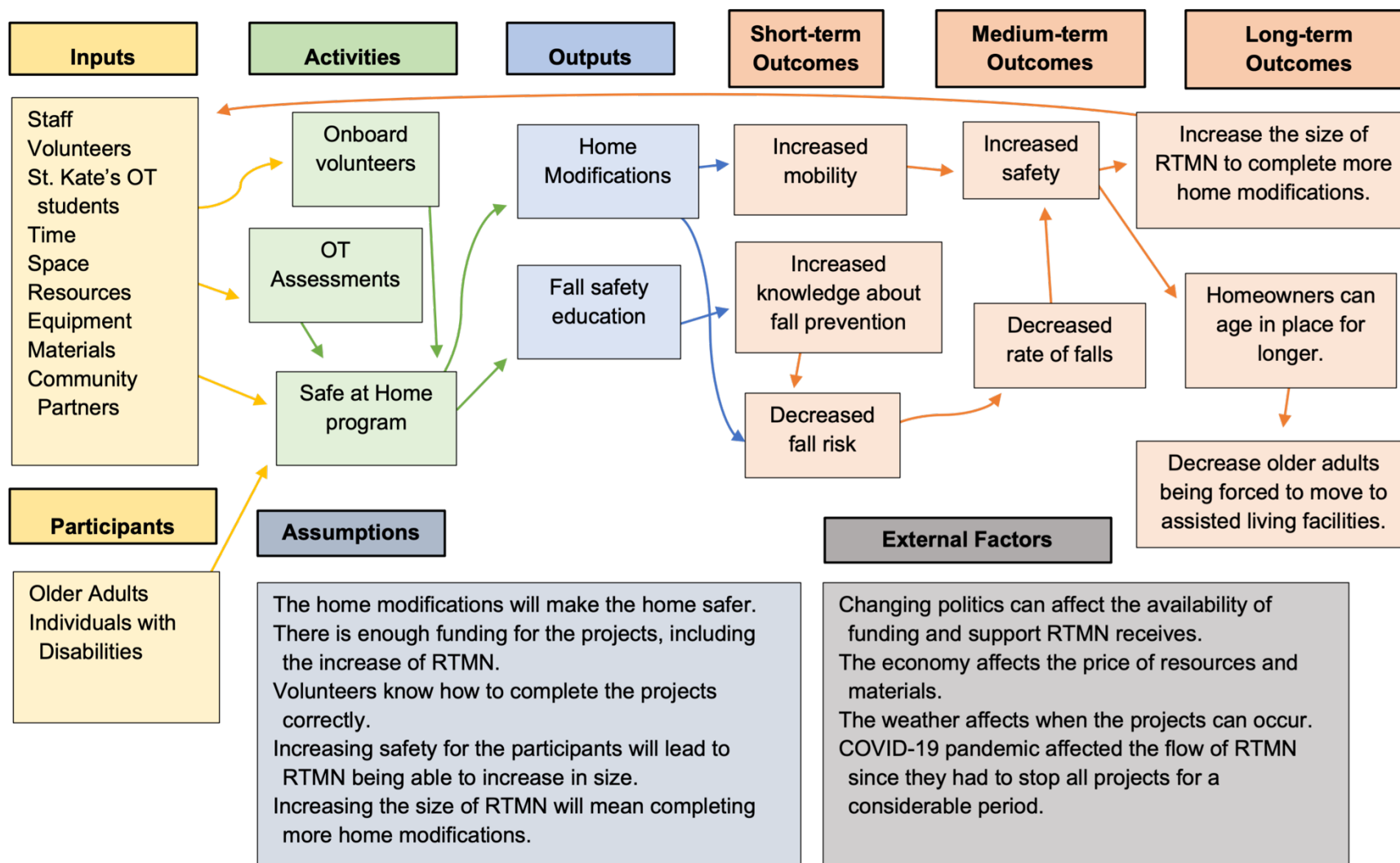
1. How did you get involved with Rebuilding Together Minnesota and the Safe at Home program?
  - a. Optional probing questions:
    - i. Do you have a history working with nonprofit organizations, home modifications, or older adults?
2. Can you tell me about your role within the partnership between St. Kate's and RTMN?
  - a. Optional probing questions:
    - i. What are your tasks for the partnership between preparing for the home assessments, interacting with the students, and ending the project?
3. Can you tell me about how organizing the files from RTMN and the students goes?
  - a. Optional probing questions:
    - i. What have you used in the past?
    - ii. What are you currently using?
    - iii. What needs to be included for the students before they go out on their home assessment?
    - iv. What does the student need to share with RTMN?
    - v. Is there anything that is getting missed by the students or by RTMN?
4. What goes well during the partnership?
  - a. Optional probing questions:
    - i. Overall, what is going well with the partnership?

- ii. What aspects of the partnership run smoothly without issue?
  - iii. What aspects of the partnership are you excited to do? Why is that?
- 5. What are the weaknesses of the partnership?
  - a. Optional probing questions:
    - i. Overall, what could be improved about the program?
    - ii. What aspects of the program do you not like doing? Why is that?
- 6. What else do you think I should know about the partnership that I have not asked about?

## **Conclusion**

Thank you so much for your time and input. This has been very helpful, and your comments will help improve the program for future homeowners. Have a great day!

### Appendix K: Logic Model



Appendix L: Safe at Home Protocol

# *SAFE AT HOME* *PROTOCOL*



## Table of Contents

<b>Safe at Home.....</b>	<b>1</b>
Intake .....	1
Pre-Screen .....	4
Assessment .....	5
Creating a Contract .....	6
Creating a Salesforce Project Campaign .....	6
Scheduling .....	8
Pre-Installation Day .....	11
Day of Installation .....	13
Post-Installation Day .....	14
Creating an Invoice .....	15
Closing out a Salesforce Project Campaign .....	18
Post-Screen .....	22
<b>OT Student Assessments .....</b>	<b>24</b>
Setting Up for the Spring Semester .....	24
Scheduling with Students .....	24
Scheduling with Homeowners .....	25
Sharing Assigned Homeowners with the Students .....	25
Schedule Changes .....	27
After the Assessment .....	27
Moving to Installation .....	28

## Safe at Home

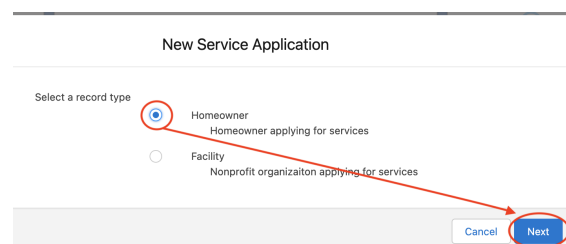
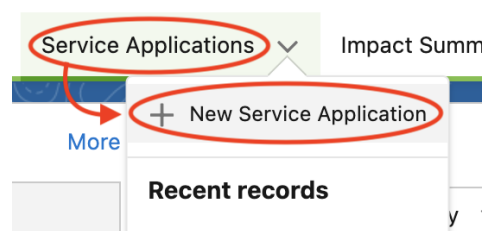
### Intake

Homeowners send their application through the mail, which they either obtained from our website or they called, and an application was mailed to them. Additionally, a homeowner's social worker might apply for the homeowner. This step is all about ensuring the homeowner has all the information they need, putting their information in Salesforce, and notifying the program manager that a new homeowner is ready for the next step.

The steps include:

1. Once the application is received, their information is put into the Application Log Google Sheet. This includes their full name, address, date they applied, what they need done, who has the physical file, who processed the application, and any notes associated with the homeowner.
2. Ensure each homeowner has provided proof of income and homeownership. If not, they will contact the homeowner to obtain them.
3. Create a homeowner application in Salesforce. This will include their name, email, phone number, date of birth, address, demographic data, who is in the household, income information, and what needs to get done.

- a. Starting on the home page, click on Service Applications, then click on New Service Application.
- b. Make sure Homeowner is clicked, then click on Next.





- c. Fill in the Service Application Name as the homeowners Last name, First name (ex. Smith, John), Status as Prospective, Date of Application, Program Eligibility as Safe at Home (and any other program they applied for).
- d. Click on Primary Applicant, then click on New Contact.
- e. Fill out the Contact Details and click Save.
- f. Fill out the rest of the information needed in the Service Application and click Save.

The screenshot shows a 'Service Application' form with the following fields and actions highlighted:

- Service Application Name:** 'Smith, John' (circled in red).
- Status:** 'Prospective' (circled in red).
- Account:** Search Accounts... (with a magnifying glass icon).
- Reason:** '--None--' (with a dropdown arrow).
- Date of Application:** '7/12/2023' (circled in red).
- Date of Closure:** (empty date field with a calendar icon).
- Source:** '--None--' (with a dropdown arrow).
- Program Eligibility:** A section with two columns: 'Available' (containing 'Home Repair' and 'Ramp') and 'Chosen' (containing 'Safe at Home'). The 'Chosen' column is circled in red.
- Primary Applicant:** Search Contacts... (with a magnifying glass icon).
- Recent Contacts:** (empty list).
- New Contact:** A button with a plus sign and the text 'New Contact' (circled in red).

Red arrows indicate the flow of data entry: from 'Service Application Name' to 'Status', from 'Status' to 'Reason', from 'Date of Application' to 'Source', and from 'Primary Applicant' to 'New Contact'.

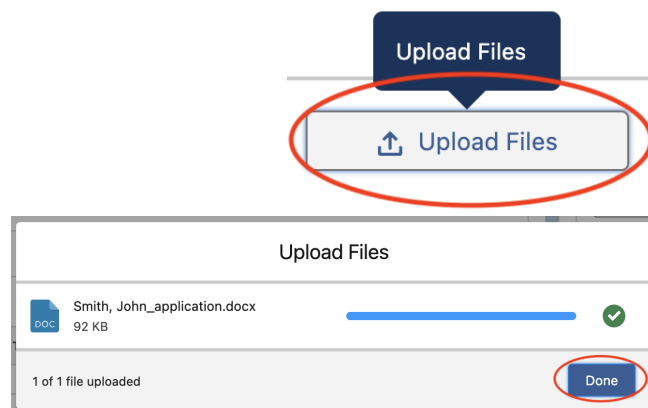
4. Upload a scanned copy of the application they sent in to their Salesforce profile.

- a. Starting at the homeowner's profile, click on Files.
- b. Click on Add Files.

The screenshot shows the Salesforce profile page with the following elements:

- Navigation Tabs:** Details, Repairs, Contacts, Impact Summaries, and Files (circled in red).
- Service Application Name:** 'Smith, John'.
- Status:** 'Prospective'.
- Files (0):** A section with a button 'Add Files' (circled in red) and a button 'Upload Files'.

- c. Click on Upload Files.
  - d. Choose the application file.
  - e. Click on Done.
5. Add their physical application and other related documents to a physical folder labeled with their name. Update the cover sheet of the folder to include the basic information of their project.



6. If the homeowner needs the Safe at Home program within the 7-county metro area, give the physical folder to the Safe at Home manager. If the homeowner needs the Safe at Home program outside of the 7-county metro area, give the physical folder to the Safe at Home manager for South West. If the homeowner needs the Home Repair program, give the physical folder to the Home Repair manager.
7. Add the homeowner to the Safe at Home project tab in the project calendar labeled 20 Safe @ Home TP.

#### Special Circumstances:

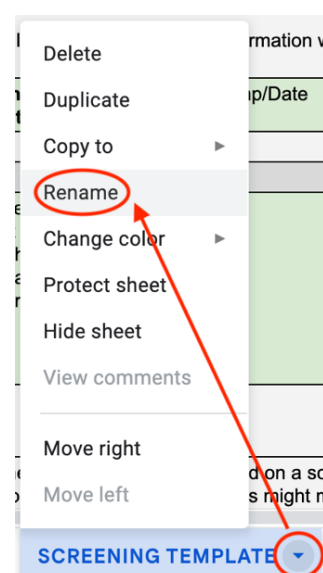
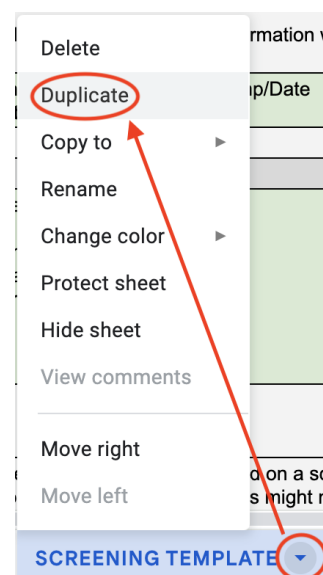
- If the homeowner states that they also need Home Repair on their application and they have not sent in the Home Repair application as well, send them the Home Repair application to be completed (or if they complete a Home Repair application and state that they need Safe at Home modifications, send them to the Safe at Home application to be completed).
- If you are unable to contact the homeowner or if they are not cooperative with the process, the homeowner's application is canceled and update their status to dead in their Salesforce profile.

