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Impact of an Intergenerational Service Learning Program on Goal Attainment Among Homebound Older Adults:

A Multi-Site Community Study

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Abstract

Objective. More than two million older adults are homebound and five million need help leaving their homes. They often experience social isolation, food insecurity, and lack of connection to community resources. Affordable, adaptable, comprehensive home-based services for those aging in place are lacking. This study examined the benefits of an intergenerational home-based service-learning program on goal attainment in 1) social support, 2) home safety and cleanliness, 3) access to community resources, 4) food access, and 5) improving physical health. **Methods**. 201 homebound and near-homebound older adults enrolled in Lori's Hands in Newark, DE; Baltimore, MD; and Metro Detroit, MI were surveyed between December 2021 and May 2026. Descriptive and chi-square analyses were conducted to examine changes in domain-specific subjective assessment of goal attainment over time. **Results.** Findings indicated that 83% of clients reported positive changes in at least one of the five target service areas over six or more months of participation in the program. The majority of participants reported 1) home safety and cleanliness and 2) social support as their most important goals. Results from the chi-square test indicated statistically significant differences in goal attainment for all five service areas. **Conclusions.** Results from this study suggest that intergenerational in-home support services can improve social support, home safety and cleanliness, physical activity, food access and nutrition, and access to community resources for homebound older adults, thereby supporting aging in place and reducing the load on informal caregivers. **Policy Implications**. Policies and practice can support a pipeline of health professionals through innovative service-learning models to benefit older adults, caregivers, students, and the broader community.

Introduction

An estimated 61 million adults in the United States, or approximately 1 in 4 adults, live with a disability.[1] Among individuals reporting at least one functional limitation, more than 72% are aged 50 years or older.[2]

As people are living longer, more individuals are managing chronic health conditions and disabilities that can lead to increased risk of becoming home-bound.[3] Under Medicare guidelines, individuals are considered homebound when leaving the home due to illness or injury and requires considerable effort and assistance from another person or the use of supportive devices such as a cane, wheelchair, walker, or crutches.[4] Approximately 7 million older adults in

the United States are homebound.[5] This population of homebound older adults is a growing population with complex needs, and they incur twice the Medicare spending of non-homebound individuals.[4]

For many homebound community-dwelling older adults, mobility limitations and other chronic health conditions interfere with activities necessary to remain independent at home, including grocery shopping or housework. Homebound individuals tend to be older than 65 and have greater difficulty performing activities of daily living (ADLs) and instrumental activities of daily living (IADLs).[6,7] These challenges may hinder participation in social activities and community engagement.[8] Furthermore, research has highlighted social isolation and loneliness as risk factors for chronic illness and mortality among older adults.[9,10]

Compared to those who are not homebound, homebound older adults often experience social isolation, food insecurity, lower perceived social support, and lack of connection to community resources but home-based care approaches and research are limited.[6] Past research has identified gaps in services that address the ADL needs of homebound older adults, particularly among those living alone and with limited access to environmental and community resources.[11]

Lori's Hands, founded in 2009 as a registered student organization at the University of Delaware and a 501(c)3 nonprofit organization since 2011, trains undergraduate and graduate students to provide weekly non-medical, in-home support to older adults living with chronic conditions and disabilities, many of whom are homebound.[12] In pairs, students conduct weekly home visits to assist with essential tasks that support aging in place, including grocery shopping, prescription pick-up, laundry, accessing technology, and navigation of community resources, while also providing companionship and social support.[13] In turn, older adults provide students with an opportunity to learn first-hand about health, aging, and caregiving in a community-based setting. Integrative service-learning models such as Lori's Hands may also help address unmet community needs related to food security, medication management, and care coordination.[14]

Although home and community-based programs for older adults have been a growing service sector,[15] evidence supporting the effectiveness of these programs remains limited due to implementation challenges and difficulties in developing quality measures focused on individuals receiving these services.[16] Intergenerational relationships have been shown to promote the health of older adults while enhancing learning experiences for younger populations.[17] Chan et al. found that length of being enrolled with Lori's Hands was associated with reduction in psychological distress.[18] However, few studies have longitudinally evaluated the impact of intergenerational home-based interventions on practical aging-in-place outcomes across multiple domains. This study examined the benefits of Lori's Hands, an intergenerational home-based service-learning program, on participant goal attainment in social support, home safety and cleanliness, access to community support resources, food access, and physical activity among community-dwelling older adults.

