

# Descriptive Report for the Senior Companion Program Independent Living Pilot/Feasibility Survey



SEPTEMBER 2014

# Descriptive Report for the Senior Companion Program Independent Living Pilot/Feasibility Survey

September 2014

## Authors

This study was conducted by researchers from JBS International in Burlingame, CA: This study was conducted by researchers from JBS International in Burlingame, CA, pursuant to a contract between the Corporation for National and Community Service, a federal agency of the United States Government, and JBS International.

Annie Georges, Ph.D., Research Associate

Susan Gabbard, Ph.D., Vice President

Carmen, Sum, M.B.A., Senior Associate

Peter Lovegrove, Ph.D., Research Associate

Sarah Macdonald, M.A., Research Assistant

## Acknowledgements

We would like to thank all the project directors, staffs and clients who made this study possible.

## Citation

Georges, A., & Gabbard, S., Sum, C., Lovegrove, P., & Macdonald, S. (2014). Descriptive Report for the Senior Companion Program Independent Living Pilot/Feasibility Survey. North Bethesda, MD: JBS International, Inc.

This report is in the public domain. Authorization to reproduce it in whole or in part is granted. Upon request, this material will be made available in alternative formats for people with disabilities.

## Table of Contents

Executive Summary .....	6
Overview .....	8
Methods .....	9
Developing the Questionnaire .....	9
Sampling.....	10
Data Collection.....	11
Data Processing.....	12
Response Rates and Non-Response Analysis .....	12
Findings from the Cross Sectional Survey .....	24
Findings from the Longitudinal Pilot Pre/Post Survey .....	36
Recommendations for Future Research .....	37
Appendix A: Questionnaire.....	39
Appendix B: Weights Calculation.....	39

## List of Tables

Table 1. Survey Questions Administered to Each Type of Respondent.....	10
Table 2. SCP Independent Living Pilot/Feasibility Study Sampling Frame.....	11
Table 3. Disposition Status of Clients Contacted during the Primary Phone Contact.....	13
Table 4. Survey Completion Rates by Stratum .....	14
Table 5: Number of Clients Completing the Performance Measurement Survey, by Survey Mode.....	16
Table 6. Number of Responses in the Nonresponse Follow-up by Survey Mode .....	17
Table 7. Conversion Rate in the Nonresponse Follow-up.....	18
Table 8. Characteristics of respondents and nonrespondents that completed a telephone survey in the follow-up phase .....	19
Table 9.Characteristics of respondents and nonrespondents that completed the self-administered paper survey in the follow-up phase .....	21
Table 10. Characteristics of respondents and nonrespondents .....	23

## List of Figures

Figure 1: How Established SCP Clients Identified their Race .....	25
Figure 2: Established SCP Clients Veteran Status .....	26
Figure 3: Educational Attainment.....	26
Figure 4: SCP Clients' Annual Income.....	27
Figure 5: Average Number of Hours per Week with a Senior Companion .....	28
Figure 6: SPC Clients' Perceived Social Ties .....	29
Figure 7: SPC Clients' Perceived Social Support .....	29
Figure 8: SPC Clients' Perceived Self-Efficacy.....	30
Figure 9: SPC Clients' Satisfaction with Senior Companion Services.....	31
Figure 10: Number of Reported Diagnosed Medical Conditions .....	32
Figure 11: Type of Medical Conditions .....	32
Figure 12: Mobility Associated Disability.....	33
Figure 12: How Established SCP Clients Rated their Memory.....	34
Figure 13: How SCP Clients Rated Overall Satisfaction with their Lives.....	35
Figure 15: How Established SCP Clients Perceived their Self-Efficacy .....	35
Figure 15: How Established SCP Clients Perceive their Level of Social and Emotional Loneliness.....	36

# Executive Summary

The SCP Independent Living Pilot/Feasibility Study consisted of a cross-sectional and a pilot pre/post survey. The cross-sectional survey was designed to provide information on the demographic characteristics of adults receiving independent living services from a Senior Companion and to measure the impact on self-efficacy, life satisfaction, and social and emotional benefits. In addition, the survey included the performance measurement questions from the SCP Independent Living Performance Measurement Study, which allowed for in-depth examination of clients' satisfaction with Senior Companion services as well as analysis to validate the performance measurement items. The pre/post pilot survey was comprised of a small sample of new clients enrolled in the study when they applied for Senior Companion services. The baseline and follow-up surveys were similar to the cross-sectional survey.

The results from the cross-sectional survey shows:

- The beneficiaries of CNCS-supported Senior Companion services are primarily female and racially diverse. Consistent with the goal of the Senior Companion program to provide services to low-income adults, the majority (83%) of clients have income level below \$20,000 per year.
- On average, clients have been receiving SCP services for approximately four years. The average number of hours per week with a Senior Companion is 8.7 hours.
- Clients gave high ratings to their overall satisfaction with the Senior Companion program. More than 90 percent of clients agreed that they were satisfied with their Senior Companion, and that the Senior Companion Program had met their expectations.
- The questionnaire included eight diagnosed medical conditions. Ninety-seven percent of clients reported having been diagnosed with at least one of the eight medical conditions. More than two-thirds of clients were diagnosed with two to four medical conditions.
- Almost three-fourths of clients rated their memory as good, very good or excellent. On average, clients did not feel they experienced any depressive symptoms and the majority of the clients felt they had a lot of energy.
- There was moderate to high prevalence of social loneliness among clients. More than three-fourths of clients experienced feeling alone or feeling they lacked companionship some of the time or often. However, there was not a high prevalence of emotional loneliness. Over 90 percent of clients felt that there were people they could turn to or that there were people they felt close to at least some of the time or often.

The strength of this study is that the data can be used to measure the impact of the Senior Companion program. It is possible to use the Health and Retirement Study (HRS) to compare program participants with non-participants to measure whether participation in the Senior Corps program may be causally linked to life satisfaction, self-efficacy, health and social and emotional outcomes. In addition, the data on demographic, mental health status, medical conditions and health history measures can be analyzed to assess the validity of the 12 SCP Independent Living Performance Measurement items.

The pilot pre/post survey highlighted best practices and potential barriers to overcome in future studies. One of the barriers was grantees' commitment to protect their clients' contact information. A successful approach was to build a flexible data collection protocol that allowed for privacy concerns to be addressed while maintaining a consistent procedure across grantees. The pilot pre/post survey demonstrated that to preserve the true baseline, the data collection should be embedded into the enrollment process. Doing so minimized the possibility that clients would have started receiving services prior to collecting the baseline information.

## Overview

The Senior Companion Program (SCP) is a national initiative that engages persons 55 and older, particularly those with limited incomes, in volunteer service to meet critical community needs and to provide a high quality experience that will enrich the lives of the volunteers. Funds for the program are used to support Senior Companion volunteers in providing supportive, individualized services to help adults with physical, emotional or mental health limitations, most of whom are elderly, maintain their dignity and independence in their own home. In 2013, the Corporation for National and Community Service (CNCS) conducted a national evaluation to measure the characteristics of the beneficiaries of the Senior Companion Program (SCP clients) and to measure SCP clients' psychosocial outcomes. The evaluation focused on established SCP clients who, at the time of the data collection, would have been receiving independent living services from a Senior Companion for at least one year. This national evaluation, the Senior Companion Program (SCP) Independent Living Client Pilot/Feasibility Study had two goals: (1) Measure the impact of SCP program on beneficiaries (SCP clients), and (2) Assess the feasibility of conducting a longitudinal, quasi-experimental evaluation to measure the impact of independent living services on SCP clients' social ties and perceived social supports.

The study consisted of a cross-sectional survey and a small longitudinal study using a pre/post design. Both studies were designed to support Goal 1 of CNCS' 2011-2015 Strategic Plan. Goal 1 is to increase the impact of national service on community needs in communities served by CNCS-supported programs. The cross-sectional survey consisted of 557 established SCP clients. The longitudinal pilot pre/post survey sample consisted of 20 newly enrolled clients. Both surveys collected demographic characteristics, self-reported health and medical conditions, depressive symptoms, life satisfaction, perceived self-efficacy and social and emotional outcomes. Both surveys included questions that are parallel to those in the 2010 Health and Retirement Study (HRS). As such, the data will allow researchers to measure the impact of Senior Companion services on overall health and social and emotional outcomes by forming a matched comparison group using data on participants in the HRS with similar background characteristics and specific types of medical conditions.

Specifically, the available data can address the following descriptive and impact questions:

- What are the characteristics of established Senior Companion clients?
- What is the prevalence of medical conditions, mobility and perceptions of general health and mental health among Senior Companion clients?
- How do established Senior Companion clients perceive their self-efficacy, overall satisfaction with life and social and emotional loneliness?
- What is the impact of the Senior Companion Program on clients' social and emotional loneliness compared to a similar group of adults who did not participate in SCP?



This descriptive report, funded by the Corporation for National and Community Service (CNCS), describes the findings from both surveys. The report describes the background characteristics of SCP clients, their self-efficacy, medical conditions and social and emotional outcomes. The sections of this report are as follows. Since this was a pilot study, the first half of the report describes the methodology. The report describes the development and pre-testing of the questionnaire, followed by the data collection procedures including the procedures for communicating with SCP grantees as well as the training provided to conduct surveys with elderly clients. The report then describes the sampling approach, followed by a discussion on data processing and nonresponse bias analysis. The second half of the report presents findings from the cross-sectional survey of 557 established SCP clients, followed by a discussion of the longitudinal pilot pre/post survey of 20 newly enrolled SCP clients. The report concludes with a discussion of recommendations for future research.

## Methods

### Developing the Questionnaire

The survey instrument was developed with input from a Technical Working Group (TWG) comprised of expert researchers in gerontology, physical and cognitive disabilities, culturally, marginalized and low-income elderly populations, and quasi-experimental methods with matched comparison groups. The TWG reviewed a preliminary draft of the survey instrument and provided guidance on identifying a set of survey items that would reliably measure the key outcomes. In addition, the final instrument replicated questions from the HRS, which will allow researchers to measure the impact on life satisfaction, self-efficacy and social and emotional loneliness by comparing SCP clients to other adults in the HRS with similar background characteristics and medical conditions. Questions in the English and Spanish survey instruments were identical to the English or Spanish versions of the 2010 HRS. Appendix A includes a copy of the questionnaire.

We expected that some of the independent living clients would have cognitive deficits that would make answering the survey difficult or impossible. We consulted with the TWG regarding the use of either an assistant to help respondents complete the survey or a proxy reporter to complete the survey for the respondent. One recommendation was to ask some of the demographic questions at the beginning of the questionnaire (i.e., birth date, ethnicity, marital status) to assess cognitive ability. If a respondent was unable to answer these three questions or there was indication that the respondent was confused or unsure about how to answer these three basic questions, the interviewer would make an attempt to identify an assistant or proxy or terminate the interview if necessary. The survey protocol made a distinction between an assisted interview, where an individual assists the respondent with the survey, and a proxy reporter, where the individual would have to provide the answers for the respondent due to physical or mental impairment. The respondent's Senior Companion volunteer was not

considered an acceptable assistant. A modified survey instrument was developed for proxy reporters. The modified version of the survey includes questions that a proxy reporter could be expected to answer, such as demographic characteristics and medical conditions, but excluded questions on life satisfaction, depressive symptoms, loneliness and self-efficacy. Table 1 shows the specific questions in the instrument for each type of respondent:

**Table 1. Survey Questions Administered to Each Type of Respondent**

	<b>Respondents answer for themselves with assistance</b>	<b>Proxy reporters answer for the respondents</b>
<b>Respondents answer for themselves</b>	<b>Respondents answer for themselves with assistance</b>	<b>Proxy reporters answer for the respondents</b>
All Questions	All Questions	Questions 6, 7, 8, 9, 12, 13, 14, 15, 16, 25, and 27-37

We pre-tested the instrument in April 2013. The pre-test sample consisted of six English language respondents who were current SCP clients and two Spanish language speakers who were not SCP clients. Seven of the eight respondents were women. They ranged in age from 55 to 92 years old. After incorporating the pre-test feedback, we finalized the questionnaire and data collection procedures.