## Pre-screen

The homeowners will be called and asked a series of questions. The three assessments that are completed, The Live Well at Home Rapid Screen, Short Falls Efficacy Scale, and Life Space Assessment, are to gain information of homeowners' ability to live independently, their fall risk, and how they move around their home and community, which is shared with our funders. The answers will be recorded in the pre- and post-screen Google Sheet.

The steps include:

1. Review the application of the homeowner to understand the homeowner and their needs.
2. Open the pre- and post-screen Google Sheet located in the Safe at Home shared drive.
3. Click on the upside-down triangle on the SCREENING TEMPLATE tab and click on Duplicate to create a new tab that will be specific to that homeowner.
4. The new tab will be named to Copy of SCREENING TEMPLATE. Rename the tab by clicking on the upside-down triangle on the Copy of SCREENING TEMPLATE tab and click on rename. Rename it to the homeowners Last name, First name (ex. Smith, John).
5. Fill out as much information as you can in their tab, which might include their home, address, and their age.
6. Call the homeowner and go through the pre-screen with them, using the pre-screen script as a guideline. Make sure to review their address to ensure it is correct. Record the answers in pre-screen sections.



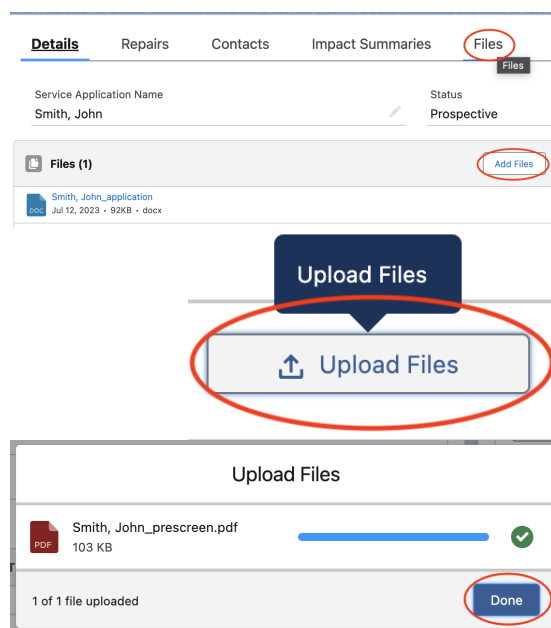
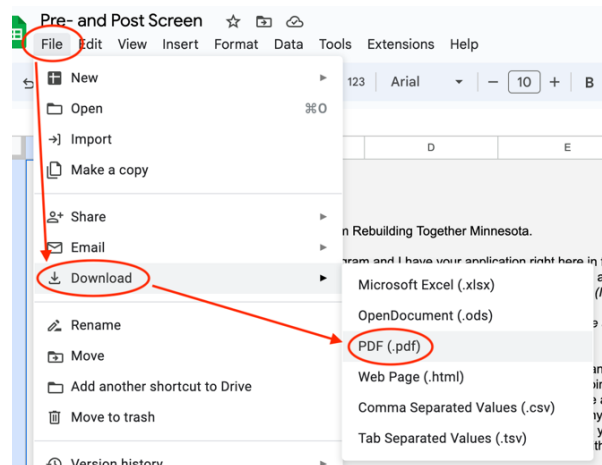
7. Once the pre-screen is completed, download the sheet by clicking on File, then Download, then select the PDF option.

8. Name the document to the homeowner's Last Name, First Name\_prescreen (ex. Smith, John\_prescreen).

9. Upload the prescreen PDF to their Salesforce profile.

- Starting at the homeowner's profile, click on Files.
- Click on Add Files.
- Click on Upload Files.
- Choose the pre-screen file.
- Click on Done.

10. Update the Safe at Home tab in the project calendar labeled 20 Safe @ Home TP that their pre-screen was completed.



Special Circumstances:

- Depending on availability, the pre-screen can be completed in-person.

## Assessment

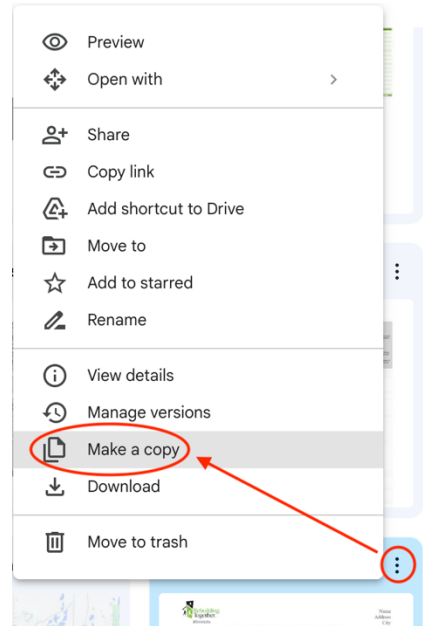
Homeowners 60+ are eligible for an in-home occupational therapy assessment, which are completed in the spring by 2<sup>nd</sup> year occupational therapy students at St. Catherine University. See the OT Student Assessment section for more information. If they are not eligible or do not want a home assessment, move to creating a contract.

## Creating a Contract

The main objective in creating a contract involves determining the work scope (what work will be completed) since the rest of the contract (besides the name and address) remains the same form homeowner to homeowner.

The steps include:

1. Find the Safe at Home Contract Template document on the Safe at Home Shared Drive, but do not open it. Duplicate it by clicking on the 3 vertical dots at the top of the document icon, then click on Make a copy.
2. Open the copy you made and rename it to homeowner's Last Name, First Name\_contract (ex. Smith, John\_contract).
3. Update the document's header to the homeowner's name, address, and city.
4. If there is an OT home assessment, review it to help inform the work scope.
5. Call the homeowner to discuss and finalize the work scope prior to their installation.  
During this call, scheduling preferences can also be discussed.
6. Add the work scope to the contract.
7. Print the contract and add it to the physical folder.
8. Update the Safe at Home tab in the project calendar labeled 20 Safe @ Home TP that their contract was created and put in the work scope.



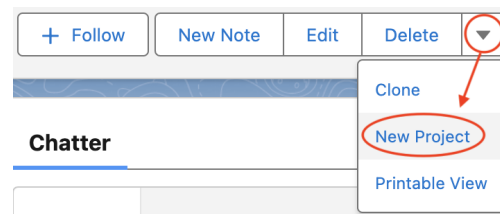
## Creating a Salesforce Project Campaign

Create an installation project campaign on Salesforce. See below for step-by-step instructions.

For more information about Salesforce, you can watch this tutorial on youtube: [Salesforce](#)

[Tutorial For Beginners | Introduction To Salesforce | Salesforce Training | Simplilearn](#)

- Starting at the homeowner's profile, click on the upside-down triangle, then click on New Project.



- Fill out all of the information, then click on save.

- Campaign name is S@H Installation -

homeowner's Last name,

First name (ex. S@H

Installation - Smith, John).

- Enter the start date

- Change status to In Progress

- Put the work scope into the

Description of Repairs

 A screenshot of the 'New Project' form. Red circles and arrows highlight key fields: 'Campaign Name' (containing 'S@H Installation - Smith, John'), 'Start Date' (7/12/2023), 'Status' (In Progress), and 'Description of Repairs' (containing 'Put in the work scope'). At the bottom right, the 'Save' button is circled in red.

- On the S@H Installation project campaign page, change the program to Safe at Home.

- Hover over the Program line, an edit button (a pencil) will appear, click on it.

- Click on the upside down triangle in the Program section, choose Safe at Home, then click on Save.

 A screenshot of the 'Details' tab of the 'S@H Installation - Smith, John' project. The 'Program' field is highlighted with a red circle, and a red arrow points to a pencil icon (edit button) that appears when hovering over it. Another red arrow points to the 'Safe at Home' option in the program dropdown menu. At the bottom right, the 'Save' button is circled in red.

## Scheduling

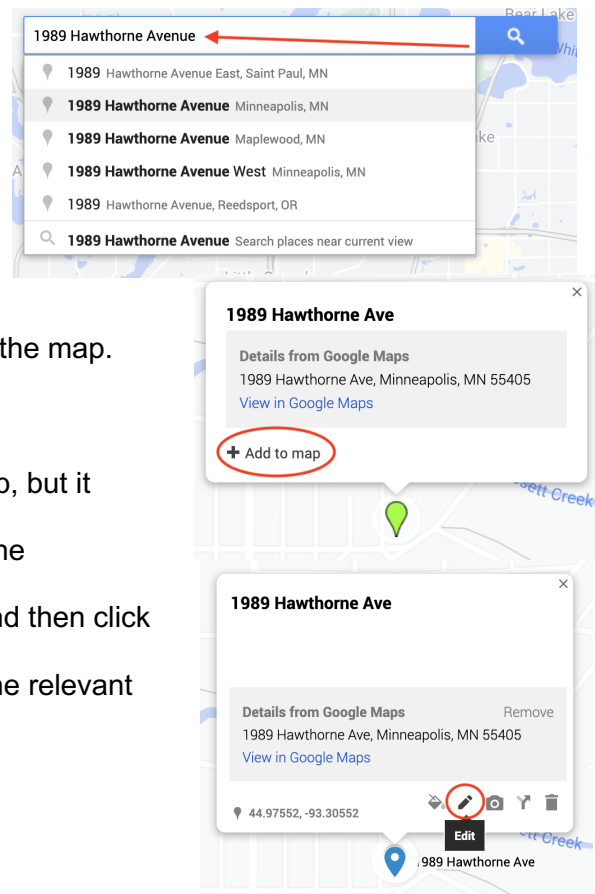
Scheduling involves both the homeowners and the volunteers.

The steps include:

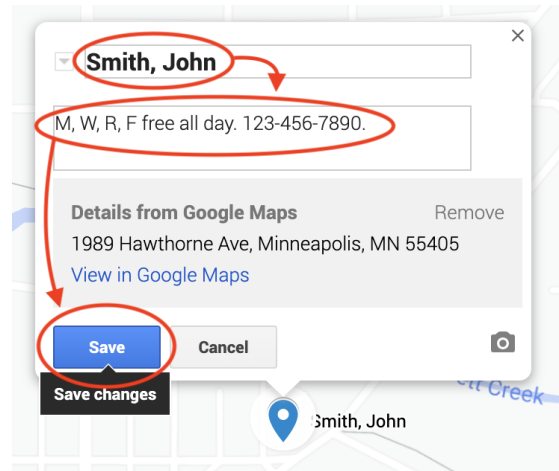
1. Call homeowners that are ready for installation for scheduling preferences, if not already done when finalizing the work scope.
2. Add the homeowners that are ready for installation to the Safe at Home My Maps. See below for step-by-step instructions on My Maps. For more information, you can watch this tutorial video on Youtube: [GOOGLE MY MAPS TUTORIAL | Get Started with Travel](#)

### Planning

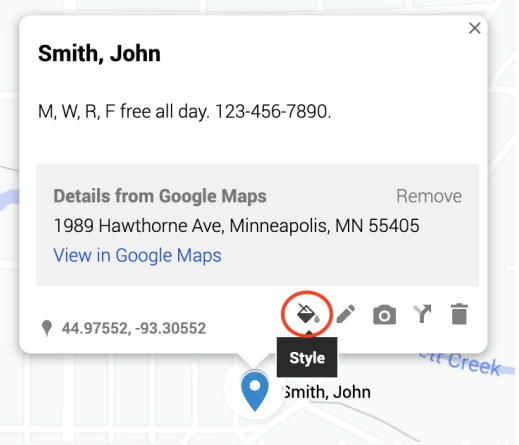
- a. Open the Safe at Home My Maps in the Safe at Home shared drive.
- b. Type in the homeowner's address into the search bar.
- c. The address will appear as a marker on the map, but not saved to the map. Click on + Add to Map.
- d. The address is now added to the map, but it doesn't have any information about the homeowner. Click on the address, and then click on the Edit icon (a pencil) to add in the relevant information.