Methods

Recruitment

Data was collected from a sample of 201 community-based aging adults with chronic illness who are either near-homebound or homebound. Participants were located in Newark, DE; Baltimore,

MD; and Metro Detroit, MI and were sampled between December 2021 and May 2026. Lori's Hands sites have established relationships with service providers in their communities such as local hospitals, dialysis clinics, homecare providers, care management agencies, advocacy organizations (e.g., ALS Association) and disability support service centers. The program also conducted outreach to and within community institutions such as places of worship, neighborhood groups and associations, disease-specific support groups, senior centers, and service organizations to recruit participants. The program required clients to pass a background check and home safety assessment to be eligible for enrollment. Students had to be in good standing with their institution, pass a background check, and complete requisite training prior to volunteering.

Program

Lori's Hands operates an intergenerational, mutually-beneficial model in which pairs of trained college student volunteers conduct weekly in-home visits with enrolled participants. Visits typically lasted one to two hours per week and were structured around each participant's identified goals across the five service domains described below. Service delivery was aligned with the academic calendars of participating university partners; weekly visits occurred consistently throughout fall and spring semesters, with reduced availability during university break periods, including winter and spring recess, and during the summer semester when fewer student volunteers were available.

During each visit, student volunteers provided individualized support based on each participant's priority goals and presenting needs. Activities included, but were not limited to, grocery shopping and errand assistance, prescription pick-up, light housekeeping and laundry support, assistance with technology use and telehealth navigation, connection to community resources, care coordination support, and companionship. At enrollment, program staff collaboratively identified each participant's top two priority goals for participation across the five service domains, which guided the nature and focus of activities undertaken during weekly visits. Student volunteers completed asynchronous training prior to beginning service and had access to supervision and support from program staff throughout their participation.

Data Collection

Qualitative feedback from clients and students generated through focus groups and individual interviews were used to tailor a survey.[19] Based on these findings and research of existing instruments to measure community-based support for aging adults, data were collected via phone or in-person by Lori's Hands program staff or trained interns who conducted the interviews. Staff entered client responses directly into an online form, which then stored responses into a database.

Surveys were administered at the time of participant enrollment, at 6 months post-enrollment, and annually thereafter. The pre-survey consisted of a participant rating the extent of current accessibility on a 5-point Likert scale in each of the 5 domains and then identifying their top two priorities for participation in Lori's Hands. Post-surveys consisted of the same questions and format.

The outcome variable in this study was composed of 5 items, 1) "How much social support do you have presently?", 2) "How easy is it for you to maintain a safe and clean home, whether on your own or with support?", 3) "How easy is it for you to get groceries or meals, whether on your

own or with support?", 4) "How easy is it for you to remain physically active, whether on your own or with support?", and 5) "How easy is it for you to access health and community resources and coordinate your care, whether on your own or with support?" Responses ranged from 1 ("Lowest" or "Not at all easy") to 5 ("A lot" or "Extremely easy).

Information on program participants was de-identified to protect their confidentiality, and IRB (#12345 Blinded for Submission) approval was obtained for this project.

Statistical Analysis

Data were cleaned and processed prior to analysis using STATA. Records were first ordered chronologically based on the final survey completion date. Domain-specific survey variables (measures of social support, home safety, food access, physical activity, and access to health/community resources) were then renamed to standardized labels for ease of analysis. Participants with missing data in any of the five core domain variables were excluded from the analytic dataset. In addition, because longitudinal analyses required repeated observations, participants with only a single completed survey were removed. The final cleaned dataset therefore included only participants with complete domain data and at least two survey responses over time. Chi-square tests of independence with Cramer's V were conducted to examine the association between participation in the service-learning partnership and goal attainment of homebound older adults.