## Sampling

The respondent universe consisted of established clients from the cohort of 50 SCP grantees renewing their grants in 2013. The respondent universe of SCP clients was estimated at approximately 15,600 based on fiscal year 2011 data, which was the most current data at the time the study began. It was not possible to identify the universe of established clients at the outset.

We selected a sample of clients using a stratified probability proportionate to size (PPS) method. The size measure was based on the estimated number of all SCP clients in fiscal year 2011. The universe from which the sample was drawn had a hierarchical structure such that SCP clients exist within SCP grantees or projects. There was an additional level of structure among grantees in that clients were nested within sites or stations. Whether this level of structure existed across all projects was unknown prior to sampling.

Grantees were selected PPS within one of three strata, which were based on the estimated number of all SCP clients in fiscal year 2011. The first stratum consisted of large size grantees serving at least 700 clients. The

second stratum consisted of grantees serving between 150 and 700 clients. The third stratum consisted of grantees serving fewer than 150 clients. Table 2 shows the number of grantees in each stratum. Based on the available data, we oversampled grantees in the small stratum to assure that we would be able to meet the target allocation of interviews for that stratum. As indicated in Table 2, we selected nine grantees within the small stratum, 16 grantees within the medium size stratum and all four grantees within the large size stratum was selected with certainty.

At the second stage of sampling, we selected stations within grantees using simple random sampling. Station sampling was only done when the number of eligible clients at the grantee exceeded the interview allocation. At smaller grantees, stations were censused. The final stage of sampling was a census of established clients at selected stations.

**Table 2. SCP Independent Living Pilot/Feasibility Study Sampling Frame**

Stratum	Number of Grantees	Percent of Clients FY 2011	Sampled Grantees	Clients per Stratum FY 2011	Interviews Allocated to Stratum based on FY 2011
Small	18	10%	9	960	187
Medium	28	58%	16	5,671	775
Large	4	31%	4	3,784	438
Total	50	100% <sup>1</sup>	29	10,415	1,400

<sup>1</sup> Total may not add to 100 percent due to rounding.

## Data Collection

### Communication with Grantees

We collaborated with CNCS to produce communication pieces that CNCS sent to grantees to promote the study, provide an overview of the study goals and provide information on the data collection schedule. We developed separate communication pieces to announce the launch of the survey and request grantee cooperation to provide client lists for sampling.

### Interviewer Training

The interviewer training protocol included a script to explain who was conducting the study, why the study was being conducted and that the survey was voluntary and confidential. The script also provided interviewers with steps on how to handle situations involving respondents with special needs and a list of frequently asked questions that respondents might have about the study, their participation or the survey questions.

The training also included role-playing of interviewing scenarios (e.g., clients who are physically or mentally

challenged, participants who are non-English speakers, interviewing proxy reporters when clients were not able to respond for themselves). Training provided interviewers with techniques for working with disabled individuals and those individuals who might not be able to participate because of cognitive or physical reasons. A TWG member with expertise in conducting studies with seniors and with physically and cognitively disabled populations conducted this portion of the training. The surveys were conducted in both English and Spanish. Records for each completed survey contained a variable indicating whether the survey was conducted in English or Spanish.

JBS International's Internal Review Board (IRB) reviewed the research protocol and granted an exemption. The Office of Management and Budget cleared the data collection plan on January 23, 2013 (Office of Management and Budget control # 3045-0146).

## **Data Processing**

The interview took an average of 20 minutes. We reviewed the interviews daily for completeness and quality. The database system contained cross-check queries to find missing fields, and other discrepancies found were corrected during the interviewing process so that interviewers could correct them. In occasions where missing information was found after the interview had been completed, interviewers attempted to promptly contact the respondent and capture the correct responses. Data collection began in mid-December 2013 and ended in mid-July 2014.

## **Response Rates and Non-Response Analysis**

The response rate is the ratio of the number of clients with completed surveys to the number of eligible clients sampled, taking into account all sampling stages. Under the multistage design of the study, the overall response rate is the product of the grantee and the client completion rates. The first stage of the sample consisted of 29 SCP grantees that were renewing their grants during fiscal year 2013. One large grantee received an exemption since it exclusively served clients residing in institutionalized settings. Three grantees did not submit contact information for clients. One grantee provided information on the total number of established clients, but did not provide contact information for the clients prior to the end of data collection. There were 24 grantees in the final sample, yielding a grantee completion rate of 86 percent. The 24 grantees provided contact information for 1,062 established clients who were eligible for the study. Given that the available number of eligible clients was below the target sample size of 1,190, all clients were contacted. Contacting clients by telephone was the primary mode for completing the survey. When contacted, 86 clients were determined to be out-of-scope (i.e., the individual contacted stated they were not clients or the individual was deceased). As shown in Table 3, of the 1,062 clients, 15 percent (n = 158) could not be reached because of incorrect or incomplete contact information; one percent (n = 12) of the clients were unable to consent due to cognitive impairment and those clients did not have a proxy

reporter or assistant to assist with the survey. There were 55 cases where the survey could not be completed because the client spoke a language other than English or Spanish. The majority of those cases (n = 37) were clients whose primary language was Russian.

**Table 3. Disposition Status of Clients Contacted during the Primary Phone Contact**

<b>Disposition Status</b>	<b>Number of Clients</b>
<b>Number of Clients Contacted</b>	1,062
<b>Out-of-scope: Deceased/Not SCP client</b>	86
<b>Complete/Partial complete</b>	446
<b>Refusal</b>	118
<b>Left message/Hung up</b>	165
<b>Did not speak English or Spanish</b>	55
<b>Reschedule</b>	20
<b>Unable to consent</b>	12
<b>Wrong Number/No telephone number provided</b>	158
<b>Other</b>	2

Table 4 shows the completion rate at both stages of sampling by stratum. The lowest completion rate was among grantees in the large stratum.

**Table 4. Survey Completion Rates by Stratum**

<b>Stratum</b>	<b>Number of Sampled Grantees</b>	<b>Participating Grantees</b>	<b>Grantee Completion Rate</b>	<b>Number of Clients Contacted</b>	<b>Out of Sample/ Deceased</b>	<b>Number of Surveys Completed</b>	<b>Client Completion Rate</b>
Small	9	8	89%	246	15	110	48%
Medium	16	15	94%	734	56	309	46%
Large	3	1	25%	82	15	27	40%
Exempt Grantee	1	--	--	--	--	--	--
<b>Total</b>	<b>28</b>	<b>24</b>	<b>86%</b>	<b>1,062</b>	<b>86</b>	<b>446</b>	<b>46%</b>

Given the lower than recommended completion rate among contacted clients, it was important to determine if the nonresponse was random or if there might be bias due to systematic differences in characteristics among respondents and nonrespondents.

We conducted a nonresponse follow-up data collection designed to test alternative approaches for increasing the response rate and reducing nonresponse bias, to indicate which survey mode (e.g., phone survey, mail survey) would be the most effective to achieve a high response rate from this population, and to help CNCS identify the most effective data collection methods for future evaluation of this population. The nonresponse follow-up collected information on nonrespondents' characteristics so that differences in the characteristics of respondents and nonrespondents could be measured.

In making the decision on which survey mode to use for the nonresponse follow-up, we reviewed results from the SCP Independent Living Performance Measurement survey, a cross-sectional survey of established independent living clients and caregivers who had been receiving services for at least one year. This CNCS-funded survey was a census of all established clients and caregivers who received independent living and respite services at SCP grantees that were renewing their grants in 2013.<sup>1</sup> As shown in Table 5, 64 percent of the respondents in the Performance Measurement survey completed self-administered paper surveys; 23 percent completed phone surveys; and 14 percent were in-person interviews.

---

<sup>1</sup> Pratt, D., Lovegrove, P., Birmingham, C., Lombas, L., Vicinanza, N., Georges, A., & Gabbard, S. (2014). *SCP Independent Living Performance Measurement Survey: Process, Rationale, Results, and Recommendations*. North Bethesda, MD: JBS International, Inc.

**Table 5: Number of Clients Completing the Performance Measurement Survey, by Survey Mode**

Survey Mode	Number of Completed	
	Surveys	Percent
Paper	2,048	64
Online	1	0.03
In-person interview	435	14
Phone interview	730	23
Total	3,214	100

Source: 2013 SCP Independent Living Performance Measurement Survey

Based on the results of the 2013 SCP Independent Living Performance Measurement Survey, we structured the nonresponse data collection to use two survey modes: a self-administered paper/mail survey and an assisted phone interview. It was not possible to conduct extensive nonresponse data collection for all 24 grantees. As such, we selected nine grantees for the nonresponse follow-up phase of the data collection. We were systematic in selecting grantees and intentional in assigning them a survey mode. We selected grantees with the lowest response rates, including seven grantees with a completion rate of 30 percent or lower and two grantees with completion rates of 37 and 45 percent. All nonrespondents at each of the selected grantees were included in the more intensive nonresponse follow-up data collection. The nonresponse follow-up data collection was completed with eight of the nine grantees.

We coordinated with each of the selected grantees to use either a contact assisted phone interview or a self-administered paper survey and to determine which survey mode would be the easiest for the grantee/project director to administer. For the assisted phone interview, the grantee/project directors coordinated with our staff to assist their clients to contact our interviewers using a dedicated toll-free number. The project directors had flexibility in how to achieve this; by either calling the client or coordinating with the client's Senior Companion. Grantees using the self-administered paper survey option were provided copies of the survey to deliver to the nonrespondent clients. The project directors would determine how best to deliver the survey to the client; this could entail mailing the survey to the client or having the Senior Companion deliver the survey to the clients. A pre-paid postage envelope was provided for each client. The client received instructions on how to complete the survey and return it to our office.

The nonresponse bias analysis consisted of an examination of the response rates, an analysis of the differences



in characteristics between respondents and nonrespondents, and weight adjustments for nonresponse. The Office of Management and Budget (OMB) has a formula to estimate nonresponse bias. The formula defines bias for a particular estimate,  $B(\bar{y}_r)$ , as the following:

$$B(\bar{y}_r) = \bar{y}_r - \bar{y}_t = \left(\frac{n_{nr}}{n}\right) (\bar{y}_r - \bar{y}_{nr}) \quad (1)$$

where:

- $y_t$  = the mean based on all sample cases;
- $y_r$  = the mean based only on respondent cases;
- $\bar{y}_{nr}$  = the mean based only on the nonrespondent cases;
- $n$  = the number of cases in the sample; and
- $n_{nr}$  = the number of nonrespondent cases

Five of the eight grantees administered the paper survey and three utilized the assisted telephone option. Table 6 shows the distribution of response rates by survey mode in the nonresponse follow-up phase. The completion rate for the follow-up phase was 47 percent for self-administered paper survey and 22 percent for the phone survey.