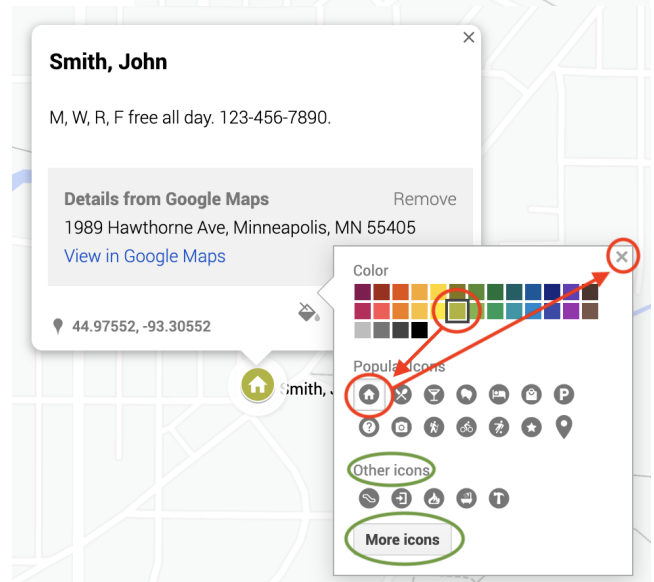
- e. Change the name of the address to the homeowner's Last name, First name (ex. Smith, John). In the description, add in when they are free, their phone number, and any other relevant information. Click on Save to save the changes.



- f. The address has a nondescript icon and color, so now we need to change that. Click on the address, and then click on the Style icon (a paint bucket) to change to the style.



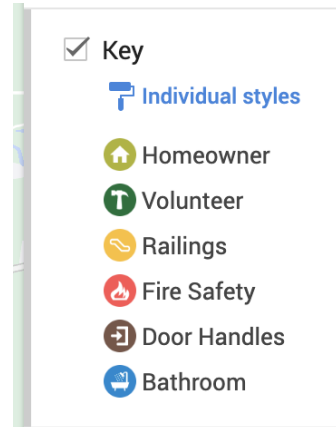
- g. Change the color to the relevant color and the icon for the relevant icon for the homeowner's needs (see icon). Click on the x when done making changes. Recently used icons will be in other icons and you can search for other icons not shown if you click on More icons.



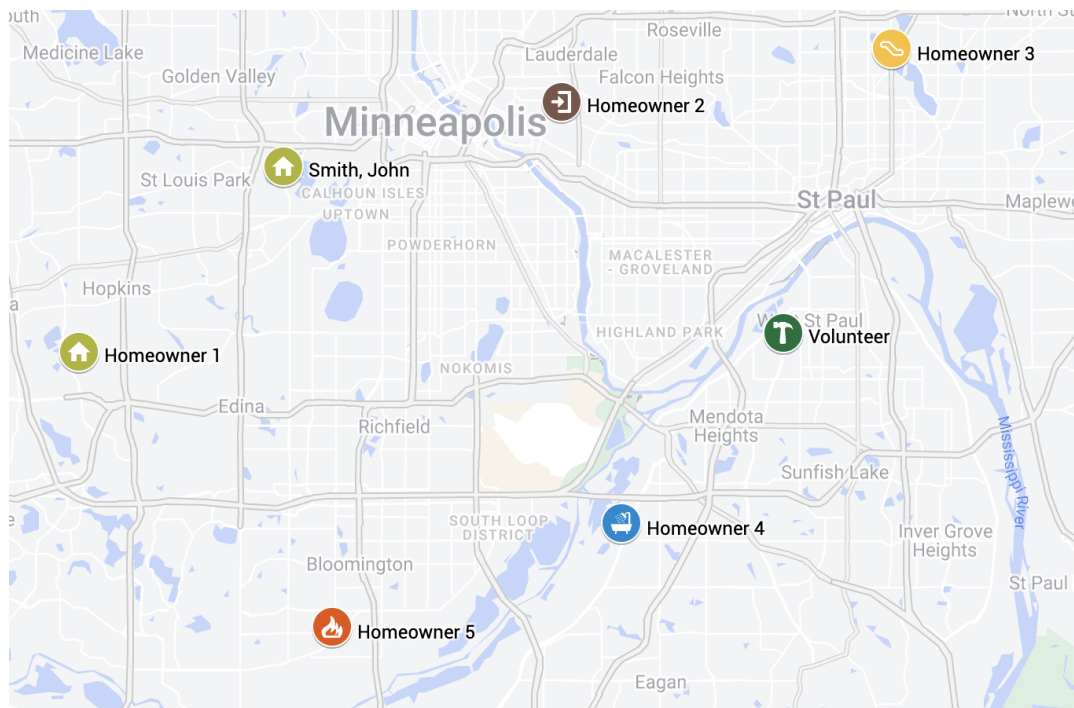


## h. Key Explanation:

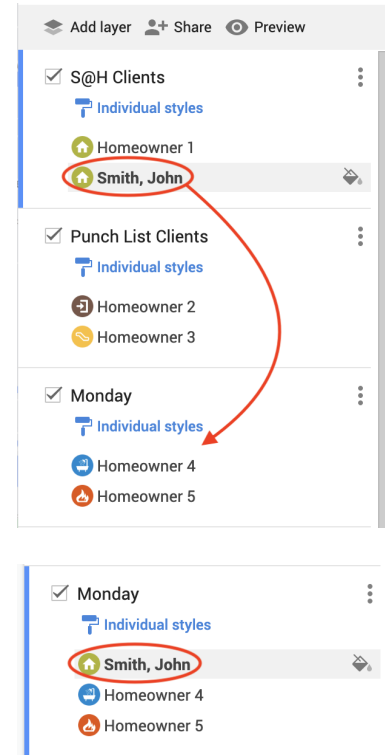
- Homeowner: general Safe at Home installation
- Volunteer: a volunteer's house. Added if they want their house to be considered when scheduling them.
- Railings: a homeowner only needs railings.
- Fire Safety: a homeowner only needs fire safety modifications.
- Door Handles: a homeowner only needs door handles installed.
- Bathroom: a homeowner only needs modifications in the bathroom.



- i. Now the address is named and has the correct style. The next step is to schedule the homeowners. Use the map to group homeowners nearby to reduce the distance volunteers have to drive in a day. See an example of the map below.



- j. Once the homeowners are scheduled, they can be moved to their specific installation date. Click on the homeowner in the S@H Clients section (or layer). the name should be grayed out.
  - k. Drag the homeowner down to the day of their installation (Monday in this example). Oftentimes, the homeowner doesn't drag at first, just click on the homeowner again and drag them again.
  - l. Once the installation is completed, drag the homeowner to the S@H Completed Installs section (or layer) for that year.
3. Email the Safe at Home volunteers on Tuesday for their availability for the next week.
  4. Group homeowners that are near each other on days and times they are available with volunteers on days they are available. This will likely require multiple phone calls to coordinate times and dates.
  5. Email the volunteers with the homeowners' information they are scheduled with. Tell them each of the homeowners' names and addresses and the times they are expected to arrive by.
  6. Update the Safe at Home tab in the project calendar labeled 20 Safe @ Home TP when installation is scheduled and who the volunteer is.

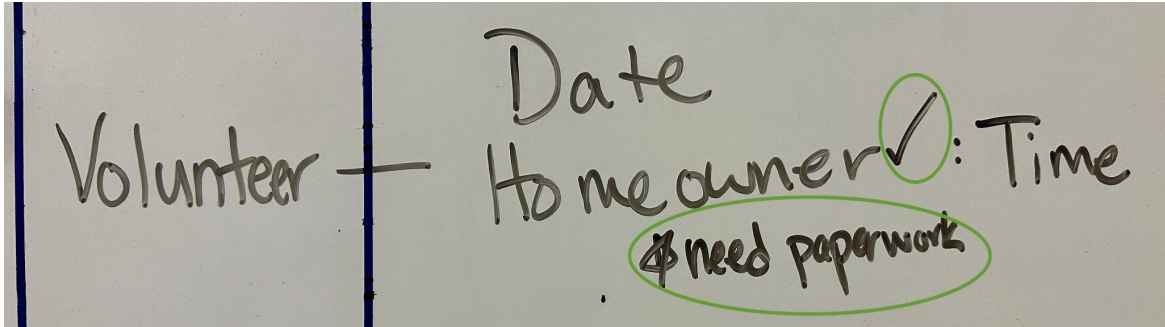


### Pre-Installation Day

There are a few tasks that need to be completed prior to installation day. Mainly it involves updating the board, gathering the homeowner's folder, and gathering the supplies and tools.

The steps include:

1. Once the volunteer schedule is set, put their name on the board by the supplies with the homeowners they will see that day. Use the example below to format how you write it. Put a checkmark next to the name of the homeowners once their supplies are in a box and a \*need paperwork note if the volunteer doesn't bring the paperwork and supplies back the same day as the installation.



2. Review the contract and OT home assessment (if one was completed) to determine what supplies are needed.
3. Label a box with a piece of tape with the homeowner's Last name (ex. Smith). Add the supplies that the homeowner needs to the box. Ensure anything that needs batteries has the needed batteries.
4. Gather the tools that will be needed by the volunteer. Ensure the drill and vacuum are both charged to full.
5. Separate the physical folder into the parts that stay at RTMN and the parts that go with the volunteer. The volunteer needs the printed contract and the recommendations from the OT assessment (if there is one available). Put the files the volunteer needs into a new folder and put it in the homeowner's box.

Special Circumstances:

- It is best to make each homeowner's box 2-3 days early to ensure you have all of the needed supplies. Purchase any of the needed supplies prior to the installation.

- If there is not a lot of supplies for multiple homeowners that one volunteer is seeing, their boxes can be combined into one box.
- If you notice you are running low on any of the supplies, order new ones prior to running out.

### **Day of Installation**

This is the day the volunteer comes to pick up the supplies and tools at RTMN, goes and completes the installations, gets the contract signed, and brings the tools and contract back to RTMN.

The steps include:

1. The volunteer arrives at RTMN prior to the installations they are doing that day. This is generally the same day as the installation, but if it works better for the volunteer and there are enough tools for any other installations happening, the volunteer can pick the supplies and tools up sooner.
2. The volunteer goes to the homeowner, has the homeowner review and sign the contract, completes the installations mentioned in the work scope, and has the homeowner sign that the installations were completed. The volunteers are discouraged from completing tasks beyond the specified work scope (which is called scope creep).
3. The volunteer leaves the grievance process paperwork with the homeowner for the homeowner to fill out and mail in if there are any issues that arise about the installation.
4. The volunteer brings the tools and any leftover supplies back to RTMN. Return any tools, and leftover supplies back to their respective spots. Erase their name off of the board (once their contract is returned).

Special Circumstances:

- The homeowner or volunteer might have to cancel. Just communicate with the homeowner and volunteer about any changes.

## Post-Installation Day

These are the general tasks that need to be completed after the installation.