Results

A total of 201 participants with a mean age of 78.0 years (SD = 10) enrolled in Lori's Hands were included. The majority of the participants were White (64.2%) and most lived alone (73.1%). 59% of the participants had been enrolled in Lori's Hands for more than 2 years.

Participants most commonly identified improving home safety and cleanliness (50.2%) and social support (34.8%) as their primary goals for participation in Lori's Hands. Secondary goals had a similar pattern with social support (35.3%) and home safety and cleanliness (26.4%) being the top two priorities (Table 1).

Table 1. Baseline Sociodemographic and Clinical Characteristics of Longitudinal Sample by Chapter — Lori's Hands Program

Characteristic	Overall (N = 201)	Baltimore, MD (n = 36)	Metro Detroit, MI (n = 47)	Newark, DE (n = 112)
Age (years)				
Mean (SD)	78.0 (10.0)	76.9 (9.2)	77.7 (10.3)	78.5 (10.2)
Range	53 – 105	61 – 101	53 – 105	54 – 102
Race, n (%)				
White	129 (64.2%)	11 (30.6%)	28 (59.6%)	86 (76.8%)
Black or African American	62 (30.8%)	25 (69.4%)	17 (36.2%)	18 (16.1%)
Asian	1 (0.5%)	0 (0.0%)	1 (2.1%)	0 (0.0%)

Other/Multiple	4 (2.0%)	0 (0.0%)	0 (0.0%)	4 (3.6%)
Prefer not to say	3 (1.5%)	0 (0.0%)	1 (2.1%)	2 (1.8%)
Missing, n	2	0	0	2
Hispanic/Latinx Identity, n (%)				
No	195 (97.0%)	36 (100.0%)	46 (97.9%)	109 (97.3%)
Yes	4 (2.0%)	0 (0.0%)	1 (2.1%)	3 (2.7%)
Missing, n	2	0	0	2
Marital Status, n (%)				
Widowed	64 (31.8%)	10 (27.8%)	13 (27.7%)	39 (34.8%)
Single	56 (27.9%)	16 (44.4%)	13 (27.7%)	24 (21.4%)
Divorced	51 (25.4%)	7 (19.4%)	17 (36.2%)	27 (24.1%)
Married	28 (13.9%)	3 (8.3%)	4 (8.5%)	20 (17.9%)
Missing, n	2	0	0	2
Household Composition, n (%)				
Lives alone	147 (73.1%)	31 (86.1%)	36 (76.6%)	75 (67.0%)
Lives with spouse	22 (10.9%)	2 (5.6%)	4 (8.5%)	15 (13.4%)
Lives with adult child/ children	12 (6.0%)	2 (5.6%)	2 (4.3%)	8 (7.1%)
Lives with other family member	3 (1.5%)	1 (2.8%)	1 (2.1%)	1 (0.9%)
Lives with sibling	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (0.9%)
Other/Multiple	8 (4.0%)	0 (0.0%)	4 (8.5%)	3 (2.7%)
Missing, n	8	0	0	8
Enrollment Status, n (%)				
Current	124 (61.7%)	22 (61.1%)	21 (44.7%)	78 (69.6%)
Discharged	72 (35.8%)	14 (38.9%)	21 (44.7%)	34 (30.4%)
On Pause	3 (1.5%)	0 (0.0%)	3 (6.4%)	0 (0.0%)
Virtual	2 (1.0%)	0 (0.0%)	2 (4.3%)	0 (0.0%)
First Goal, n (%)				
Improve home safety and cleanliness	101 (50.2%)	17 (47.2%)	19 (40.4%)	62 (55.4%)