**Table 6. Number of Responses in the Nonresponse Follow-up by Survey Mode**

	Number of clients	Completed prior to follow-up	Completed during follow-up	Completion rate at follow-up
Self-administered paper survey	287	111	82	47%
Telephone survey	235	102	29	22%

Table 7 shows the conversion rate for each mode of contact used in the nonresponse follow-up. Twenty-eight percent of the respondents in the nonresponse follow-up phase had previously refused to participate when they were contacted by telephone, an additional 27 percent had 'hung up' or we had left a message in each of three attempts, and for another 27 percent we received an incorrect telephone number or did not receive a telephone number for the client.

**Table 7. Conversion Rate in the Nonresponse Follow-up**

Disposition status when originally contacted for the telephone survey	Converted to respondents in the nonresponse follow-up			Total responding during Follow-up Phase	Percent
	Paper Survey	Phone Survey	Deceased		
Refusal	25	7	--	32	28%
Left message/Hung up	22	8	--	30	27%
Wrong Number/No Telephone Number provided	19	10	1	30	27%
Did not speak English or Spanish	10	0		10	9%
Reschedule	5	0	1	6	5%
Unable to consent	1	2	--	3	3%
Other	--	2	--	2	2%
<b>Total</b>	<b>82</b>	<b>29</b>	<b>2</b>	<b>113</b>	<b>--</b>

We analyzed differences in characteristics between respondents and nonrespondents. We examined differences for selected background characteristics including gender, race, marital status, veteran status, income, education, general health, mobility and average number of weekly hours spent with a Senior Companion. We conducted three sets of analyses. The first analysis, shown in Table 8, examined differences between respondents who completed the telephone survey and nonrespondents that completed a telephone survey during the follow-up phase. There were 29 clients from three grantees that completed the survey by telephone during the follow-up phase. There were no significant differences between the two groups of respondents, with the exception of hours with a Senior Companion, mobility (reaching/extending arms above shoulder level), self-efficacy and social loneliness. Specifically, a higher proportion of the clients in the follow-up phase reported at least four hours per week with a Senior Companion and almost all stated they could do just about anything they set their mind to. However, the majority often felt alone or felt they lack companionship.

**Table 8. Characteristics of respondents and nonrespondents that completed a telephone survey in the follow-up phase**

	Respondents- Telephone Survey	Responded in the Follow-up Phase- Telephone Survey	p value
	%	%	
Male	18	23	
Female	82	77	0.61
Not a High School Graduate	34	41	--
Minimum High School Diploma	66	59	0.53
More than \$20000 in Annual Income	13	11	--
Less than \$20000 in Annual Income	88	89	0.87
Non White	52	59	--
White	48	41	0.52
Not Veteran	89	82	--
Veteran	11	18	0.37
Non Widowed	45	40	--
Widowed	55	60	0.68
Fair/Poor Health	64	48	--
Excellent/Very Good/Good Health	36	52	0.15
Less than 4 hours with Senior Companion	39	14	--
At Least 4 hours with Senior Companion	61	86	0.03
No Difficulty Walking one Block	74	62	--
Difficulty Walking one Block	26	38	0.24
No Difficulty Getting up from a Chair	74	59	--
Difficulty Getting up from a Chair	26	41	0.15
No Difficulty Reaching/Extending Arms above Shoulder	52	27	--
Difficulty Reaching/Extending Arms above Shoulder Level	48	73	0.03

	Respondents- Telephone Survey	Responded in the Follow-up Phase- Telephone Survey	
Disagree-Can do just about anything	43	10	--
Agree-Can do just about anything	57	90	0.004
Disagree-Can do things want to do	51	29	--
Agree-Can do things want to do	49	71	0.06
Often-Feel alone	59	86	--
Sometimes/Hardly-Feel alone	41	14	0.02
Often-Feel lack companionship	69	95	--
Sometimes/Hardly-Feel lack companionship	31	5	0.01
Often-Feel there are people close to	44	35	--
Sometimes/Hardly-Feel there are people close to	56	65	0.45
Often-Feel there are people can turn to	39	19	--
Sometimes/Hardly-Feel there are people can turn to	61	81	0.09
N	121	29	

Note “--” is suppressed because there are fewer than four respondents.

The second analysis, shown in Table 9, examined differences between respondents who completed the telephone survey and nonrespondents who completed a self-administered paper survey during the follow-up phase. There were 82 clients from five grantees that completed a self-administered paper survey by mail during the follow-up phase. The significant differences between these two groups were income, self-rated health and emotional loneliness. In particular, a higher proportion of the clients that completed the survey by mail reported lower income than other respondents, and their self-rated health was generally more positive than other respondents. Clients in the follow-up phase more frequently reported that there were often people they felt close to and often felt there were people they could turn to.

**Table 9.Characteristics of respondents and nonrespondents that completed the self-administered paper survey in the follow-up phase**

	Respondents- Telephone Survey	Nonrespondents in the Follow-up Phase - Mail/Paper Survey	p value
	%	%	
Male	20	15	--
Female	80	85	0.42
<hr/>			
Not a High School Graduate	31	42	--
Minimum High School Diploma	69	58	0.13
<hr/>			
More than \$20000 in Annual Income	23	9	--
Less than \$20000 in Annual Income	77	91	0.03
<hr/>			
Non White	44	49	--
White	56	51	0.43
<hr/>			
Not Veteran	84	90	--
Veteran	16	10	0.24
<hr/>			
Not Widowed	44	49	--
Widowed	56	51	0.43
<hr/>			
Fair/Poor Health	58	41	--
Excellent/Very Good/Good Health	42	59	0.04
<hr/>			
Less than 4 hours with Senior Companion	16	14	--
At Least 4 hours with Senior Companion	84	86	0.75
<hr/>			
No Difficulty Walking one Block	69	59	--
Difficulty Walking one Block	31	41	0.18
<hr/>			
No Difficulty Getting up from a Chair	64	51	--
Difficulty Getting up from a Chair	36	49	0.08
<hr/>			
No Difficulty Reaching/Extending Arms above Shoulder	38	41	--
Difficulty Reaching/Extending Arms above Shoulder Level	62	59	0.73

	Respondents- Telephone Survey	Nonrespondents in the Follow-up Phase - Mail/Paper Survey	
Disagree-Can do just about anything	51	42	--
Agree-Can do just about anything	49	58	0.28
Disagree-Can do things want to do	50	37	
Agree-Can do things want to do	50	63	0.10
Often-Feel alone	68	76	
Sometimes/Hardly-Feel alone	32	24	0.27
Often-Feel lack companionship	83	90	--
Sometimes/Hardly-Feel lack companionship	17	10	0.25
Often-Feel there are people close to	30	74	--
Sometimes/Hardly-Feel there are people close to	70	26	<.0001
Often-Feel there are people can turn to	32	59	--
Sometimes/Hardly-Feel there are people can turn to	68	41	0.001
N	110	82	

The third analysis, shown in Table 10, compares all respondents to nonrespondents irrespective of the mode used in the follow-up phase. There were a total of 111 clients in the follow-up phase that completed the survey by telephone or self-administered paper survey by mail. As shown in Table 10, nonrespondents had responses that were, on average, different from respondents. Specifically, clients in the follow-up were more likely to be non-white, had lower educational attainment, were more likely to rate their health positively, and were more likely to have a Senior Companion for at least four hours per week. Although a higher proportion of clients in the follow-up reported mobility challenges, they reported that they could do just about anything and could do the things they wanted to do. Also, a higher proportion of the clients in the follow-up often felt alone or often felt they lacked companionship; these clients also felt there were often people they felt close to or that there were people they could turn to.

**Table 10. Characteristics of respondents and nonrespondents**

	Nonrespondents – Follow-up Phase	Respondents -Telephone Survey	p value
	%	%	
Male	17	18	--
Female	83	82	0.73
Not a High School Graduate	42	30	--
Minimum High School Diploma	58	70	0.03
More than \$20000 in Annual Income	9	18	--
Less than \$20000 in Annual Income	91	82	0.09
Non White	52	37	--
White	48	63	0.01
Not Veteran	88	90	--
Veteran	12	10	0.71
Non Widowed	47	42	--
Widowed	53	58	0.31
Fair/Poor Health	42	59	--
Excellent/Very Good/Good Health	58	41	0.01
Less than 4 hours with Senior Companion	14	30	--
At Least 4 hours with Senior Companion	86	70	0.001
No Difficulty Walking one Block	60	75	--
Difficulty Walking one Block	40	25	0.003
No Difficulty Getting up from a Chair	53	69	--
Difficulty Getting up from a Chair	47	31	0.001
No Difficulty Reaching/Extending Arms above Shoulder	38	48	--
Difficulty Reaching/Extending Arms above Shoulder Level	62	52	0.08

	Nonrespondents – Follow-up Phase	Respondents -Telephone Survey	
Disagree-Can do just about anything	35	47	--
Agree-Can do just about anything	65	53	0.03
Disagree-Can do things want to do	35	53	--
Agree-Can do things want to do	65	47	0.002
Often-Feel alone	78	60	--
Sometimes/Hardly-Feel alone	22	40	0.001
Often-Feel lack companionship	91	69	--
Sometimes/Hardly-Feel lack companionship	9	31	<.0001
Often-Feel there are people close to	65	40	--
Sometime/Hardly-Feel there are people close to	35	60	<.0001
Often-Feel there are people can turn to	50	39	--
Sometimes/Hardly-Feel there are people can turn to	50	61	0.07
N	111	446	

Given the observed differences between respondents and nonrespondents, we applied weights that adjusted for both grantee nonresponse and client nonresponse. Appendix B describes how the weights were calculated.

## Findings from the Cross-Sectional Survey

This section of the report presents the findings of the data collected from the 557 established SCP clients that participated in the cross-sectional survey. The findings discussed in this section answer the following research questions:

- Question 1: What are the background characteristics of established Senior Companion clients?
- Question 2: How much service do established clients receive and what is their level of satisfaction with the Senior Companion services?
- Question 3: What is the prevalence of medical conditions, mobility, perception of general health and mental health?



- Question 4: How do established clients perceive their level of self-efficacy, social and emotional loneliness?

Question 1: What are the background characteristics of established Senior Companion clients?

- Clients' average age was 79.8 years; the youngest client was 52 years old and the oldest clients were older than 85 years old.

The beneficiaries of CNCS-supported Senior Companion services are primarily female and racially diverse (Figure 1).

- Seventy-nine percent of clients were female and 21 percent were male.
- Fifty-five percent of clients were white, 16 percent were black/African American, three percent were Asian, four percent were Native Hawaiian or other Pacific Islander, three percent were American Indian or Native Alaskan and nine percent of clients identified with more than one race (Figure 1).
- Seven percent of clients identified as Hispanic or Latino.