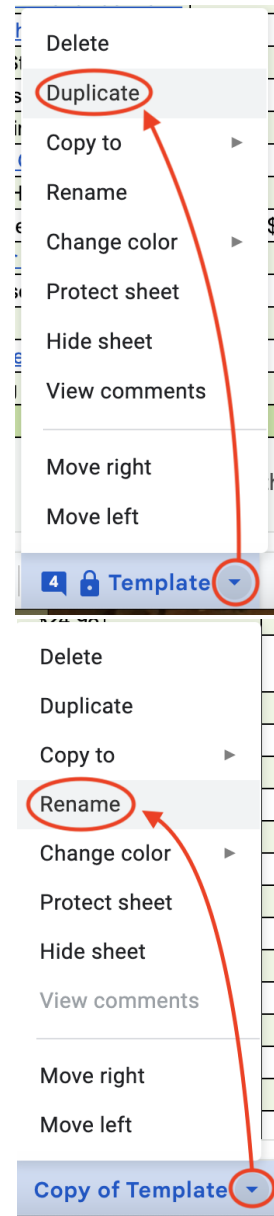
The steps include:

1. Review the signed contract and any volunteer notes to determine if something on the work scope was not completed.
  - a. If everything was completed:
    - i. Update the Safe at Home tab in the project calendar labeled 20 Safe @ Home TP that is completed.
    - ii. Move to the next step.
  - b. If it was not completed because the homeowner didn't want it anymore, the project is complete.
    - i. Update the Safe at Home tab in the project calendar labeled 20 Safe @ Home TP that is completed.
    - ii. Move to the next step.
  - c. If it was not complete because we didn't have it or could not get it prior to the installation, those items are now the homeowner's punch list.
    - i. Update the Safe at Home tab in the project calendar labeled 20 Safe @ Home TP what the punch list items are.
    - ii. Add the homeowner's information and what they need to the punch list tab in the project calendar labeled 22 Punch List TP.
    - iii. Once the punch list is completed, you can move to the next step.

## Creating an Invoice

Once the installations are done (including all of the punch list items), create an invoice of the project to have the cost of the supplies for the project.

1. Review the work scope and what was completed to understand what was used during the installation.
2. Open the Homeowner Costs located in the Safe at Home shared drive.
3. Click on the upside-down triangle on the Template tab and click on Duplicate to create a new tab that will be specific to that homeowner.
4. The new tab will be named to Copy of Template. Rename the tab by clicking on the upside-down triangle on the Copy of Template tab and click on rename. Rename it to the homeowners Last name, First name (ex. Smith, John).
5. Put the quantities of each of the items they had in the Units They Got column. Some home modifications, such as railings, don't have standardized prices so put in the price for the homeowner if they got those home modifications.
6. Add in any rows above the total if needed to add in home modifications they got that are not in the list. Make sure to add in the name of the home modification, the cost per unit, and how many they got.





9. Upload the invoice PDF to their

Salesforce profile.

- a. Starting at the S@H Installation project campaign screen, click on Files.
- b. Click on Add Files.
- c. Click on Upload Files.
- d. Choose the invoice file.
- e. Click on Done.

The screenshot shows the 'Files' tab of a Salesforce campaign page. The campaign name is 'S@H Installation - Smith, John'. The 'Add Files' button is circled in red.

The screenshot shows the 'Upload Files' dialog box. The 'Upload Files' button is circled in red.

The screenshot shows the 'Upload Files' dialog box with a file 'Smith, John\_invoice.docx' being uploaded. The 'Done' button is circled in red.

10. Update the S@H Installation project campaign with the financial information.

- a. Starting at the S@H Installation project campaign screen, click on Financials.
- b. Under Project Costs, click on New.
- c. Fill out the information, then click on save.
  - i. Choose the homeowner's service application.
  - ii. Put in the cost.
  - iii. Put in the work scope in the description.

The screenshot shows the 'Financials' tab of a Salesforce campaign page. The 'New' button under 'Project Costs' is circled in red.

The screenshot shows the 'New Project Cost' form. The 'Project' field is set to 'S@H Installation - Smith, John'. The 'Service Application' field is set to 'Smith, John'. The 'Amount' field is set to '\$100.00'. The 'Description' field is set to 'Put in work scope'. The 'Save' button is circled in red.

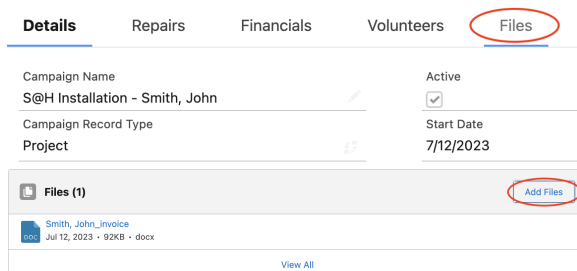


## Closing out a Salesforce Project Campaign

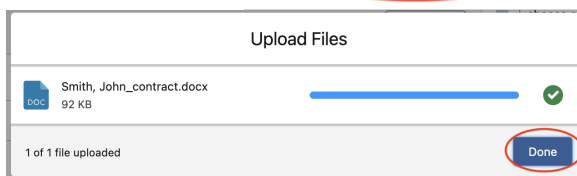
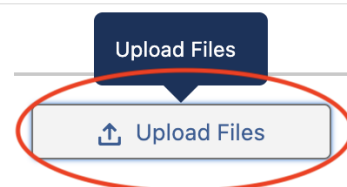
1. Upload the signed contract to the homeowner's Salesforce installation project campaign.

Name the contact the homeowner's Last name, First name\_contract (ex. Smith, John\_contract).

- a. Starting at the S@H Installation project campaign screen, click on Files.

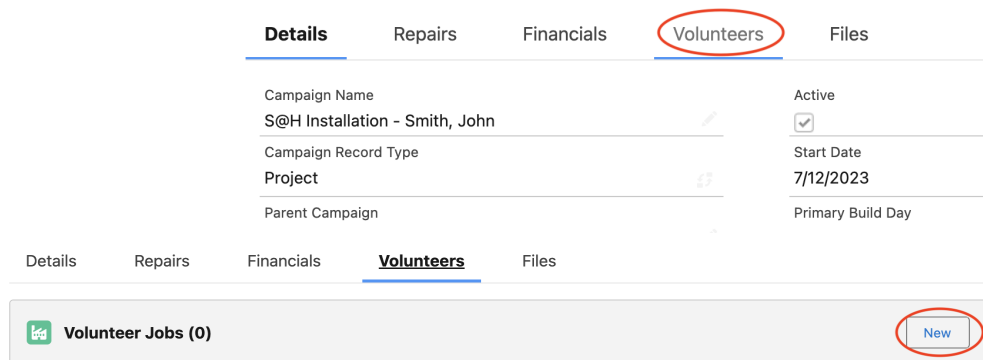


- b. Click on Add Files.
- c. Click on Upload Files.
- d. Choose the contract file.
- e. Click on Done.



2. Add in the Volunteer information into Salesforce

- a. Starting at the S@H Installation project campaign screen, click on Volunteers.
- b. Under Volunteer Jobs, click on New.



c. Fill out the information, then click Save.

- i. Type in the Volunteer Job Name as the same name as the installation project campaign (ex. S@H Installation - Smith, John).
- ii. Select Full Address for Location Visibility.
- iii. Type in the work scope in the Description.

The screenshot shows the 'New Volunteer Job' form. Red circles and arrows highlight the following fields:

- Volunteer Job Name:** A text input field containing 'S@H Installation - Smith, John'.
- Full Address:** A dropdown menu under the 'Location Visibility' section, with 'Full Address' selected.
- Description:** A rich text editor containing the text 'Put in work scope'.

Other visible fields include 'Campaign' (S@H Installation - Smith, John), 'Inactive' (checkbox), 'Display on Website' (checkbox), 'Ongoing' (checkbox), and 'System Information' (Legacy Vol Job ID). At the bottom are 'Cancel', 'Save & New', and 'Save' buttons.

- d. Now under Volunteer Jobs, the job you just created will appear. Click on the name.
- e. Under Volunteer Shifts, click on New.

**Volunteer Jobs (1)** 1 item • Sorted by # of Volunteers Still Needed • Updated a few seconds ago

	Volunteer Job Name	Number of ...	Sponsorship
1	S@H Installation - Smith, John		

[View All](#)

**Volunteer Shifts (0)** [New](#)

f. Fill out the information, then click Save.

- i. Select the Date.
- ii. Select the Time.
- iii. Put in the hours the volunteer worked.
- iv. Put in the number of volunteers that should work on the installation.

**New Volunteer Shift**

**Information**

\* Volunteer Job  
S@H Installation - Smith, John

**Start Date & Time**

\* Date: 7/12/2023  
\* Time: 12:00 PM

\* Duration (Hours): 2.00

Desired # of Volunteers: 1

RT Total Volunteers: 1

**System Information**

Legacy Vol Shift ID:   
System Note:

Buttons: Cancel, Save & New, **Save**

g. Now under Volunteer Shifts, the shift that you just created will appear. Click on the name.

h. Under Volunteer Hours, click on New.

**Volunteer Shifts (1)**

1 item • Sorted by ShiftID • Updated a few seconds ago

	ShiftID ↓		RT Total V...	Desired # ...
1	<b>Shift-02317</b>	Shift-02317	1	1

[VIEW ALL](#)

**Volunteer Hours (0)**

**New** [Mass Edit Volunteer Hours](#)

i. Fill out the information, then click on Save.

- i. Select the volunteer who completed the installation under Contact.
- ii. Select the Volunteer Job for that homeowner.
- iii. Select the Volunteer shift for that homeowner.
- iv. Select the Date.
- v. Put in the number of volunteers.
- vi. Put in the hours worked.
- vii. Select the Status as Completed.
- viii. Select the Type as Skilled.

The screenshot shows the 'New Volunteer Hours' form. Red circles and arrows indicate the following fields to be filled out:

- Contact:** John Smith
- Volunteer Job:** S@H Installation - Smith, John
- Volunteer Shift:** Shift-02317
- Start Date:** 7/12/2023
- Number of Volunteers:** 1
- Hours Worked:** 2.00
- Status:** Completed
- Type:** Skilled
- Role:** General Volunteer
- Age at Sign Up:** (empty field)
- Legacy Vol Hours ID:** (empty field)
- Buttons:** Cancel, Save & New, and Save (circled in red)

3. Once their installation is complete, close out the Salesforce project campaign for the installation.

a. Starting at the S@H

Installation project campaign screen, click on the edit icon on their In Progress status (a pencil icon).

b. Click on the upside-down triangle next to In Progress, then click on Work Complete, then click on Save.

The screenshot shows the 'Details' tab of a Salesforce campaign record. Red circles and arrows indicate the following steps:

- Status:** In Progress
- Edit Status:** Click the pencil icon next to the status.
- Status Dropdown:** Click the upside-down triangle next to 'In Progress'.
- Work Complete:** Select 'Work Complete' from the dropdown menu.
- Buttons:** Cancel and Save (circled in red)

4. Update their status to complete in their Salesforce profile.
  - a. Starting at the homeowner's profile, click on the edit icon on their Prospective status (a pencil icon).
  - b. Click on the upside-down triangle next to Prospective, then click on Complete, then click on Save.

### Post-screen

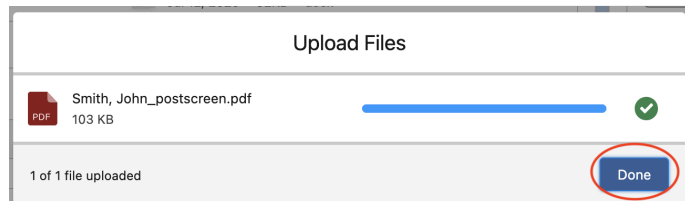
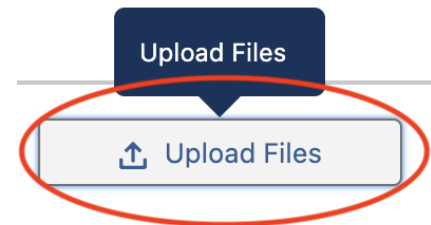
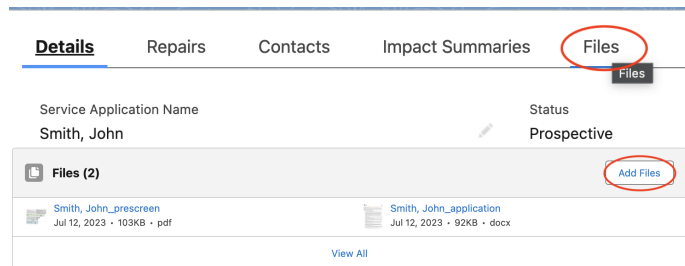
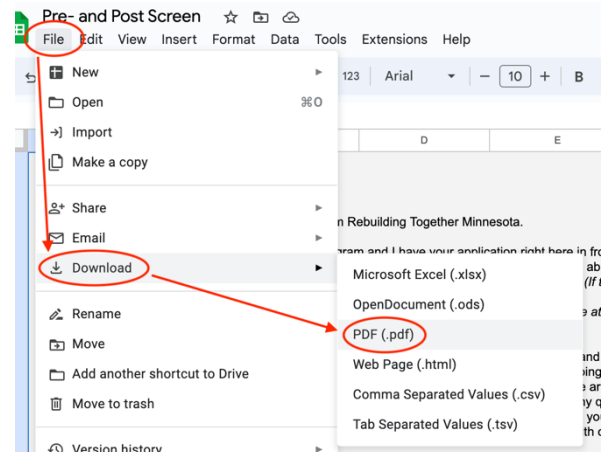
The homeowners will be called again to be asked the same series of questions during the pre-screen. See the pre-screen section for an overview of the assessments used. The answers will be recorded in the same pre- and post-screen on Google Sheet that was created for that homeowner. These should be completed 1-2 months after the installation.