Gain more social support	70 (34.8%)	13 (36.1%)	23 (48.9%)	31 (27.7%)
Become more physically active	13 (6.5%)	3 (8.3%)	3 (6.4%)	7 (6.3%)
Increase access to food	10 (5.0%)	0 (0.0%)	1 (2.1%)	9 (8.0%)
Better access and coordinate care	7 (3.5%)	3 (8.3%)	1 (2.1%)	3 (2.7%)
Second Goal, n (%)				
Gain more social support	71 (35.3%)	15 (41.7%)	7 (14.9%)	47 (42.0%)
Improve home safety and cleanliness	53 (26.4%)	10 (27.8%)	14 (29.8%)	27 (24.1%)
Increase access to food	28 (13.9%)	2 (5.6%)	7 (14.9%)	19 (17.0%)
Better access and coordinate care	16 (8.0%)	4 (11.1%)	9 (19.1%)	3 (2.7%)
Become more physically active	21 (10.4%)	4 (11.1%)	10 (21.3%)	5 (4.5%)
Missing, n	12	0	0	11

N = 201 unique clients with 2 or more surveys; baseline survey only

After at least 6 months of participation in Lori's Hands, 83% of participants reported stable or improved outcomes in at least one of the five target service areas. Among the participants who selected the top goal, positive change or maintenance was observed for the stated goal in the majority of participants across all domains, including highest percentage in social support (Table 2).

Table 2. Client Priority Domains and Percentage Reporting Stable or Improved Outcomes After ≥6 Months Participation in Lori's Hands

Target Domain	Top Goal/Priority for Participation in Lori's Hands (%)	Positive Change or Maintenance after 6 or More Months of Participation (%)
Social Support	34.8	72.1
Home Safety and Cleanliness	50.2	66.7
Food Access & Nutrition	5.0	69.7
Physical Activity	3.5	67.2
Access to Community Support Resources	6.5	68.2

Chi-squared analysis comparing baseline and most recent survey responses of 201 participants

demonstrated statistically significant differences across all five target domains. The proportion of participants demonstrating improvement ranged from 34.8% in physical activity to 45.8% in home safety and cleanliness (Table 3).

Table 3. Chi-square Analyses Comparing the Distribution of Target Domain Scores Between Baseline and Most Recent Survey (N = 201)

Domain	% Improved	Chi-square (df = 16)	Cramer's V	P value
Social Support	41.3	48.47	0.25	<0.001
Home Safety and Cleanliness	45.8	28.79	0.19	<0.05
Food Access and Nutrition	42.8	31.17	0.20	<0.01
Physical Activity	34.8	59.05	0.27	<0.001
Access to Community Support and Resources	38.3	35.21	0.21	<0.01

Discussion

The findings from this study suggest that intergenerational home-based service learning may support aging in place by improving social support, home safety and cleanliness, food access and nutrition, physical activity, and access to care resources among homebound older adults. Loneliness and social isolation are increasingly recognized as significant public health concerns due to their association with adverse physical and mental health outcomes, including depression, cognitive decline, cardiovascular disease, and increased mortality.[20] Individuals who are homebound are particularly vulnerable to social isolation because of limited opportunities for social engagement outside the home. Programs such as Lori's Hands may help address these barriers by fostering meaningful social connection and companionship through routine home visits from student volunteers. In our study, social support emerged as one of the most important goals identified by participants, highlighting the importance of interventions that address both social and functional needs among older adults aging in place.

Home safety and cleanliness also represented a major area of goal attainment in our cohort. Maintaining a safe and clean-living environment is critical for reducing fall risk, supporting independence, and preserving quality of life among older adults.[21] Homebound individuals may face additional challenges in maintaining their living environments due to mobility limitations, chronic illness, or lack of informal caregiving support. Interventions designed to reduce environmental hazards and improve home safety such as assistance with stair use or laundry, may help older adults maintain independence and reduce adverse outcomes associated with falls and functional decline.[21] Through companionship and assistance with routine household tasks, programs like Lori's Hands may help older adults maintain safer home environments while supporting continued independence within the community.

Physical activity plays a critical role in healthy aging, longevity, and the preservation of functional independence, while mobility limitations among older adults may contribute to

reduced activity levels and progressive functional decline.[22] Regular visits from student volunteers may encourage movement such as walking to answer the door and engagement in shared activities that support mobility and confidence in physical functioning. These interactions may help older adults remain active and engaged while aging in place.