**Figure 1: How Established SCP Clients Identified their Race**

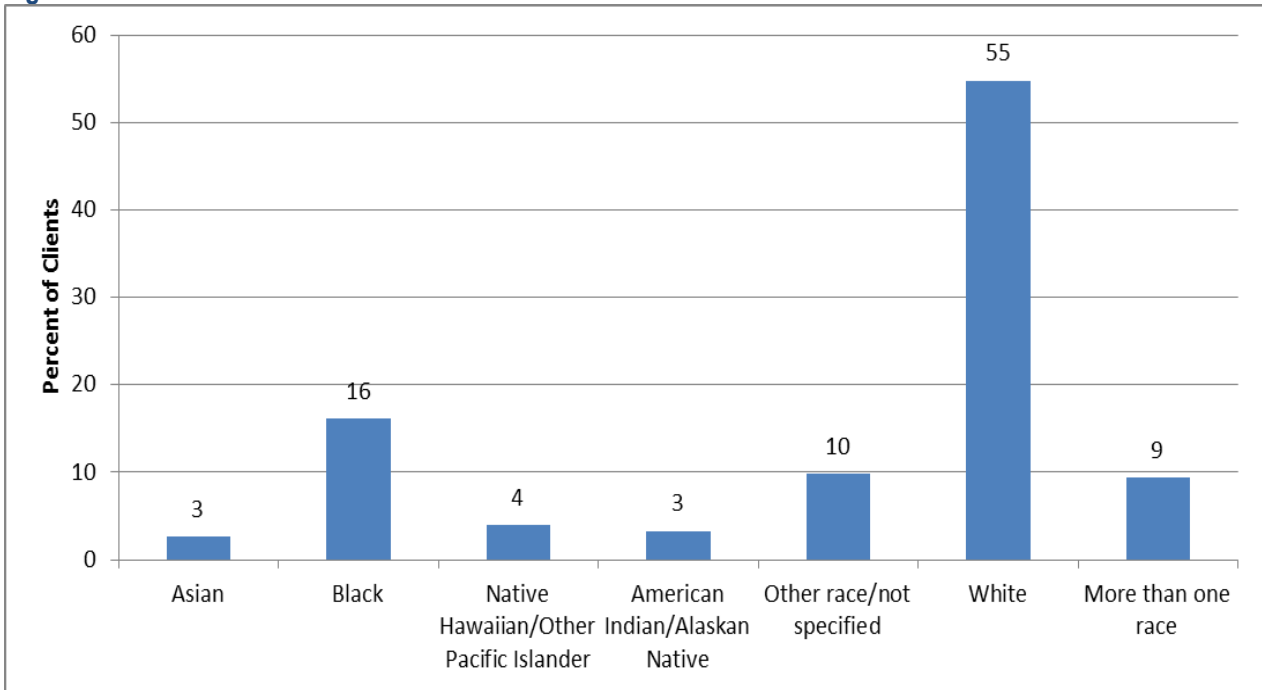
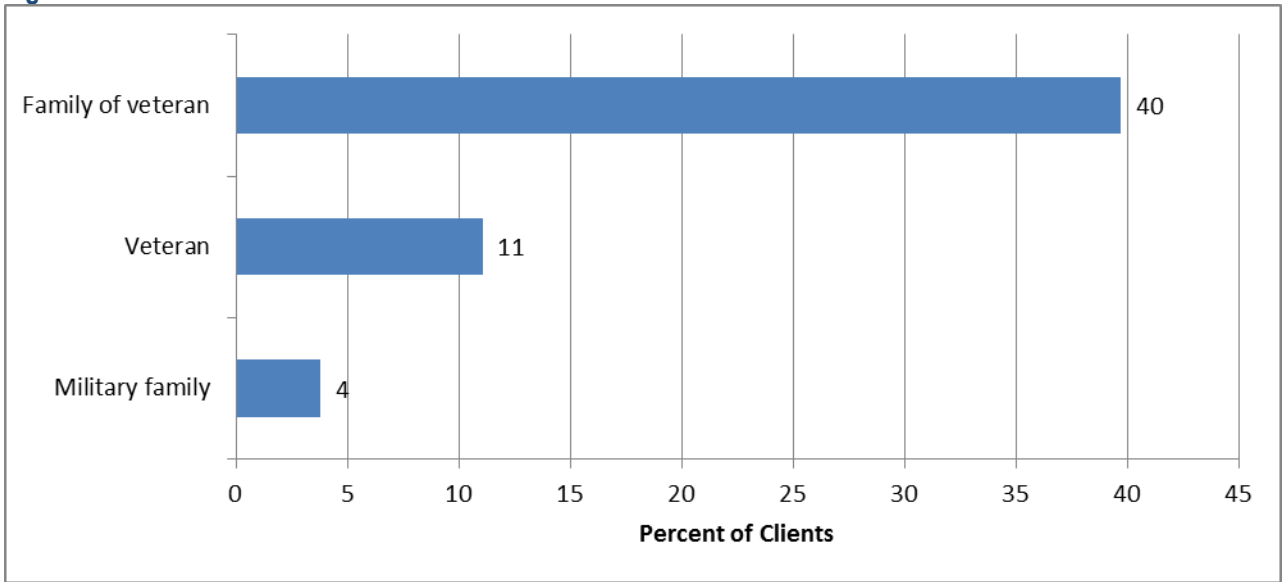


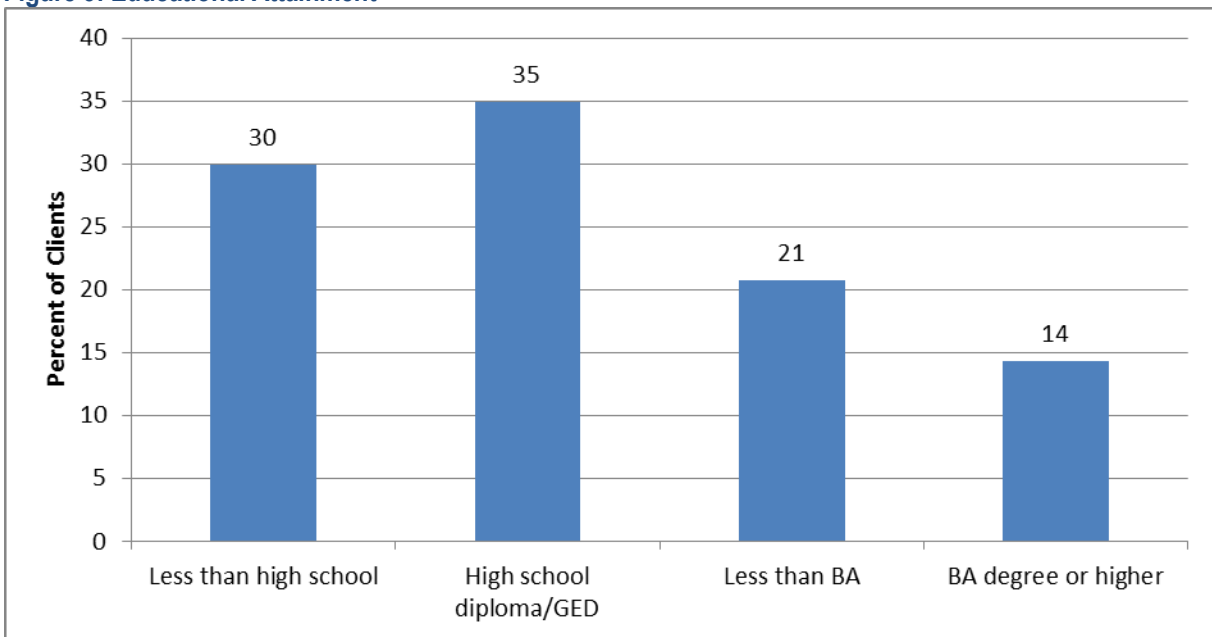
Figure 2 shows the clients' veteran status. About 11 percent were veterans; the largest constituents were family members of veterans, with 40 percent of clients in that category. Approximately four percent were military families.

**Figure 2: Established SCP Clients Veteran Status**



Less than one-third (32%) of clients completed high school or the GED; 27 percent had less than a high school education and about 14 percent had at least attained a BA degree (Figure 3).

**Figure 3: Educational Attainment**

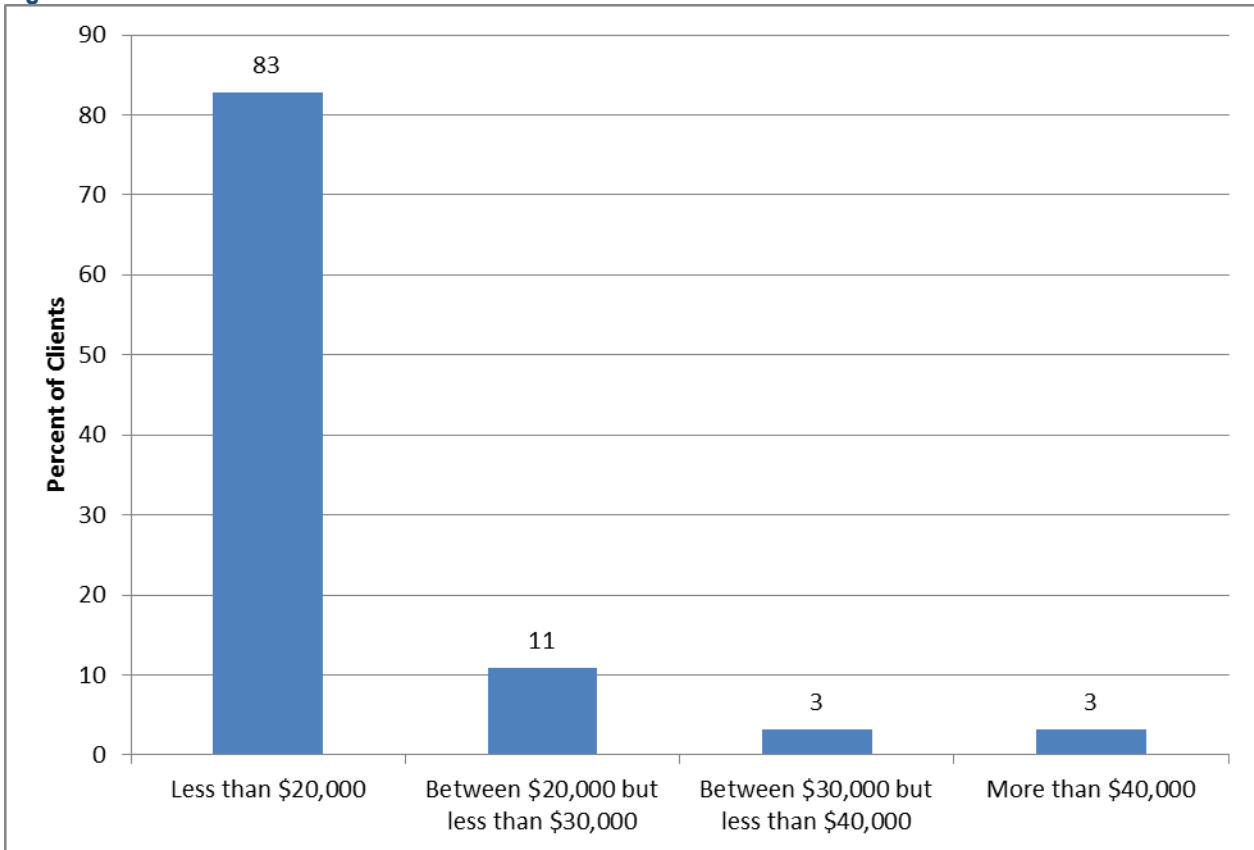


Clients were primarily widowed and living alone. More than half of clients were widowed (56%), followed by separated/divorced (18%). Approximately 83 percent had children, and the average number of children was 3.4. Although most clients lived alone, if they had children, their children tended to reside within 10 miles of their home. More than two-thirds (69%) of the clients with children reported that their children resided within 10 miles

of where they live.

Consistent with the goal of the Senior Companion program to provide services to low-income adults, Figure 4 shows that 83 percent of clients have income level below \$20,000 per year and another 11 percent have an income level between \$20,000 to \$30,000 per year.