The steps include:

1. Locate and open the homeowners pre- and post-screen tab on Google Sheets. It will be labeled the homeowners Last name, First name.
2. Review the application, pre-screen answers, OT assessment (if they received one) and the work completed to understand what their needs were and what was completed for them.
3. Call the homeowner and go through the post-screen with them, using the post-screen script as a guideline. Confirm the homeowners address to ensure you are talking to the correct homeowner. Record the answers in the post-screen sections.

The screenshot shows a Salesforce profile page for 'Smith, John'. The 'Details' tab is active, showing fields for 'Service Application Name' (Smith, John), 'Status' (Prospective), 'Account' (Smith (John) Household), and 'Reason'. A red circle highlights the edit icon (pencil) next to the 'Status' field. Below the profile, a dropdown menu is open, showing a list of status options: '--None--', '✓ Prospective', 'Intake', 'Eligible', 'Hold', 'Site Visit Pending', 'Approved', 'Work In Progress', 'Complete', 'Declined', and 'Preview Completed'. A red arrow points from the 'Prospective' status in the dropdown to the 'Complete' option. At the bottom of the dropdown, there are 'Cancel' and 'Save' buttons, with 'Save' highlighted by a red circle.

4. Once the post-screen is completed, download the sheet by clicking on File, then Download, then select the PDF option.
5. Name the document to the homeowner's Last Name, First Name\_postscreen (ex. Smith, John\_postscreen).
6. Upload the post-screen PDF to their Salesforce profile.
  - a. Starting at the homeowner's profile, click on Files.
  - b. Click on Add Files.
  - c. Click on Upload Files.
  - d. Choose the post-screen file.
  - e. Click on Done.
7. Update the Safe at Home tab in the project calendar labeled 20 Safe @ Home TP that their post-screen was completed.



## **OT Student Assessments**

### **Setting Up for the Spring Semester**

To set things up for the spring semester, which is when the OT student assessments occur, you need to have a lot of pre-screened homeowners that agree to OT assessments by the students. There are about 25 student groups that go out on assessments (contact St. Kate's to get the accurate number for this year). In addition to a homeowner for each student group, you will want a surplus of about 10 homeowners pre-screened. The steps below are about setting up the folders for the students to use so you can share with them the needed documents on the homeowners and they can share with you their reports about the home assessment.

The steps include:

1. Share the OT Home Assessments - St. Kate's folder in the Safe at Home shared drive with the professor at St. Kate's. They will share it with the students.
2. Create a folder for the OT assessments that year and name it year Homeowners (ex. 2024 Homeowners).
3. Create a folder for each homeowner that is pre-screened in that folder. Name it the homeowners Last name, First name (ex. Smith, John).
4. In that folder, upload the homeowner's application and pre-screen.

### **Scheduling with Students**

The St. Kate's professor will have the students fill out the schedule. The St. Kate's professor will update the dates on the schedule document to reflect the weeks of their semester. You have to ensure the document is cleared from the previous year's information. Use the information the students provide as best as you can to find a homeowner to schedule them with.

## Scheduling with Homeowners


The steps include:

1. Use the student schedules and location preferences as a reference for scheduling with homeowners.
2. Call homeowners with possible dates and times.
3. Try to schedule at least 1 week in advance.
4. Provide the homeowner with your contact information/desk line for them to encourage to call if they need to reschedule or have any more questions.
5. Let the homeowner know that the OT students will reach out to confirm the home assessment (or appointment) 1-2 days prior to the home assessment.
6. Verify that we have a Safe at Home application from them. If needed, ask them the Safe at Home application questions to have a better understanding of their needs.

## Sharing Assigned Homeowners with the Students

Once the homeowners are scheduled, share with the students who their homeowner is and when their home assessment is scheduled for. Below is an email draft you can use, but feel free to make any changes as needed.

The steps include:

1. Once the homeowner is scheduled, update the scheduling document called DATE&TIME - RTMN Home Assessment in the OT Home Assessment - St. Kates folder in the Safe at Home shared drive with the homeowner's information. Include the homeowner's name, address, and phone number as well as the date and time of the home assessment.
2. Email the students using the following template. Click on the  to create the draft. Change all of the relevant information (*in red*). Cc their St. Kate's professor.





<b>To</b>	
<b>Cc</b>	
<b>Bcc</b>	
<b>Subject</b>	RTMN Home Assessment

(*Name of the students*),

Hello! This is (*enter your name*) from the Safe at Home program at Rebuilding Together Minnesota. Here is your homeowner's information for your home assessment:

(*name of the homeowner*)

(*date and time for the home assessment*)

(*address of the homeowner*)

(*phone number of the homeowner*)

Use this link to access the folder with all of the information you need for the home assessment: [Home Assessment Folder](#). In that folder, the following are included:

- In the (*Year*) Homeowners folder, there is a folder labeled with your homeowners Last name, First name. It includes the homeowner's application and pre-screen. Review these prior to the home assessment.
- In the Blank Documents for Home Assessment folder, there are the documents that you should print to use during the home assessment.
- There is a handout on the common home modifications the Safe at Home program does. Use this to help give you ideas during the home assessment and organize your recommendations during the report.
- There is a folder called Pre-Screen Assessments Explained that has the blank documents for each of the assessments that explains the scoring and a scoring example. Use this to understand the pre-screen.
- There is a document called 1) Phone App Instructions. Use this to use the MaX UC app, which allows you to call from a RTMN number when calling a homeowner instead of your own phone number. USE THIS because homeowners will call your personal number if you give them it.
- A reminder call script. You should call the homeowner 1-2 days prior to your home assessment. Use the MaX UC app.
- RTMN Health Screen Checklist you should use to ensure no one is sick and should reschedule the home assessment.

If any issues come up, please email me back and let me know what is happening (swaps). If the issue is more urgent or vulnerable adult related, you can call:

- Tom Pfannenstiel - Safe at Home Project Manager (651) 226-1923 for urgent "day-of" issues like the homeowner not answering, etc.
- Tony Sjogren - RTMN Program Director (651) 776-4273 for hoarding issues or vulnerable adult post-visit (choose prompts that will direct you to Tony).

## Schedule Changes

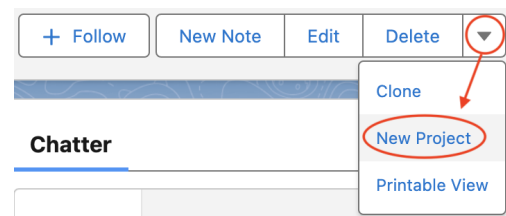
Students and homeowners will need to reschedule. If the homeowner and students are already talking to each other, try to keep them together. Some homeowners will try to reschedule multiple times, just reassign the students to a new homeowner. If students need to be assigned a new homeowner, that is okay (that is why you want a surplus of homeowners).

## After the Assessment

For the clients, connect with them after their assessment to let them know what the next steps of the Safe at Home process will be. They will call about it so be prepared. For the students, the steps are explained below.

The steps include:

1. The students will upload their report and task worksheet to the homeowners folder in the OT Home Assessments - St. Kates folder in the Safe at Home shared drive. This will likely be about 2 weeks after the home assessment, but could be longer.
2. Print off the report and add it to the homeowner's physical folder.
3. Create a Salesforce project campaign for the OT assessment.
  - a. Starting at the homeowner's profile, click on the upside-down triangle, then click on New Project.



b. Fill out all of the information, then click on save.

- i. Campaign name is OT Assessment - homeowner's Last name, First name (ex. OT Assessment - Smith, John).
- ii. Enter the start date
- iii. Change status to Documentation Complete

4. Upload the report to the homeowner's

Salesforce profile named the homeowner's Last name, First name\_report (ex. Smith, John\_report).

- a. Starting at the OT Assessment project campaign screen, click on Files.
- b. Click on Add Files.
- c. Click on Upload Files.
- d. Choose the report file.
- e. Click on Done.

## Moving to Installation

Use the task worksheet and report to

identify the work scope. Reach out to the homeowner still to confirm the work scope and discuss their schedule for their installation. Make sure to include the recommendations section of the report for the volunteer since it contains a lot of great information and relevant pictures of what should be done.

## Appendix M: Pre- and Post-Screen Sheet and Script

[illegible]

	The next set of questions is based on a screening that is called "The Live Well at Home" assessment. This is a tool we use to help us find out what things might make it challenging for someone to live in their homes independently. The agencies that are providing grants for our program are asking us to find out what things are challenging with living at home so Rebuilding Together can better help people. For these questions it's most useful if the person that has the most difficulties day to day is the one answering the questions for themselves. Is that person able to come to the phone? If that person is not able to answer the questions you can answer for them but do your best to answer as that person would if they were able to.					<b>CADI Waiver</b>  A CADI waiver is a program that provides help to children and adults living with disabilities. It stands for Community Access for Disability Inclusion. If you are not sure if you have one, it is unlikely that you do.	
	<b>Live Well at Home Rapid Screen Questions</b>	Are you answering for yourself or someone else?	Do you feel as though you are able to live as independently as you would like in your home? (yes/no)	1. Do you, or the person living in the home with a disability, need help to do any of the following; Walking, Getting out of bed/chair, Going to your bathroom, Bathing, Dressing, Eating?	If two or more selected SCORE = 2, 0-1 = 0	2. During the last 6 months, have you (or the person living in the home with a disability) had a fall that caused injuries? Yes SCORE = 2, No = 0	
Pre							
Post							
	3. Do you have a family member or friend help you (or the person living with a disability) when needed? Yes SCORE = 0, No = 2	4. Does your caregiver (or the caregiver of the person living with a disability) feel overwhelmed or stressed because of the care they provide? Yes SCORE = 2, No = 0	5. Have you (or the person living with a disability) thought about moving to other housing? (i.e. nursing home, assisted living or other housing with services?) Yes SCORE = 2, No = 0	6. Do you live alone? Yes = 1, No = 0	7. Do you (or the person living in the home with a disability) or the family have concerns about memory, thinking, or ability to make decisions? a) very concerned (SCORE = 2), b) somewhat concerned (SCORE = 1), c) not concerned (SCORE = 0)	Total Score LiveWell	
Pre						0	
Post						0	

Next we want to ask some questions about how worried you (or the person you are concerned about) are about the possibility of falling. If there is someone who does things for you, try to tell us whether you would be worried about falling if you did this thing yourself.  On a scale of 1-4, with 1 being not at all concerned, 2 being somewhat concerned, 3 being fairly concerned, 4 being very concerned, how would you rate the following statements?					
	<b>Short Falls Efficacy Scale Questions</b>	I am afraid of falling in my home. (yes/no)	How concerned are you about falling while getting dressed or undressed? 1, 2, 3, 4	How concerned are you about falling while taking a bath or shower? 1, 2, 3, 4	How concerned are you about falling while getting in or out of a chair? 1, 2, 3, 4
Pre					
Post					
	How concerned are you about falling while going up or down stairs? 1, 2, 3, 4	How concerned are you about falling while reaching for something above your head or on the ground? 1, 2, 3, 4	How concerned are you about falling while walking up or down a slope? 1, 2, 3, 4	How concerned are you about falling while going out to a social event? 1, 2, 3, 4	FES total
Pre					0
Post					0

