

Implementing Peer-to-Peer Medicare Education for Older Adults

A Columbia University-Led Evaluation of the Medicare Rights Center's Seniors Out Speaking Medicare Minute Program

Evaluation Summary – September 2013

About the Evaluation

With support from the Atlantic Philanthropies and the Helen Andrus Benedict Foundation, the Medicare Rights Center engaged an independent evaluation team based at Columbia University to evaluate the implementation of the Seniors Out Speaking (SOS) Medicare Minute program. The purpose of the evaluation was to inform programmatic expansion efforts on a national scale by gaining an understanding of the key components and activities that contribute to the successful implementation of the Medicare Minute, along with factors that facilitate and pose challenges to program management, expansion, and sustainability.

Who did we talk to?

- **15 volunteers** in Westchester
- **Audience members** from **4 sites** in Westchester
- **Westchester SOS Director**
- **Westchester SOS Founder**
- **Medicare Rights State Program and Policy Coordinator**
- **SOS Coordinators** in Alabama, Florida, Kansas, Maine, and Wisconsin

Evaluation activities were carried out between July 2012 and July 2013 in Westchester County, New York, and five targeted states funded by the Atlantic Philanthropies: Alabama, Florida, Kansas, Maine, and Wisconsin. In-depth interviews were carried out with Medicare Minute volunteers, audience members, and coordinators in order to gather a detailed understanding of the experiences of program participants.

Key Findings

Why Do Volunteers Join and Why Do They Stay?

Volunteers join the SOS program for several reasons, including **having more free time** after retirement; searching for a **meaningful activity**; **having an interest** in the topic of Medicare and/or working with the senior population; and having a **previous career** in health care or education. Volunteers also appreciate the **flexibility** of the volunteer schedule and the **intensiveness** of the commitment.

Volunteers stay with the Medicare Minute over time because they feel they are **making a difference**; they enjoy being **involved in their communities** and **building relationships** with their audience and with other volunteers; and they experience **personal growth** in their own knowledge and skills.

Volunteer Skills

- Comfort with public speaking
- Ability to develop rapport with audience members
- Ability to gauge audience interest and comprehension and adapt presentations accordingly
- Ability to simplify complex information
- Ability to process and retain complex information
- Flexibility and patience
- Commitment to the intensive nature of volunteer work

What Makes the Medicare Minute Work?

Key Program Components

Program Design

- Consistency of presentations
- Short presentation length
- Relevance of topics
- Level of information provided
- Availability of additional services
- Peer education model

Program Management

- Program leadership and staffing
- Recruitment and support of qualified volunteers
- Recruitment of appropriate sites

Program Implementation

- Volunteer relationship with audience
- Availability for one-on-one questions
- Tailoring presentation to audience

It is essential that host organizations are able to **recruit and retain dedicated volunteers and staff**. Volunteers are the heart of the program. Program coordinators, particularly at the local level, play an important role in motivating volunteers and managing daily program operations.

Evaluation findings point to the **crucial role of personal relationships** in the success of the Medicare Minute program. Relationships between volunteers and audience members create a sense of trust and encourage audience members to approach volunteers with their Medicare needs. Relationships between program coordinators and volunteers support volunteer retention. Relationships between volunteers and site directors help foster buy-in and support from site directors. And relationships among volunteers themselves can develop a sense of camaraderie.

What Facilitates Program Implementation for New Host Organizations?

The experiences of Westchester and grantee states with the Medicare Minute program point to several factors that should be in place for the program's successful operation. These include: **allocating funding** to cover Medicare Rights' licensing costs and production and distribution of materials for volunteers; **securing buy-in from host organizations**; **ensuring adequate staff time** to get the program off the ground; and **designating local program coordinators** to manage daily activities and support volunteers. Interviews with Medicare Rights staff suggested that **gaining support for the program at a state level** would benefit both host organizations and Medicare Rights.

With regard to program volunteers, state coordinators indicated that **having an existing pool of interested and trained volunteers** facilitated the program's initiation. In grantee states, challenges with volunteer retention also pointed to the importance of volunteer interest and **accountability to the host organization**.

What facilitates program implementation?