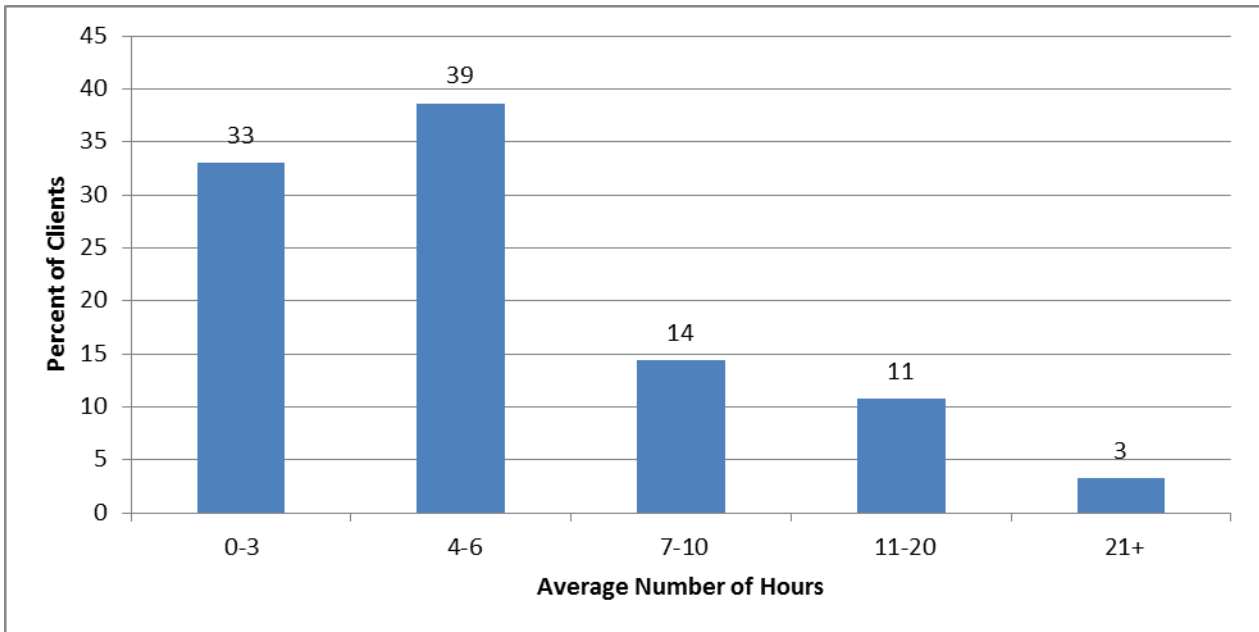
**Figure 4: SCP Clients' Annual Income**



Question 2: How much service do established clients receive and what is their level of satisfaction with the Senior Companion services?

- On average, established clients have been receiving SCP services for 4.1 years. The average number of hours per week with a Senior Companion was 8.7 hours.
- About one-third of clients spent fewer than four hours per week with a Senior Companion, 39 percent spent between four to six hours per week with a Senior Companion and 14 percent spent between seven to ten hours per week with a Senior Companion (Figure 5).
- About 14 percent of clients spent at least 11 hours per week with a Senior Companion (Figure 5).

**Figure 5: Average Number of Hours per Week with a Senior Companion**



The SCP Independent Living Pilot/Feasibility survey included the 12 performance measurement items from the *SCP Independent Living Performance Measurement Survey's* questionnaire.<sup>2, 3</sup>

Similar to the results in the previous study, clients agreed that the Senior Companion positively affected how they felt about their lives (Figure 6).

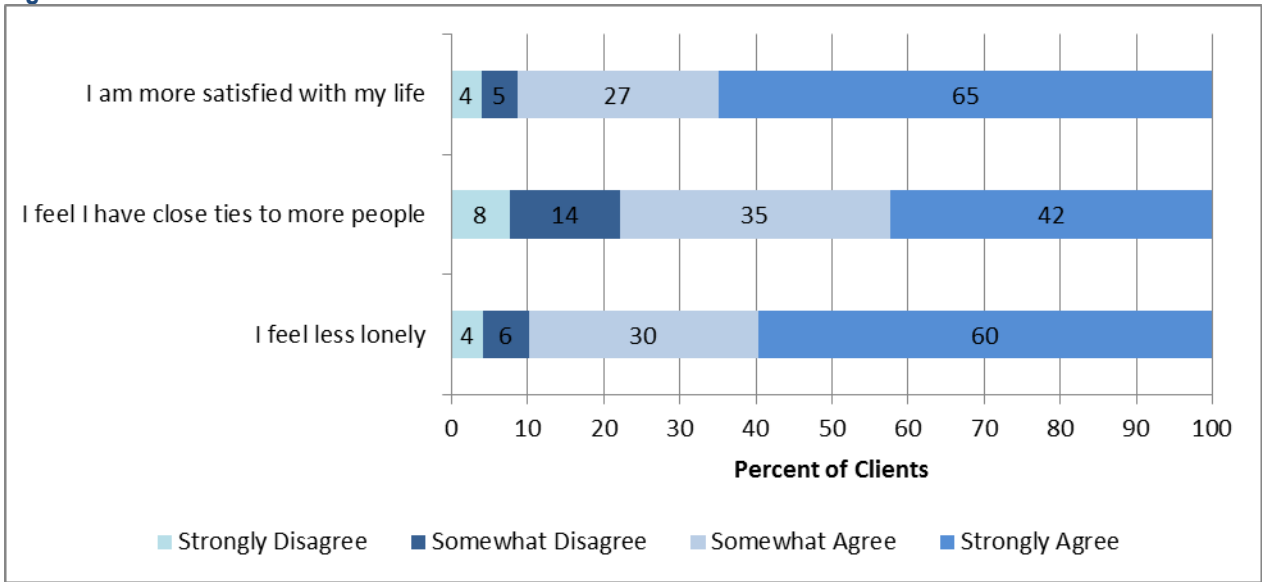
- Ninety percent agreed that they were less lonely.
- More than three-fourths (78%) agreed that they had close ties to more people.
- More than 90 percent agreed that they were more satisfied with their lives.

---

<sup>2</sup> Pratt, D., Lovegrove, P., Birmingham, C., Lombas, L., Vicinanza, N., Georges, A., & Gabbard, S., (2014). *SCP Independent Living Performance Measurement Survey: Process, Rationale, Results, and Recommendations*. North Bethesda, MD: JBS International, Inc.

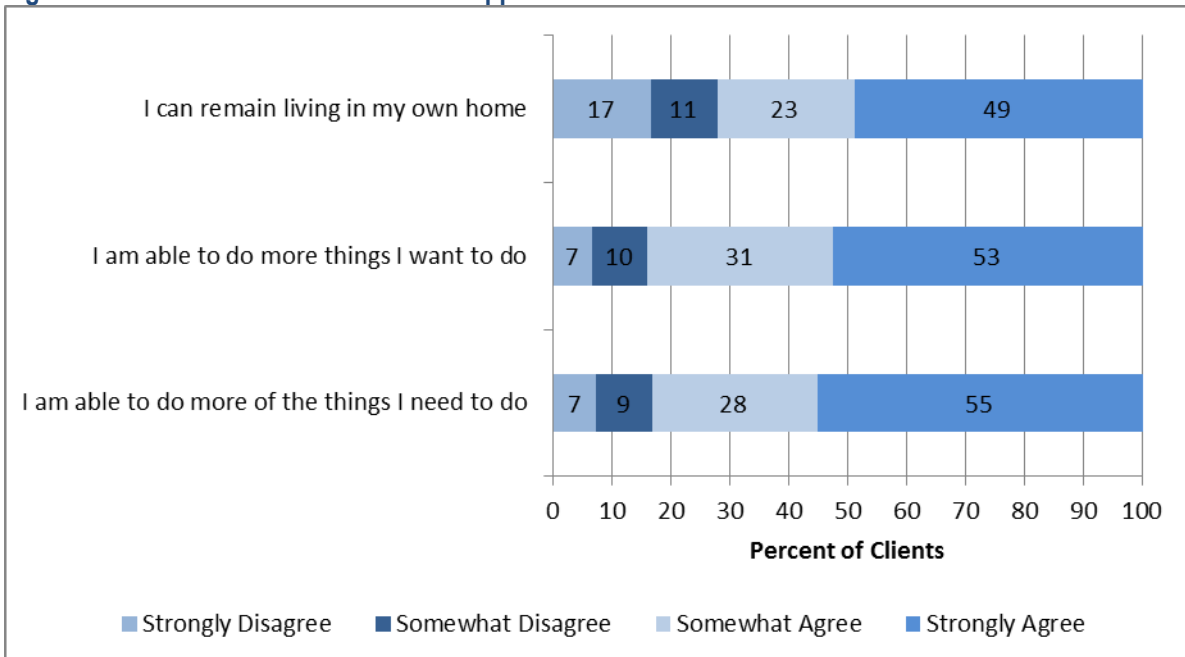
<sup>3</sup> Only clients answered the performance measurement items. Proxy reporters did not answer these items.

**Figure 6: SPC Clients' Perceived Social Ties**



About 73 percent agreed that because of a Senior Companion they were able to remain living in their own home; and approximately 83 percent reported that they felt able to do more of the things they needed or wanted to do (Figure 7).

**Figure 7: SPC Clients' Perceived Social Support**

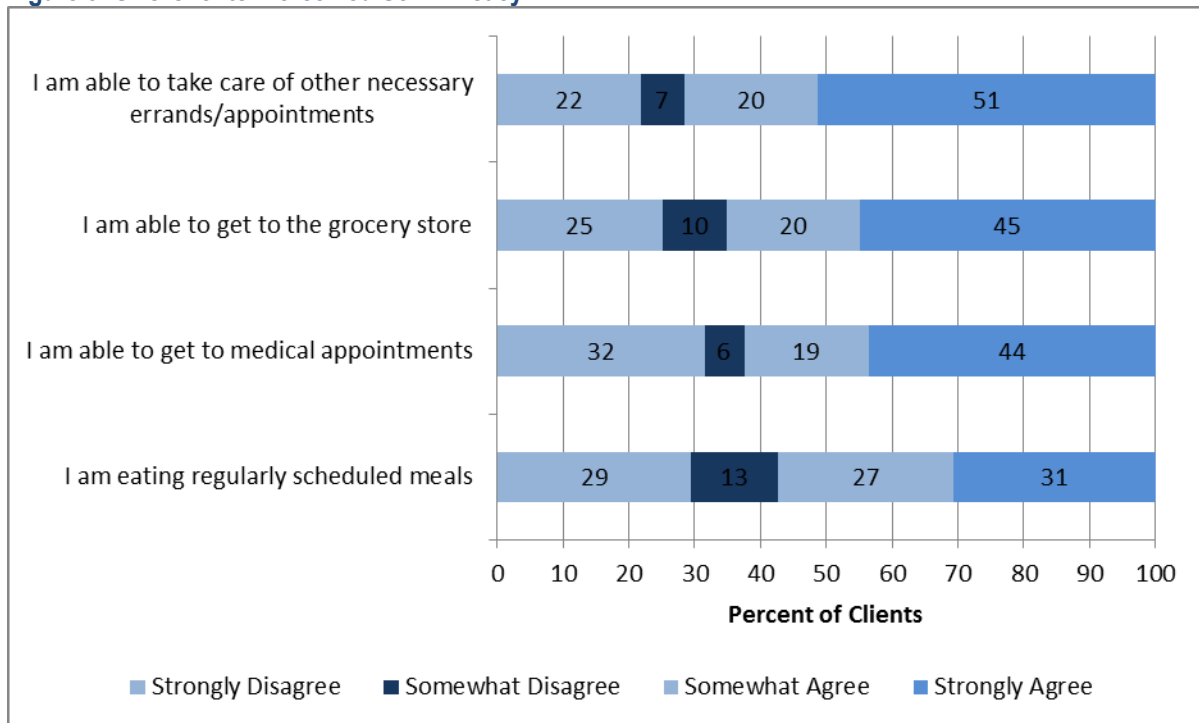


More than half of clients agreed they were eating regularly scheduled meals with the support of a Senior Companion (Figure 8).