The following questions are about how well you are able to get around your house and around the community.									
	<b>Life Space Assessment</b>	In the past four weeks, have you been to other rooms of your home besides the room where you sleep? Yes SCORE = 1, No = 0	How often do you get there per week? Less than once per week, SCORE = 1. One to three times per week, SCORE = 2. Four to six times per week, SCORE = 3. Daily, SCORE = 4	Do you use aids or equipment? Did you need help from another person? Personal assistance only, SCORE = 1. Equipment only, SCORE 1.5. No assistance or equipment, SCORE 2.	L1 Score	In the past four weeks, have you been to an area outside your home such as your porch, deck, or patio, or in your garage, or in your own yard or driveway? Yes SCORE = 2, No = 0	How often do you get there per week? Less than once per week, SCORE = 1. One to three times per week, SCORE = 2. Four to six times per week, SCORE = 3. Daily, SCORE = 4	Do you use aids or equipment? Did you need help from another person? Personal assistance only, SCORE = 1. Equipment only, SCORE 1.5. No assistance or equipment, SCORE 2.	L2 Score
Pre					0				0
Post					0				0
	In the past four weeks, have you been to places in your neighborhood, other than your own yard? Yes SCORE = 3, No = 0	How often do you get there per week? Less than once per week, SCORE = 1. One to three times per week, SCORE = 2. Four to six times per week, SCORE = 3. Daily, SCORE = 4	Do you use aids or equipment? Did you need help from another person? Personal assistance only, SCORE = 1. Equipment only, SCORE 1.5. No assistance or equipment, SCORE 2.	L3 Score	In the past four weeks, have you been to places outside of your neighborhood? Yes SCORE = 4, No = 0	How often do you get there per week? Less than once per week, SCORE = 1. One to three times per week, SCORE = 2. Four to six times per week, SCORE = 3. Daily, SCORE = 4	Do you use aids or equipment? Did you need help from another person? Personal assistance only, SCORE = 1. Equipment only, SCORE 1.5. No assistance or equipment, SCORE 2.	L4 Score	
Pre				0				0	
Post				0				0	
	In the past four weeks, have you been to places outside of your town? Yes SCORE = 5, No = 0	How often do you get there per week? Less than once per week, SCORE = 1. One to three times per week, SCORE = 2. Four to six times per week, SCORE = 3. Daily, SCORE = 4	Do you use aids or equipment? Did you need help from another person? Personal assistance only, SCORE = 1. Equipment only, SCORE 1.5. No assistance or equipment, SCORE 2.	L 5 score	Total Score Life Space				
Pre				0	0				
Post				0	0				

	<b>St. Kate's OT assessment (pre-screen)</b>				
	Rebuilding Together Minnesota works with St. Kate's Occupational Therapy students to help us find out more about what you might need. If you want to work with an OT student they would be able to spend some time with you and really learn what you care about and what you might need to make your home more safe and help you to be more independent. This would be at no-cost to you of course and a valued experience for the students.				
	<b>Ending Questions</b>	Would you be interested in receiving an Occupational Therapy Assessment from graduate students at St. Catherine's University at no cost to you?		<b>Other</b>	Additional information on the above questions regarding special circumstances or answers of note.
Pre- ending	[If they don't get the OT assessment then] Thank you so much for answering all of these questions. This was very helpful for us to have all of this information. It's hard to say for sure when we will be able to schedule it but we will contact you when we are ready.				

Post	<b>Satisfaction (post-screen)</b>				
	Thank you for answering all of these questions again. The final set questions is about your satisfaction with our program and the work we have done.				
	<b>Post Screen Questions</b>	Are there any other modifications you wish to be done to your home to improve safety or accessibility?	Overall, how satisfied are you with the changes made to your home?	Very dissatisfied SCORE = 1. Somewhat dissatisfied SCORE = 2. Somewhat satisfied SCORE = 3. Very satisfied SCORE = 4	Do you have any additional comments or recommendations you wish to share about your experience with the Safe at Home program at Rebuilding Together Minnesota?
Post- ending	Thank you so much again for answering all of these questions. This was very helpful for us to have all of this information. Have a great day!				
	<b>Summary of Assessments</b>	<b>Live Well at Home Rapid Screen Questions</b>	<b>Short Falls Efficacy Scale Questions</b>	<b>Life Space Assessment</b>	
	Pre	0	0	0	
	Post	0	0	0	

## Appendix N: Google My Maps

### Safe at Home (Example)

Last edit was 10 minutes ago

Add layer
 Share
 Preview

☒ S@H Clients
 

Individual styles
 

Homeowner 1

☒ Punch List Clients
 

Individual styles
 

Homeowner 2
 Homeowner 3

☒ Monday
 

Individual styles
 

Homeowner 4
 Homeowner 5

☐ Tuesday

☐ Wednesday

☐ Waiting On

☒ Volunteers
 

Individual styles
 

Volunteer

☐ S@H 2023 Completed Installs

☒ Key
 

Individual styles
 

Homeowner
 Volunteer
 Railings
 Fire Safety
 Door Handles
 Bathroom



## Appendix O: Home Modification Handout

# SAFE AT HOME

Our most common home modifications



### Bathroom

- Grab Bars
- Hand-Held Shower Nozzle
- Toilet Safety Frame
- Non-Slip Bath Treads
- Shower Chair



### Stairs and Hallways

- Non-Slip Stair Treads
- Install/Reinforce Indoor and Outdoor Railings



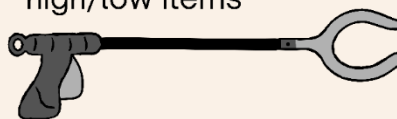
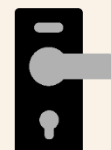
### Fire Safety and Security

- Install/Replace Doorbell
- Outdoor Motion Lights
- Fire Extinguisher
- Smoke and Carbon Monoxide Detectors



### General Accessibility

- Remove Tripping Hazards
- Furniture Risers
- Install Lever Door Handles
- Nightlights
- Bed Rail
- Reachers for high/low items



**Contact Us Today!**

- Call: 651-776-4273
- Website: [rtmn.org](http://rtmn.org)

**Appendix P: Rebuilding Together Minnesota Presentation**

Slide 1



Script:

Hello! Welcome to my presentation on what I accomplished during my summer at Rebuilding Together Minnesota.

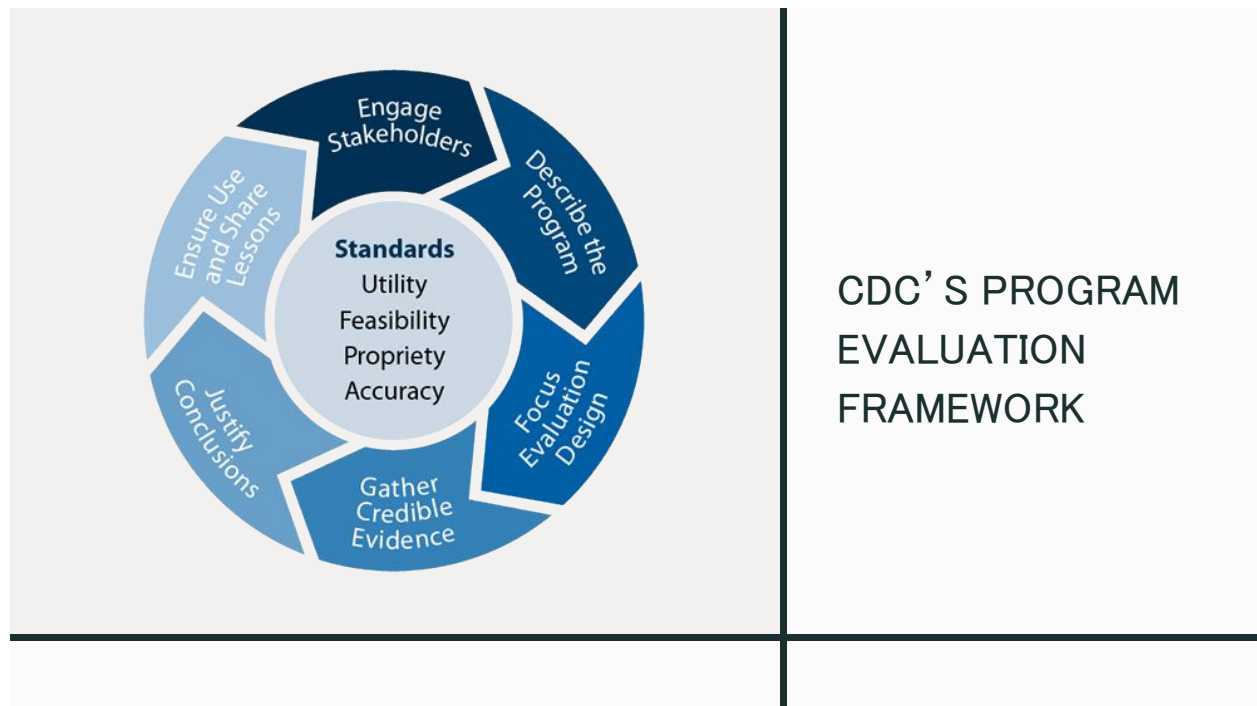
## Slide 2



## Script

We will start out with an overview of the program evaluation process I used. Then we will go to what my findings were. Next, we will discuss the project deliverables I created. And lastly, we will go over my recommendations for the Safe at Home program.

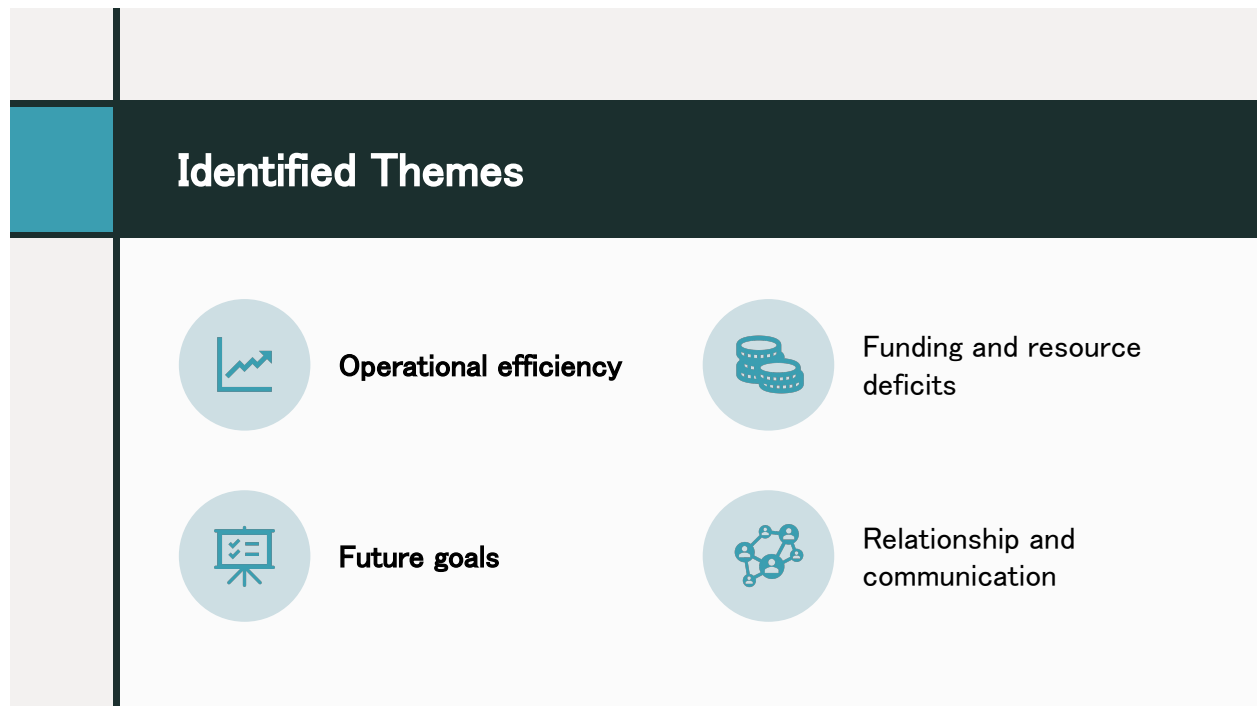
## Slide 3



## Script

I used the CDC's program evaluation framework, which can be seen with this cycle. It has 6 steps. The cycle shown here show the normal progression of a program evaluation, but the steps can go in any order. Using this framework, I spent the first part of my time here learning as much as I could about Rebuilding Together Minnesota, the Safe at Home program, and conducting program evaluations. I then shifted my focus to designing the evaluation methods and collecting data to use. Next was analyzing the data and thinking of recommendations and changes. Lastly, I helped implement some of those changes. Throughout the process, I was identifying and creating the project deliverables.