- Buy-in from high-level AND front line staff
- CMS-affiliated host organization
- Centralized program management and local program coordination
- Qualified volunteers and existing volunteer pool
- Volunteer accountability

Recommendations for the Medicare Rights Center

- 1. Seek program support at a statewide level.** Adoption of the Medicare Minute program by a statewide agency is useful, as state agencies can license the Medicare Minute materials for distribution to a number of local organizations within the state. Statewide programs may also streamline the distribution process for Medicare Rights.
- 2. Determine extent of Medicare Rights support for host organizations.** It would be beneficial to consider the type and level of initial and ongoing support that Medicare Rights can feasibly provide to new host organizations, given Medicare Rights' staff capacity and the potential of an increasing number of states taking on the SOS program.
- 3. Link new and experienced host organizations.** Medicare Rights might consider organizing a mentorship arrangement whereby new hosts are linked with established SOS programs for support with program initiation and management. Medicare Rights might also consider videotaping Westchester presentations and otherwise digitalizing presentations to share with new host organizations.
- 4. Consider flexibility in program design and implementation.** Medicare Rights should promote the core components of the Medicare Minute program as identified in this evaluation. At the same time, Medicare Rights should continue to consider how much flexibility to allow host organizations and volunteers in implementing the program.
- 5. Solicit feedback from host organizations and participants.** Medicare Rights should continue seeking input from SOS host organizations and volunteers around the year's Medicare Minute topics. Medicare Rights may also wish to test Medicare Minute formatting and complexity more rigorously, for instance through focus groups, to ensure that they are most effectively reaching diverse audiences.
- 6. Explore program challenges in rural areas.** Because many states looking to adopt the Medicare Minute have large rural populations, it would be beneficial for Medicare Rights to explore the challenges to rural program implementation.

Recommendations for Host Organizations

Program Structure and Management

- 1. Seek program support at statewide and local levels.** Host organizations operating at a local level should consider encouraging their state SHIP or related organization to adopt the Medicare Minute program, in order to centralize the management of the program, effectively scale the program, and reduce the financial burden on local host organizations. For SOS programs that will be operating in multiple locations across a state, it is also crucial to reach out to local staff to gain their support for the program—and to designate local SOS coordinators. Local buy-in may be achieved by promoting the benefits of the program for the host organization itself, for volunteers, and for seniors in the community. At the same time, it is important to openly acknowledge and plan for challenges related to funding and staffing that host organizations may face.

2. **Identify appropriate program locations.** It is important to consider how well the Medicare Minute model fits in different geographic areas and communities. For example, based on the experiences of grantee states, the program model may be better suited to locations with greater population density. For many host organizations, it could be advantageous to start small, identifying a targeted region or regions and identifying program successes and challenges before expanding to a wider area.
3. **Ensure access to referral services.** It is essential that volunteers are able to refer audience members to individualized assistance (e.g., a helpline or counseling).
4. **Incorporate management duties into job descriptions.** Including responsibilities related to SOS program management in staff job descriptions can help institutionalize the program in the future.

Site Engagement

5. **Identify sites that are appropriate for the Medicare Minute.** Presentation sites with regular monthly meetings or scheduled events are most conducive to the Medicare Minute. Program coordinators may benefit from pursuing existing relationships and also encouraging volunteers to identify sites that may be interested in offering the Medicare Minute.
6. **Expand to other types of sites.** While senior centers may currently be the most suitable venue for a monthly Medicare Minute, interviewees suggested that host organizations consider reaching out to other types of venues, particularly since Baby Boomers and those newly eligible for Medicare do not necessarily visit senior centers.

Volunteer Recruitment, Training, and Support

7. **Ensure that volunteers are committed to their role and properly trained and supported.** It is essential that volunteers are aware of the intensive nature of the volunteer opportunity and that they are comfortable with the public speaking requirements. It is also important that volunteers feel a sense of loyalty to the SOS host organization. New volunteers must also be adequately trained in Medicare. Ongoing monthly support in preparing for the presentations is also key.
8. **Consider accepting volunteers who are not seniors.** While there may be drawbacks to a non-peer model in terms of being able to draw on one's personal experience with Medicare, adult volunteers under age 65 seem to be well received in certain locations.
9. **Partner with outside organizations to assist with volunteer recruitment.** For example, in Maine the state SHIP has worked with AARP to promote Medicare Minute volunteer opportunities among their members. In Westchester, the SOS program has worked with local United Way-affiliated organizations to identify new volunteers.
10. **Incorporate a mentorship component.** Volunteers should observe a skilled presenter before beginning as a presenter on their own. Initially this might be a SHIP/AAA/ADRC staff person, and in the longer-term can be experienced volunteers. Volunteers can also offer social support to one another, and it may be beneficial to set up an email list or group for volunteers to share information and experiences among themselves.