Approximately two-thirds agreed they were able to get to medical appointments or able to get to the grocery store with the support of the Senior Companion (Figure 8).

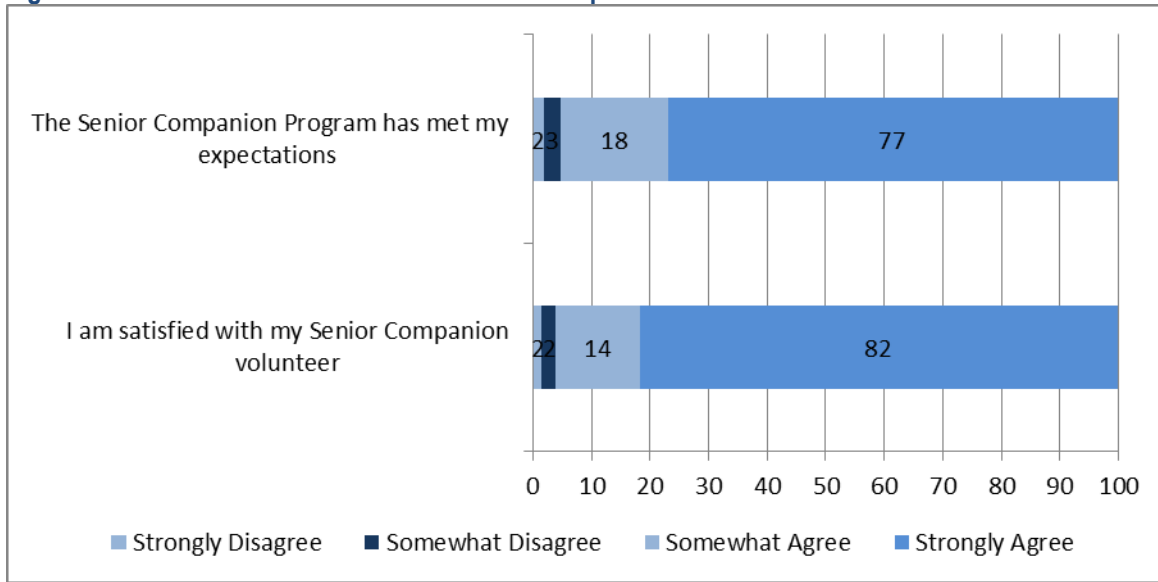
Almost three-fourths (71%) agreed that they were able to take care of other necessary errands and appointments (Figure 8).

**Figure 8: SPC Clients' Perceived Self-Efficacy**



Consistent with the findings from the previous study, clients gave high ratings to their overall satisfaction with the Senior Companion program. More than 90 percent of clients agreed they were satisfied with their Senior Companion and that the Senior Companion Program met their expectations (Figure 9).

**Figure 9: SPC Clients' Satisfaction with Senior Companion Services**



Question 3: What is the prevalence of medical conditions, mobility and perception of general and mental health?

- The majority (56%) rated their health as fair or poor and 44 percent rated their health as excellent, very good or good.
- The questionnaire included eight diagnosed medical conditions. Ninety-seven percent of clients reported having been diagnosed with at least one of the eight medical conditions.
- More than two-thirds (68%) reported being diagnosed with two to four medical conditions.

**Figure 10: Number of Reported Diagnosed Medical Conditions**

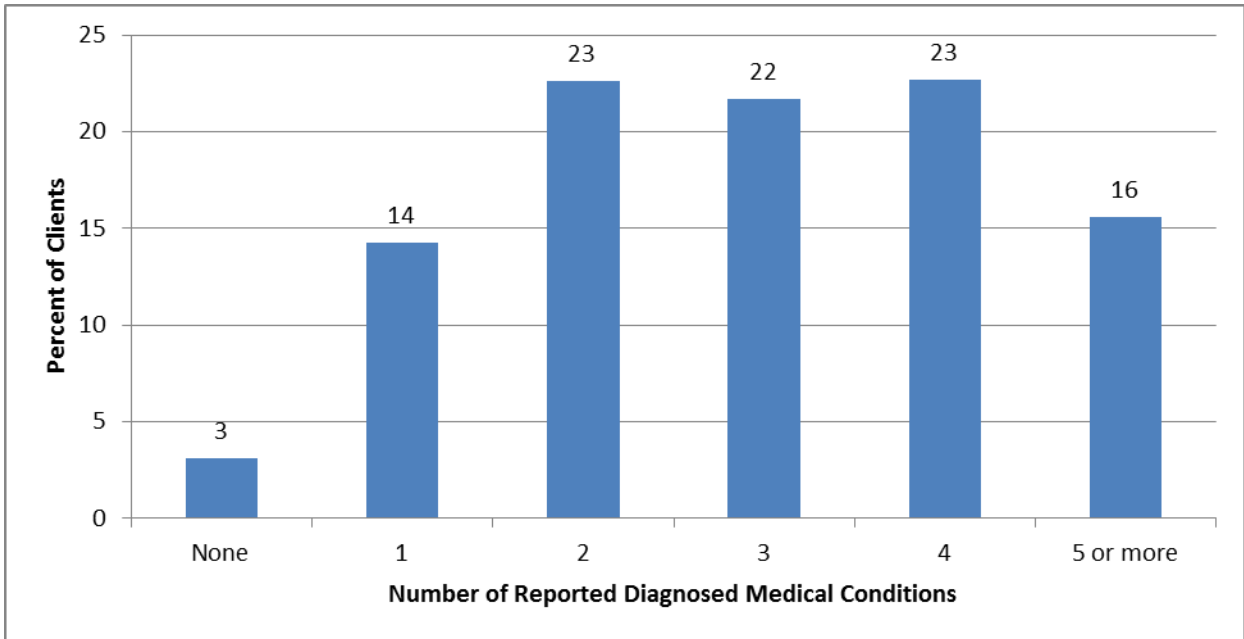
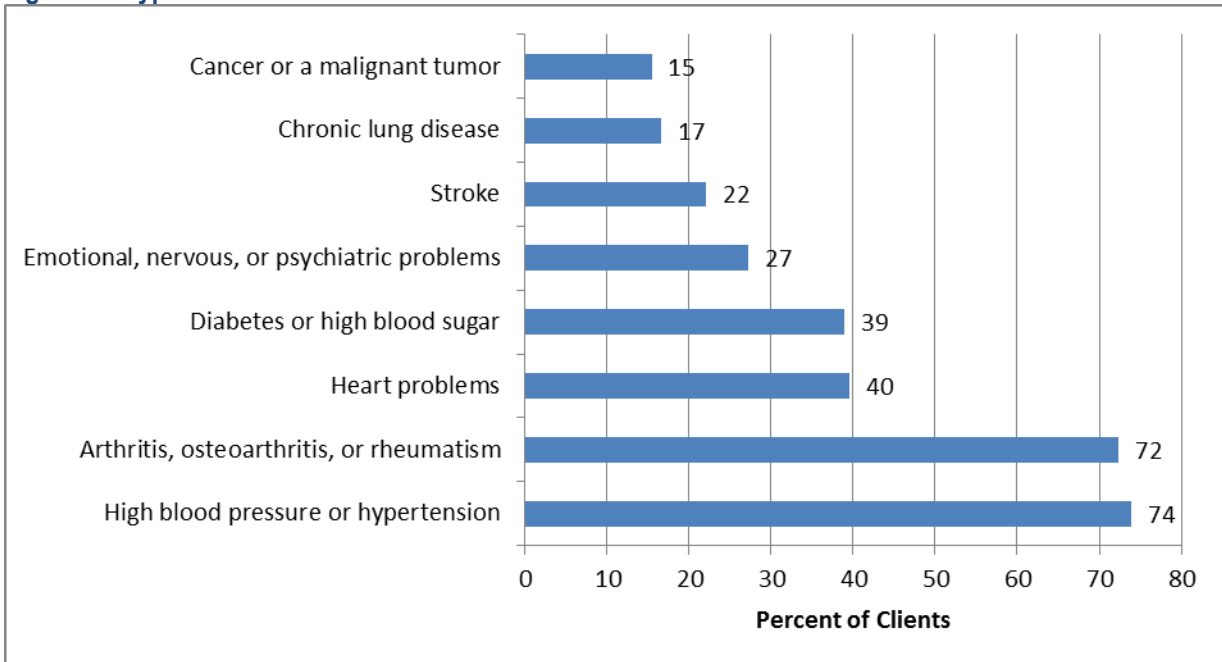


Figure 10 shows the percent of clients reporting each of the eight medical conditions. The most common medical conditions were high blood pressure or hypertension (74%), and arthritis, osteoarthritis or rheumatism (72%).

Other common conditions were diabetes or high blood sugar (39%) and heart problems such as heart attack or coronary heart diseases (40%).

**Figure 11: Type of Medical Conditions**

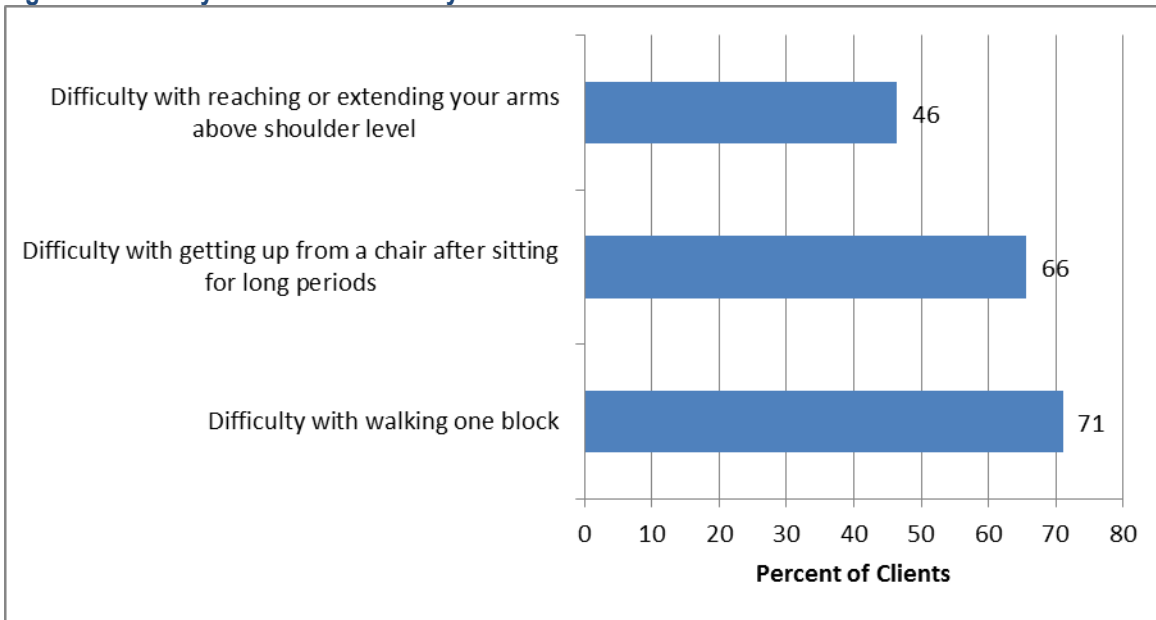




A majority of clients reported mobility associated disability due to a health condition (Figure 11). Specifically, 71 percent of clients had either difficulty walking one block or could not or did not walk one block.