## Slide 4








## Script

For my analysis of all of the data, I identified 4 themes from the staff interviews and direct observations I conducted. The first one was operational efficiency, which was about the orientation process, what the Safe at Home program is doing well, and what can be improved. The second was funding and resource deficits, which was about how the lack of funding, staff, volunteers, and materials to do installations has affected the program. The third was future goals, which was about what the staff want the program to become. And finally, the fourth was relationship and communication, which was about the importance of the program's relationships with their volunteers and other organizations as well as communication with homeowners. Other key learning from the other people I interviewed included the benefits of a set volunteer schedule, homeowners want improved communication after an installation, and that other Rebuilding Together affiliates have OTs complete home assessments year-round.

## Slide 5

The Project Deliverables

-  Safe at Home Protocol
-  My Maps for scheduling
-  Updated pre- and post-screen script and table
-  Shared Drive
-  Common Home Modification Handout

## Script

These are my project deliverables. We will go over each one separately.

## Slide 6

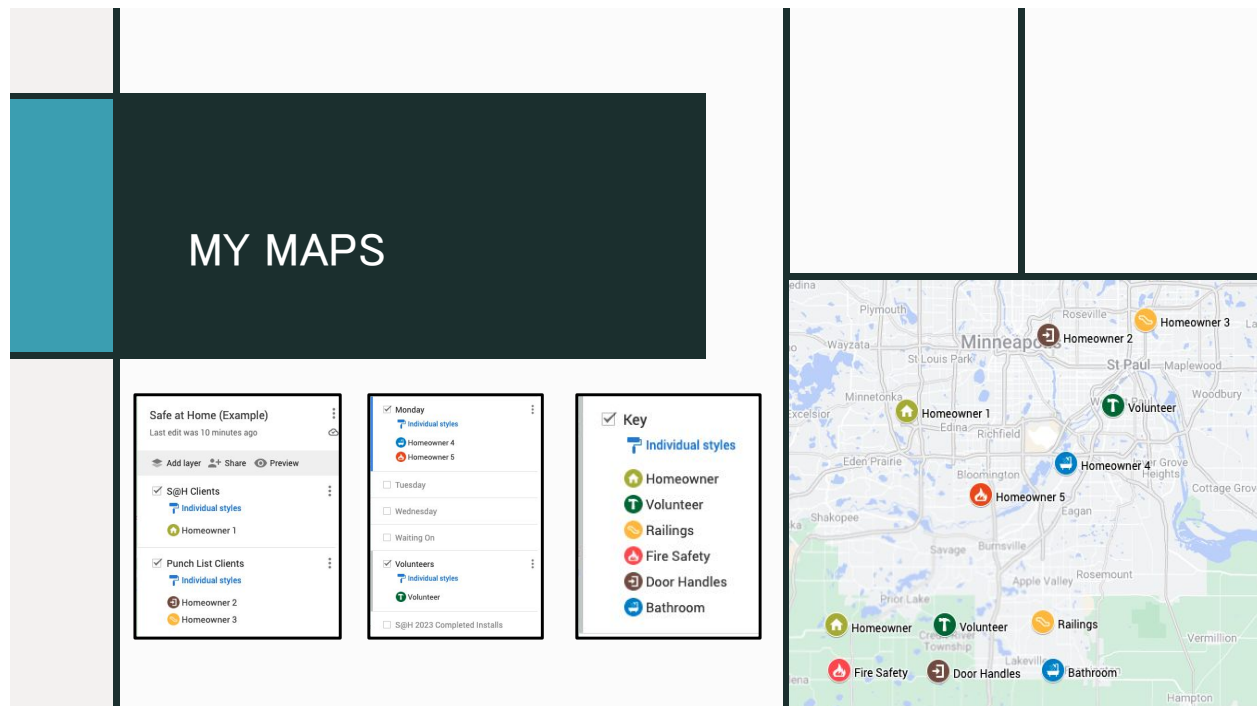
<b>Safe at Home.....</b>	<b>1</b>
Intake.....	1
Pre-screen.....	4
Assessment.....	5
Creating a Contract.....	6
Creating a Salesforce Project Campaign.....	6
Scheduling.....	8
Pre-Installation Day.....	11
Day of Installation.....	13
Post-Installation Day.....	14
Creating an Invoice.....	15
Closing out Salesforce Project Campaign.....	18
Post-screen.....	22
<b>OT Student Assessments.....</b>	<b>24</b>
Setting Up for the Spring Semester.....	24
Scheduling with Students.....	24
Scheduling with Homeowners.....	25
Sharing assigned homeowner with the students.....	25
Schedule Changes.....	27
After Assessment.....	27
Moving to Installation.....	28

## SAFE AT HOME PROTOCOL

### Script

The first project deliverable was a Safe at Home protocol document that new staff could reference as a “cheat sheet” while learning the process. It has examples of where to click and what to do on the steps the current staff struggle with, especially with Salesforce and the new processes I helped implement. Pictured here is the table of content so you can see an overview of the topics covered in the protocol.

## Slide 7



## Script

The second project deliverable was updating how we schedule homeowners for their installations. Prior, Tom was looking at each address individually and trying to remember which homeowners were close to each other. Google has a function with their maps, called My Maps, to create a shared map that can show all of the homeowners that are ready for installations at once. It also has sections where we can put homeowners that are scheduled for certain days or on the punch list. Pictured here is an example My Maps I created to show you it can look like.



## Slide 8

Greeting (Pre-screen)					Greeting (Post-screen)				
Hello, is _____ available?					Hello, is _____ available?				
Hi, my name is _____ and I'm calling from Rebuilding Together Minnesota.					Hi, my name is _____ and I'm calling from Rebuilding Together Minnesota.				
I see that you applied for the Safe at Home program and I have your application right here in front of me. In order to move forward we will need to get more information from you over the phone to help us know more about what you need. These questions could take up to 45 minutes. Do you have time to answer these questions today? (If they can't ask for another time you can schedule to do the pre-screening)					I see that we have completed your installation to make your home safer, which included <specify what work was done>. We would like to ask you a few questions on those changes and how you have liked it so far. We will use your answers to show our funders the benefit of the work we do.				
(If the Homeowner has applied for multiple programs, explain that this is call pertains to Safe at Home only, and that they are in our the system for other programs).					Are you the homeowner that answered the phone questions we asked before the visit?				
At Safe at Home our goal is to help keep you safe and keep you from falling or getting hurt and to help you to be able to stay in your home safely for as long as possible. In order to know whether our program is doing what we set out to do, I want to ask you some questions about your risk of falling and how well you are able to move around your home and your community. I am going to ask you a lot of questions but you are in charge and if there are any questions you don't feel comfortable answering you can just tell me and I will skip ahead to the next question. Thank you so much for being willing to take the time to answer these questions as it helps us to show how we can help others with our program.					If it is not the same person ask: would it be possible to talk to that individual?				
First, I'd like to confirm some information with you for our records...					The first part of this is going through the same three assessments we did when we called you earlier, so the questions will be the same and could take up to 30-45 minutes. Do you have time to answer these questions today? (If they can't ask for another time you can schedule to do the pre-screening)				
You are in charge and if there are any questions you don't feel comfortable answering you can just tell me and I will skip ahead to the next question. Thank you so much for being willing to take the time to answer these questions as it helps us to show how we can help others with our program.									
Beginning Questions	Timestamp/Date	Home owner name	Type address here	Type city here	State	Zipcode	County	Phone Number	
Pre									
Post									
Where did you hear about Rebuilding Together Minnesota? (only ask if it is a pre-screen)	Age	Do you have any pets in your home?	Do you or does anyone living in your home smoke?	Do you have a CADI Waiver?	If you have a CADI waiver, what is the name and number of your CADI manager?	Is there anyone in the home is living with a disability?	Does anybody in the house have... Hearing Limitations, Sight Limitations, Use a Wheelchair, Use a Walker or Cane, Mobility, Mental Health Concerns, Cognitive Difficulty or Dementia, Other	Additional Comments	

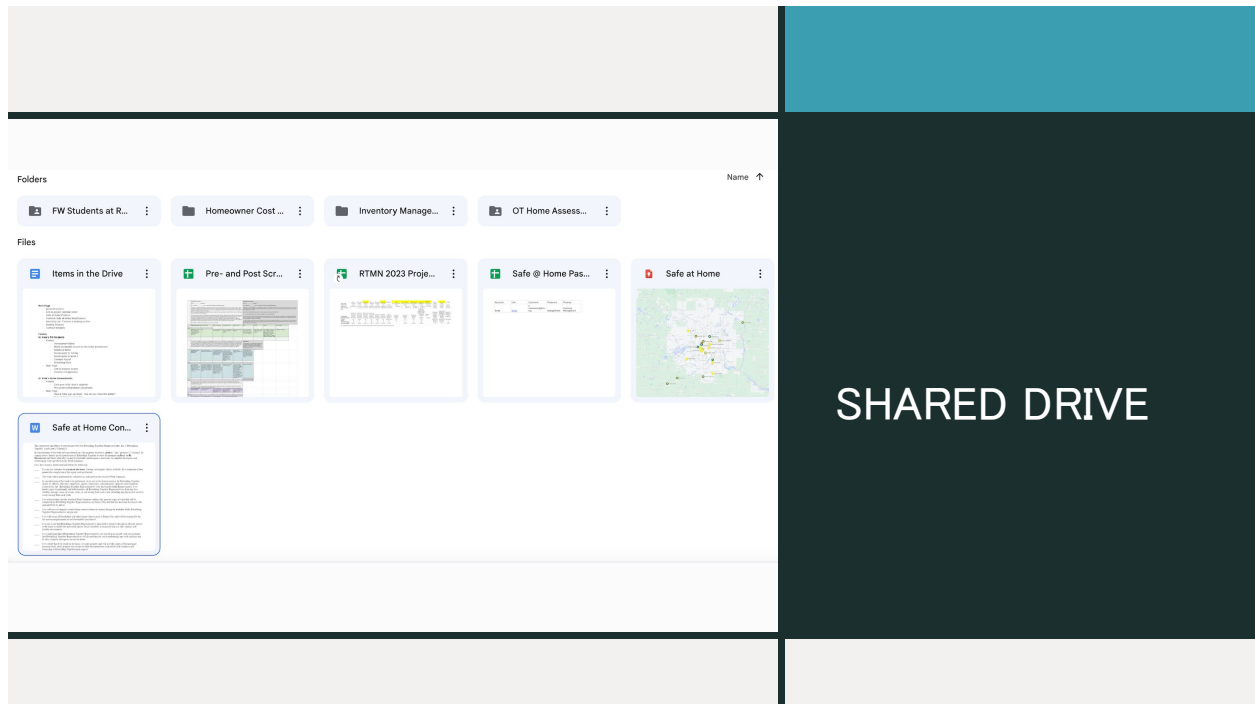
# PRE- & POST-SCREENS

## Script

The third project deliverable was updating the pre- and post-screen script and table. Prior, the script had a lot of clinical jargon, was not used, and was separate from the questions to ask.

The table that had the questions and responses didn't have the different sections differentiated, so it was hard to tell which question was for which assessment. I updated the script to be a guideline on how to describe the pre- and post-screens and assessments using language that the homeowners would understand. I also formatted the table, so each section is clearly identified as well as it auto-sums each assessment's score. Pictured here is the first part of the pre- and post-screen. The fieldwork students helped me create and use this with great success.