Food insecurity and inadequate nutrition are increasingly recognized as important determinants of health among older adults and are associated with frailty, hospitalization, and poorer overall health outcomes.[23] Homebound older adults may experience additional barriers to obtaining groceries, preparing meals, or accessing nutrition-related resources.[24,25] In our study, participants reported improvements in food access and nutrition, suggesting that companionship-based home support may help address practical barriers related to food access while promoting overall well-being.

Prior literature has shown that difficulties using technology, unintuitive interface, and age-related functional and cognitive impairments may discourage older adults from engaging with telehealth platforms.[26] Additionally, limited access to healthcare and community resources has been associated to increased emergency department utilization, hospitalization, and mortality.[27,28] Homebound older adults often experience barriers to accessing resources, and our findings suggest that participation in Lori's Hands may improve perceived access to and utilization of resources. Individualized assistance provided through intergenerational home visitation programs may help improve digital engagement, healthcare navigation, and connection to local resources among older adults.

Our overall findings are positive and demonstrate considerable promise in the benefits of intergenerational programming such as Lori's Hands.

Strengths and Limitations

The current study examined the impact of an in-home, intergenerational program where student learners provided practical support to a hard-to-reach and underserved population of homebound or near-homebound older adults with disabilities and/or chronic conditions. Our findings can help inform the evidence base of programming to promote wellbeing and independence using an intergenerational framework.

Strengths of this study include its participant-centered approach, which evaluated outcomes based on individualized goal attainment that reflected the priorities and lived experiences of older adults rather than solely standardized clinical metrics. The longitudinal nature of participation allowed for assessment of meaningful changes over six or more months, with more than majority of the participants being part of the program for more than two years, providing insight into sustained engagement and impact over time. Additionally, the multicenter design, which included participants from Newark, Delaware; Baltimore, Maryland; and Metro Detroit, Michigan, improves the generalizability of the findings across diverse community settings. Another major strength was the comprehensive evaluation of multiple functional and social domains relevant to aging in place, including social support, home safety and cleanliness, food access, physical activity, and access to care resources. Furthermore, the model emphasis on intergenerational connections provides learning opportunities for healthcare trainees.

While these findings are noteworthy, some limitations should be acknowledged. One limitation is that the sample of participants were primarily identified through word-of-mouth and organization

referrals, which may have excluded homebound older adults who may be the most isolated and disconnected. Future efforts should seek further input from community stakeholders to engage homebound older adults who are at the highest risk for social isolation and poor IADL supports, especially among minority and underserved older adults who are not meaningfully and sufficiently connected to services and their community. Furthermore, the participants in this study were primarily female, retired, and non-Hispanic. In regard to racial composition, the study sample was majority White but also included a representative sample of Black/African American and Asian participants. Future research can examine the impact of this program on addressing the needs of a greater diversity of older adults who are aging in place with chronic illness in the context of risk factors for access to care. Lastly, the outcomes of these studies were assessment of subjective experiences collected via a survey, which may have introduced self-report bias.

Public Health Implications

Older adults increasingly wish to age in place, but many face challenging environment; more geographically dispersed families, higher numbers of older adults living alone, rising healthcare and living costs necessitate creative and affordable strategies to support aging in place.[29] Even when older adults are able to remain in their homes, maintaining quality of life may be difficult due to social isolation, food insecurity, functional decline, and limited access to community resources. Community-based interventions are therefore important to support older adults aging in place.

This study demonstrated that companionship care delivered through an intergenerational service-learning model may support aging in place by improving social support, home safety and cleanliness, food access and nutrition, physical activity, and access to care resources, with social support and home safety emerging as two domains with the greatest improvement. This unique model also provides valuable real-world learning opportunities for healthcare students while fostering meaningful intergenerational relationships. Programs such as Lori's Hands may therefore represent a sustainable and adaptable approach to promoting well-being and independence among community-dwelling older adults. Further research is warranted to understand the impact of intergenerational service-learning home-based community service programs.

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