Two-thirds (66%) either had difficulty getting up or could not get up from a chair after sitting for long periods. Less than half (46%) of clients were unable to reach or extend their arms above shoulder level.

**Figure 12: Mobility Associated Disability**

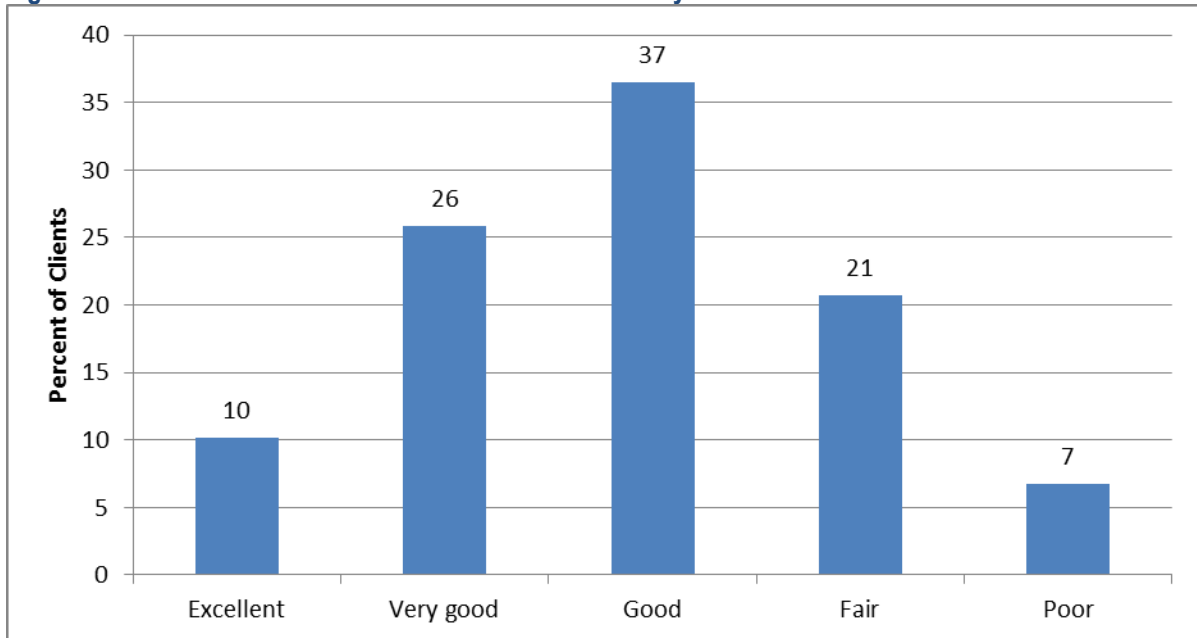


More than three-fourths (78%) of clients reported that an impairment or health problem limited the kind or amount of work they could do around their house.

Among clients with an impairment or health problem that limited working around their house, less than one-third (32%) had limitations that restricted their work around the house altogether.

The majority (72%) of clients rated their memory as good, very good or excellent (Figure 12). On average, clients did not feel they experienced any depressive symptoms and the majority of the clients felt they had a lot of energy.

**Figure 12: How Established SCP Clients Rated their Memory**



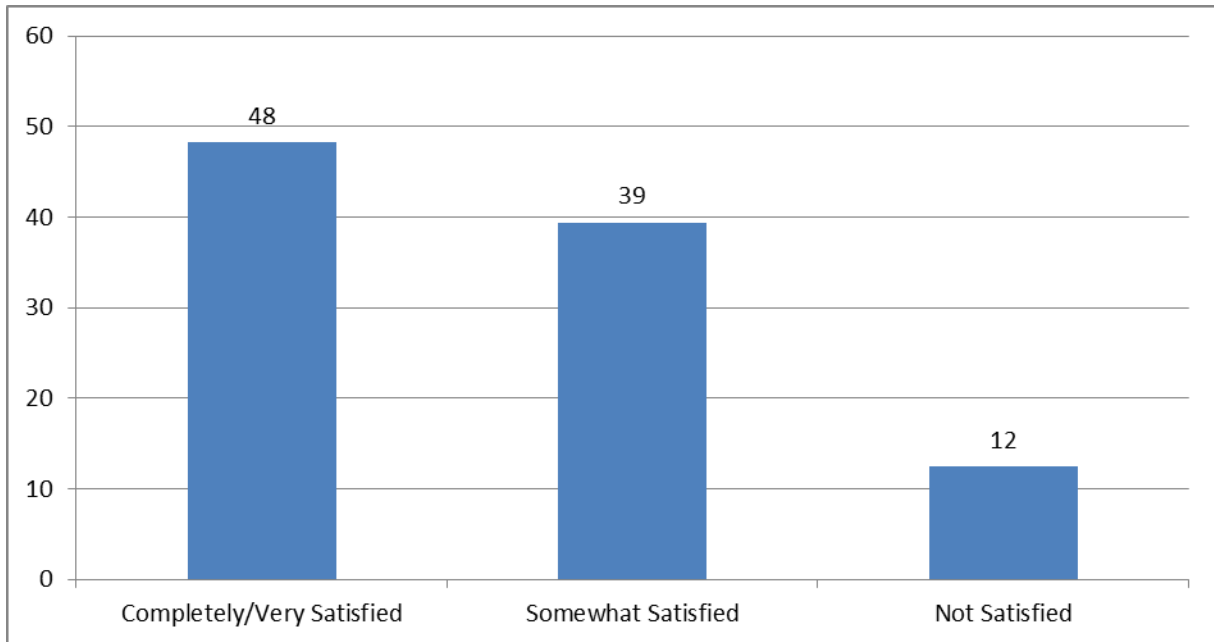
Almost all clients had either Medicare or Medicaid health insurance coverage. About three percent did not have Medicare or Medicaid insurance.

One of the goals of the study was to measure the impact of independent living services on clients' life satisfaction, perceived self-efficacy and social ties and social support. The analysis in this report does not address program impact; it does, however, present the distribution of clients' assessment of their overall satisfaction, self-efficacy and social and emotional loneliness.

Question 4: How do established clients perceive their level of self-efficacy and social and emotional loneliness?

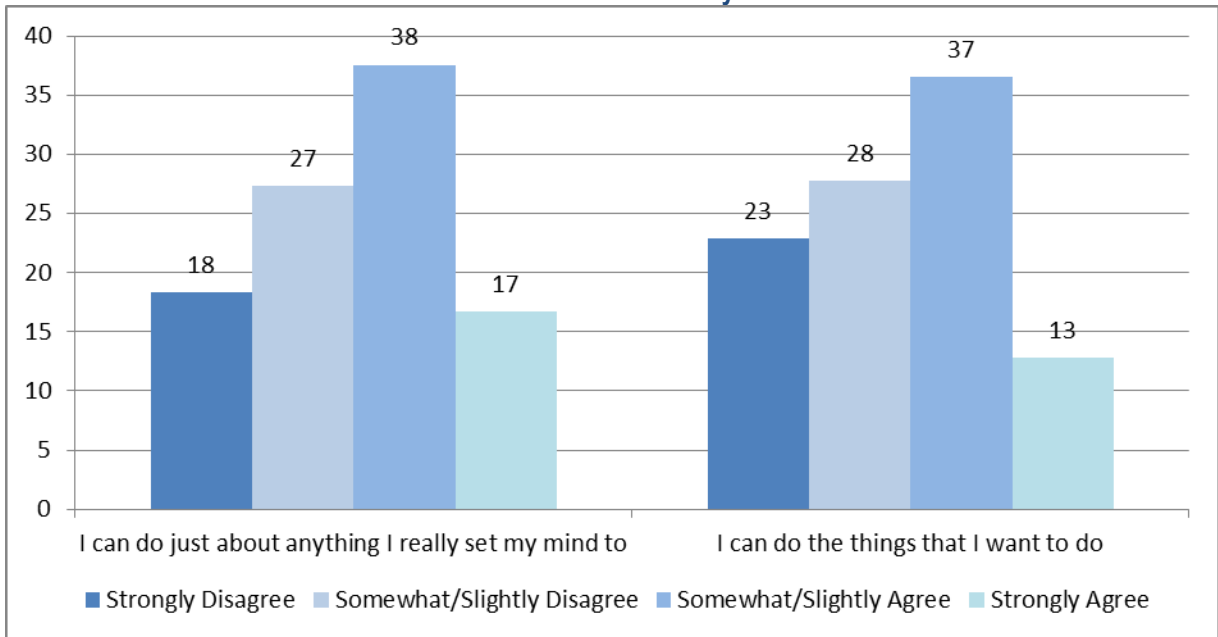
- The questionnaire included one item that measured clients' overall satisfaction with their lives. The majority of clients were satisfied with their lives (Figure 13). The most common response was completely or very satisfied (48%), followed by somewhat satisfied (39%) and 12 percent were not satisfied with their lives.

**Figure 13: How SCP Clients Rated Overall Satisfaction with their Lives**



A total of six items measured self-efficacy or social and emotional loneliness. Two items measured self-efficacy. The majority of clients tended to agree that they could do anything they set their mind to (55%), and that they could do the things they wanted to do (60%) (Figure 15).

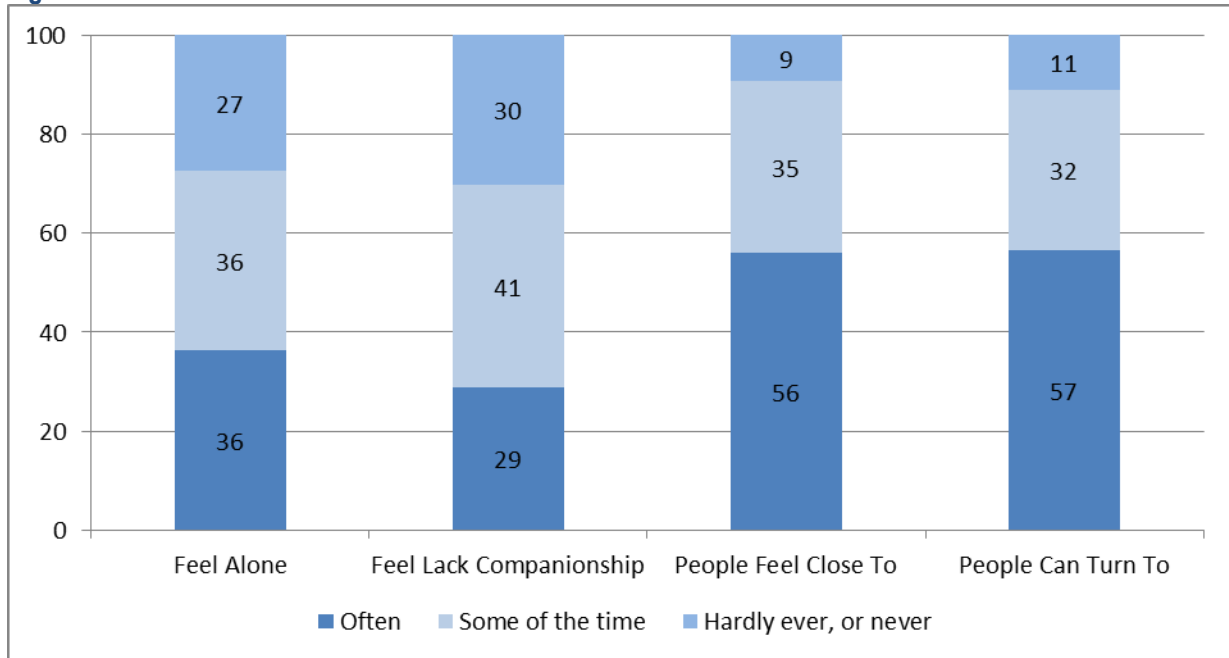
**Figure 15: How Established SCP Clients Perceived their Self-Efficacy**



There was moderate to high prevalence of social loneliness among clients (Figure 15). Almost three-fourths of clients experienced feeling alone (72%), or feeling they lacked companionship (70%) some of the time or often.