## Slide 9



## Script

The fourth project deliverable is creating a shared drive for Safe at Home. Prior, all the documents were on shared folders, which are owned by an individual. That means when the individual left and their email was deleted, all of their work was deleted. A shared drive is owned by the organization and all of the documents saved on it are saved when someone leaves, and their email is deleted. Additionally, I organized the folders for any future fieldwork students and the OT assessments done by the students in the spring. Pictured here is a screenshot of the shared drive.

## Slide 10

# COMMON HOME MODIFICATIONS HANDOUT

**SAFE AT HOME**  
Our most common home modifications

**Bathroom**

- Grab Bars
- Hand-Held Shower Nozzle
- Toilet Safety Frame
- Non-Slip Bath Treads
- Shower Chair

**Stairs and Hallways**

- Non-Slip Stair Treads
- Install/Reinforce Indoor and Outdoor Railings

**Fire Safety and Security**

- Install/Replace Doorbell
- Outdoor Motion Lights
- Fire Extinguisher
- Smoke and Carbon Monoxide Detectors

**General Accessibility**

- Remove Tripping Hazards
- Furniture Risers
- Install Lever Door Handles
- Nightlights
- Bed Rail
- Reachers for high/low items

**Contact Us Today!**


- Call: 651-776-4273
- Website: [rtmn.org](http://rtmn.org)

## Script

The final project deliverable is creating a handout on the common home modifications Safe at Home does, as pictured here. This will be used by both homeowners and the St. Kate's students to better understand what Safe at Home can do. I also included the phone number and website of RTMN in case you wanted to use this as promotional material in the future.

## Slide 11

## Supervising Fieldwork Students



CONDUCTED PRE-SCREEN CALLS


COMPLETED HOME ASSESSMENTS

OBSERVED SAFE AT HOME INSTALLATIONS



## Script

I also supervised and mentored 2 level I occupational therapy fieldwork students from St. Kate's. During their time here, they learned about Safe at Home and OT's role within this emerging setting. Specifically, we conducted pre-screen calls, completed home assessments, and observed Safe at Home installations. They told me they really enjoyed their experience here, learned a lot, and looking forward to completing home assessments again this spring.

## Slide 12



### Recommendations for the Safe at Home Program

-  Set volunteer times
-  Have a Salesforce “super-user”

## Script

I have some recommendations for the Safe at Home program that I was not able to help implement. One is having set volunteer times. During my interview with the Safe at Home program in Sacramento, they have set times each week where volunteers can come in and complete installations. It makes it easier for their program to schedule installations since it is the same time every week and it means that at least 2 volunteers are at each installation, which speeds up the work. The second is to have a Salesforce “super-user.” I have gathered over my time here that using Salesforce can be challenging since there is so much that you can do with it. I know during my level II fieldwork using Epic, which is a similar tool to Salesforce that the medical world uses, there was a “super-user” that people know they can ask their questions to if they get stuck.

## Slide 13

## Future Capstone Projects

-  Outreach for the Safe at Home Program
-  Updating the pre-screen assessments
-  Funding for bigger modifications & CADI waivers
-  Program evaluation of the Home Repair Program

## Script

I also have some ideas about future capstone projects. These are also ideas to improve the program, but more “beefy” ideas that I feel would be enough for a capstone project. The first is improving the outreach for the Safe at Home program, both for homeowners and volunteers. The second is updating the pre-screen assessments. They can look at current best practice for assessments looking at a homeowner’s ability to live independently, their fall risk, and how they move around their home and community as well as what is required by funders to ensure nothing is getting left out, but you are also not doing more than you need to. The third is looking for funding for bigger modifications, such as tub cut-outs, and looking more into funding through CADI waivers. The fourth and final is a program evaluation of the Home Repair program.

Slide 14



Script

Thank you for listening and allowing me to do my capstone project here. Does anyone have any questions about my project?

## Appendix Q: Survey for RTMN Staff

### Safe at Home Post-Evaluation Survey

The purpose of this survey is to evaluate how the recommendations from the program evaluation have changed the Safe at Home program. Your information will be shared with Rebuilding Together Minnesota and used during my poster presentation for my coursework, and I might take direct quotes from your response, but I will not share your name or other identifying information. However, I cannot guarantee complete anonymity.

I really appreciate your honest opinion so I can get a great understanding of how the changes have worked so far and if any further changes are needed to improve the Safe at Home program.

This is a short survey and should take you less than 5 minutes. You can discontinue your participation at any time.

Not shared



\* Indicates required question



The Safe at Home program meets the needs of the community. \*

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree





The Safe at Home program has a clearly defined protocol. \*

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

The Safe at Home program is efficient. \*

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

The changes to the Safe at Home program have improved to the program. \*

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

Additional comments

Your answer

Page 1 of 1

Submit

Clear form

Never submit passwords through Google Forms.

This form was created inside of St. Catherine University. [Report Abuse](#)

Google Forms



**Appendix R: Poster Presentation**

Slide 1

**ARE YOU SAFE AT HOME?: REBUILDING A PROGRAM**

Zachary Wells, OTS

Faculty Advisor: Stephanie de Sam Lazaro, OTD, OTR/L, Capstone

Mentor: Tom Pfannenstiel, CAPS, Safe at Home Manager

Acknowledgements: Rebuilding Together Minnesota

---

**Script**

Hello! I am Zack Wells, an occupational therapy doctoral student. My presentation is called: Are You Safe at Home?: Rebuilding a Program. My faculty advisor is Dr. de Sam Lazaro and my capstone mentor is Tom, the Safe at Home manager. Acknowledgements go out to Rebuilding Together Minnesota for allowing me to do my capstone project at their site.

## Slide 2

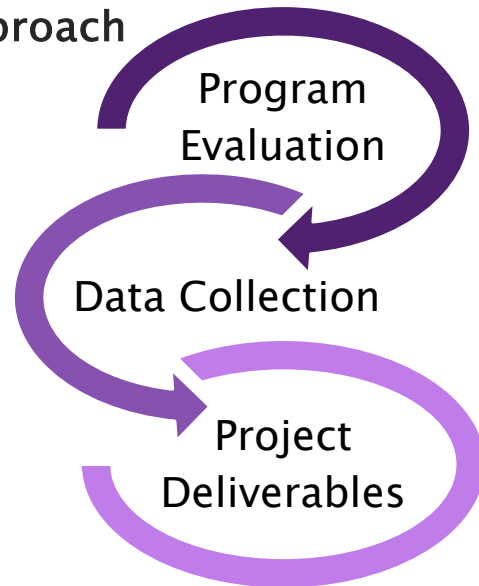
## ST. CATHERINE UNIVERSITY

The purpose is to perform a program evaluation of the Safe at Home program.

### Background

- 75% of older adults want to age in place
- Home modifications are helpful
- RTMN provides home modifications through Safe at Home

### Approach



Binette, 2021; Bigonnesse & Chaudury, 2020; Rogers et al., 2020; U.S. Department of Housing and Urban Development, 2013; Wang et al., 2019; Rebuilding Together Minnesota, n.d.; Centers for Disease Control and Prevention, 1999

### Script

The purpose of this doctoral capstone project was to perform a program evaluation of the Safe at Home program provided by Rebuilding Together Minnesota. Up to 75% of older adults want to age in place within their own home. Aging in place is thought of as remaining in one's home, but can also include moving to a different private residence that is better suited to their needs or moving to a new supportive housing or community. Home modifications are a great way to ensure an older adult's home meets their needs and can support the concept of aging in place. Common home modifications include installing grab bars, no-step showers, handrails, and smart home devices. Rebuilding Together Minnesota has a program called Safe at Home, which provides home modifications for low-income older adults at no-cost to the homeowner. This is a

much-needed service which has contributed to a backlog of clients seeking home modification services. Thus, a program evaluation approach using the Framework for Program Evaluation from the CDC was the conceptual framework to guide this project. The participants for the program evaluation included the staff and volunteers of the Safe at Home program, the homeowners the program assists, other affiliates of the Rebuilding Together national network that have a well-run Safe at Home program, and Dr. Wickboldt, an assistant professor from St. Catherine University that works with the Safe at Home program. The process included semi-structured interviews, direct observations, and reviewing past post-screens of homeowners in order to gain an understanding of how the program operates and any recommendations or areas of improvement the participants have for the program. That information was used to create a protocol for each step of the Safe at Home program, process updates to Safe at Home including the pre- and post-screens, scheduling, and document storage and sharing, and create a handout of common home modifications that the program does. This culminated in a presentation to Rebuilding Together Minnesota staff on all aspects.

Slide 3



ST. CATHERINE  
UNIVERSITY

## Outcomes

Operational  
efficiency

Funding and  
resource  
deficits

Future goals

Relationship  
and  
communication

### Script

The four identified themes from the staff interviews and direct observations were: 1) Operational efficiency, which was about the orientation process, what the Safe at Home program is doing well, and what can be improved. 2) Funding and resource deficits, which was about how the lack of funding, staff, volunteers, and materials to do installations has affected the program. 3) Future goals, which was about what the staff want the program to become. And 4) Relationship and communication, which was about the importance of the program's relationships with their volunteers and other organizations as well as communication with homeowners. Other key learning from the other participants included the benefits of a set volunteer schedule, homeowners want improved communication after an installation, and that other Rebuilding

Together affiliates have OTs complete home assessments year-round, whereas Rebuilding Together Minnesota only completes them in the spring with OT students at St. Kates. The staff members took a post-survey to evaluate the project deliverables created. The responses on if the changes improved the program were all strongly agree.

Slide 4

ST. CATHERINE  
UNIVERSITY

## Implications and Recommendations



Set volunteer times



Have a Salesforce  
"super-user"



Outreach for the  
Safe at Home  
Program



Updating the pre-  
screen  
assessments



Funding for bigger  
modifications &  
CADI waivers



Program evaluation  
of the Home Repair  
Program

8/3/23

© St. Catherine University

4

### Script

The completed post-survey showed that the program evaluation improved the program's efficiency and ability to get services to clients in a more timely manner. The implications for occupational therapy is that this project further shows that OTs can and should expand their services into new and emerging settings. Additionally, program evaluations are within the scope of OT and OTs should do more of them. Two recommendations for the Safe at Home program are to have set volunteer times each week to make scheduling easier and to have a Salesforce "super-user" to have a dedicated staff member be the expert on the site and other staff members can go to with their questions. Salesforce is a project management software that Rebuilding Together Minnesota uses. Four recommendations that would make great future

projects are to increase the outreach for the Safe at Home program for both homeowners and volunteers, updating the pre-screen assessments used, find funding for bigger modifications, such as tub-cutouts, and look into funding through CADI waivers which is a program that provides help to people living with disabilities, and to do a program evaluation of the Home Repair program, another program at Rebuilding Together Minnesota. Thank you for listening to my presentation. Does anyone have any questions about my project or my presentation?



## Slide 5

# ST. CATHERINE UNIVERSITY

## References

- Bigonnesse, C., & Chaudhury, H. (2020). The landscape of “aging in place” in gerontology literature: Emergence, theoretical perspectives, and influencing factors. *Journal of Aging & Environment*, 34(3), 233–251.  
<https://doi.org/10.1080/02763893.2019.1638875>
- Binette, J. (2021, November). 2021 AARP home and community preferences survey: A national survey of adults age 18-plus.  
<https://doi.org/10.26419/res.00479.001>
- Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. *MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports*, 48(RR-11), 1–40. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>
- Rebuilding Together Minnesota. (n.d.). *Safe at home program*. <https://rtmn.org/apply-for-help/safe-at-home-program/>
- Rogers, W. A., Ramadhani, W. A., & Harris, M. T. (2020). Defining aging in place: The intersectionality of space, person, and time. *Innovation in Aging*, 4(4), 1–11. <https://doi.org/10.1093/geroni/igaa036>
- U.S. Department of Housing and Urban Development. (2013, Fall). *Aging in place: Facilitating choice and independence*. <https://www.huduser.gov/portal/periodicals/em/fall13/highlight1.html>
- Wang, J., Du, Y., Coleman, D., Peck, M., Myneni, S., Kang, H., & Gong, Y. (2019). Mobile and connected health technology needs for older adults aging in place: Cross-sectional survey study. *JMIR Aging*, 2(1), e13864.  
<https://doi.org/10.2196/13864>