However, the majority of clients did not seem to experience emotional loneliness (Figure 15). Approximately ninety percent of clients felt there were people they could turn to or that there were people they felt close to at least some of the time or often.

**Figure 15: How Established SCP Clients Perceive their Level of Social and Emotional Loneliness**



## Findings from the Longitudinal Pilot Pre/Post Survey

The pilot pre/post survey consisted of newly enrolled clients at seven grantees that CNCS recruited for this study. Each participating grantee received a letter and supporting materials to assist them in explaining the research study to new clients. Once a client agreed to participate, the project director provided JBS with the client’s contact information including name, telephone, language preference, the start date of Senior Companion services and whether a proxy reporter would respond for the client. Once JBS staff received the new client contact information, an interviewer would attempt to contact the client to complete the baseline survey.

From December 2013 through April 2014, the seven projects enrolled 34 new clients in the study. The first attempt to contact the client to complete the baseline survey generally occurred within 10 days of enrollment. Four clients at one grantee were not interviewed at baseline because the clients had begun receiving Senior Companion services for about two months before JBS received the clients’ contact information. Of the 34 clients enrolled in the study, 20 completed a baseline survey (14 clients, 6 proxy reporters). The reasons for nonparticipation included eight refusals, one client for whom we left a message on each of three attempts and five hung up or had other reasons.

Of those interviewed at baseline, the age range was 70 at the low-end and the oldest client was older than 85 years old. Eight were white, two black, four Asians, and four Hispanics/Latinos. Eleven clients were widowed, and three were divorced. Eleven of the participants answered the demographics questions in Part 3 of the questionnaire. Four of those who answered the demographic questions were female.

First, we briefly described how participants' responded at baseline then compared any changes in responses at the six-month follow-up. At baseline, half of the participants rated their health as excellent, very good or good; and more than three-fourths (76%) indicated satisfaction with their lives. Eight of the participants reported three medical conditions, and six reported four or more medical conditions. The most common conditions reported were arthritis, osteoarthritis or rheumatism (n = 15), high blood pressure or hypertension (n = 14), and heart problems (n = 8). The participants also reported high prevalence of mobility associated disability. Specifically, ten clients reported having difficulty getting up from a chair after sitting for long periods, and ten clients reported having difficulty reaching or extending their arms above shoulder level. Fifteen of the clients reported that they had an impairment or health problem that limited the kind of work they could do around their house.

Of the 20 clients with baseline data, six agreed to the follow-up survey when they were contacted approximately six months later. Of the six clients with baseline and follow-up data, one client had not yet been assigned a Senior Companion. Of the five clients with a Senior Companion, there appeared to be no change in how the clients responded to the questions on life satisfaction, self-rated health, or the four items measuring social and emotional loneliness. There were some changes in clients' report of their medical conditions. Specifically, two clients reported a change in high blood pressure or hypertension, one client reported they now had diabetes or high blood sugar, and one client reported a stroke. There was no change in how the clients responded to the other medical conditions.

## **Summary and Recommendations for Future Research**

The survey results showed that the majority of established clients were female and racially diverse. Clients reported high prevalence of medical conditions such as high blood pressure, arthritis, osteoarthritis, or rheumatism, heart problems, diabetes, and mobility associated disability. Clients reported high rates of overall satisfaction with their lives and self-efficacy. There was moderate to high prevalence of social loneliness; however, most clients did not seem to experience emotional loneliness. The average number of years an established client received Senior Companion services was about four years and they spent an average of 8.7 hours per week with their Senior Companion. Clients expressed satisfaction with the Senior Companion program, and reported high rates of social support and self-efficacy due to the support of their Senior Companion.

The strength of this study is that it does allow for future research to measure the impact of the Senior Companion

program on psychosocial outcomes. It is possible, using the Health and Retirement Study (HRS), to form a matched comparison group of adults of similar demographic backgrounds and health and mental health status to measure whether independent living services may be causally linked to life satisfaction, self-efficacy, health and social and emotional loneliness.

The data from this study also overcame the limitations of the SCP Performance Measurement survey. Due to the limited number of client level measures the reliability and validity analysis of the Performance Measurement items, using the earlier data was inconclusive. The demographic information, mental health status, medical conditions and health history measures in the current SCP Independent Living survey, in addition the data can be used to further validate the 12 SCP performance measurement items.

A nonresponse follow-up that employed both telephone and self-administered paper surveys increased the response rate. Twenty-eight percent of the respondents in the nonresponse follow-up had previously refused to participate, and almost half of the respondents in the nonresponse follow-up had disconnected telephone numbers or had not returned messages. In light of these findings, it is important to consider multiple modes to administer future surveys to achieve high response rates.

The pilot pre/post survey highlighted best practices and potential barriers to overcome when considering future longitudinal studies of SCP clients. The low participation rate among the large grantees and the lower than planned enrollment in the pilot pre/post survey was due to privacy concerns raised by the stations that were asked to share their clients' contact information. A successful approach is to build a flexible data collection protocol to handle these privacy concerns and allow for a smoother and consistent data collection procedure across grantees. The pilot pre/post survey demonstrates that to preserve the true baseline, the data collection should be embedded into the enrollment process. Doing so would minimize the possibility that clients had started receiving services prior to enrolling in the study. Moreover, participants may be more likely to consent when asked by the grantee or station during their initial enrollment. Grantees and stations could align enrollment procedures with their regular contacts with participants; and the programs might have more confidence that the participants did consent to the study protocol. This might make the grantees more willing to provide information on the participants for follow-up data collection in a longitudinal study.

# Appendix A: Questionnaire

## ENGLISH -- MAIN SURVEY for ESTABLISHED clients

Study 3 Senior Corps Independent Living Evaluation Survey

OMB Control Number 3045-0154 Expires 09/30/2016

REVISED August 28, 2013

### Client Consent Process

#### Telephone survey

My name is (*name*) and I work at JBS International. The Corporation for National and Community Service, the agency that supports the Senior Companion Program, has asked JBS to do a survey with people who use Senior Companion services. The purpose is to learn how the support of a Senior Companion may affect your life, and to improve our services. This is a new nationwide study and your input is important.

INTERVIEWER: Read the following to all respondents:

Participation in this survey is voluntary and will not affect your access to Senior Companion services. You may choose not to answer particular questions or not to take the survey at all. Only group results will be reported. No individual results will be reported. Do you have any questions?

Would you be willing to take a survey?

*If YES, continue.*

*If NO, thank the person and end the call.*

“The survey will take about 20 minutes. Do you have some time to answer questions now?”

*If YES, continue.*

*If NO, ask for a better time to do the survey, and write the time to call back.*

To begin the survey, say:

“Thank you for taking the time to complete this survey. All information will be confidential.”

“Let’s begin the survey. For each question, I will read the question and all the answers options first, and then I will write down the answer you give me. You may choose not to answer questions.” (*Continue to questions and go through the survey.*)

1. Sponsoring Organization (**PRELOAD 1-4 IN ACCESS FROM THE SAMPLE LIST**)

This section will be pre-loaded based on information gathered from the project director or another representative from the sponsoring organization.

\_\_\_\_\_  
Organization Name Grant Number

2. Name of Client (PRELOAD)

\_\_\_\_\_  
First Middle Last

3. Salutation used for the client (PRELOAD)

1. Ms. or Mrs.
2. Mr.

5. Date of the interview

\_\_\_\_\_  
Month Day Year

Part 1: First I want to start with questions about you and your Senior Companion services.

**I want to ask you a few questions about yourself. Your answers will help us understand who is participating in this survey.**

6. In what month and year were you born?

- a. Month
01. JAN
02. FEB
03. MAR
04. APR
05. MAY
06. JUN
07. JUL
08. AUG
09. SEP



- 10. OCT
- 11. NOV
- 12. DEC
- 98. Don't Know
- 99. Refuse

b. Year \_\_\_\_\_

8888. Don't Know

9999. Refuse

7. Do you consider yourself of Hispanic or Latino origin?

- 1. Yes
- 2. No
- 8. Don't know
- 9. Refuse (I prefer not to answer)

8. What is your race? Please select one or more. [READ OPTIONS 1-5 ONLY]

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or other Pacific Islander
- 5. American Indian or Alaskan Native
- 6. Other
- 8. Don't Know
- 9. I prefer not to answer

9. Are you currently married, have a partner as if married, separated, divorced, widowed, or never married?

- 1. Married
- 2. Have partner
- 3. Separated
- 4. Divorced
- 5. Widowed
- 6. Never Married
- 7. Other
- 8. I prefer not to answer

10. **INTERVIEWER: Please note if the interview will proceed with the client, an assistant or proxy reporter?**

- 1. Senior Companion Client [START WITH QUESTION 11 AND WORK THROUGH THE ENTIRE **MAIN SURVEY**]

2. Assisting Client to complete survey where Client provides response [START WITH QUESTION 11 AND WORK THROUGH THE ENTIRE SURVEY]  
IF USING AN ASSISTANT:
  - a) Reasons an Assistant is needed (e.g., specify types of impairment): \_\_\_\_\_
  - b) Relationship of Assistant to client (e.g., spouse, adult child, another relative, family friend, primary caregiver): \_\_\_\_\_
  - c) Client has given consent for an interview to be conducted with Assistant: \_\_\_\_\_ (yes/no). Do not proceed if answer is NO. If YES, **GO TO MAIN SURVEY.**
3. Proxy for Senior Companion Client by answering the survey on behalf of the Client  
IF USING A PROXY:
  - a) Reasons a proxy is needed (e.g., specify types of impairment): \_\_\_\_\_
  - b) Relationship of proxy to client (e.g., spouse, adult child, another relative, family friend, primary caregiver): \_\_\_\_\_
  - c) Client has given consent for an interview to be conducted with proxy: \_\_\_\_\_ (yes/no). Do not proceed if answer is NO. If YES, **GO TO PROXY SURVEY.**

**First, I would like to ask you about how you feel about different aspects of your life.**

### **Life satisfaction**

11. Please think about your life-as-a-whole. How satisfied are you with it? Are you satisfied or not satisfied? [Check one box]

If satisfied: Are you...

1. Completely satisfied
2. Very satisfied
3. Somewhat satisfied

If not satisfied: Are you...

4. Not very satisfied
5. Not at all satisfied
8. Don't know
9. Refuse (I prefer not to answer)

## Health

**Next I have questions about your health.**

12. Would you say your health is excellent, very good, good, fair, or poor? [Check one box]

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
8. Don't know
9. Refuse (I prefer not to answer)

13. Has a medical doctor ever told you that you...

	1. Yes	2. No	8. Don't know	9. Refuse
a. Have high blood pressure or hypertension?				
b. Have diabetes or high blood sugar?				
c. Have cancer or a malignant tumor, excluding minor skin cancer?				
d. Have chronic lung disease such as chronic bronchitis or emphysema?				
e. Had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?				
f. Had a stroke?				

14. Have you ever had or has a doctor ever told you that you ...

	1. Yes	2. No	8. Don't know	9. Refuse
g. Had any emotional, nervous, or psychiatric problems?				
h. Have arthritis, osteoarthritis, or rheumatism?				

**We would like to understand difficulties people may have with various activities because of an illness or health or physical problem. Please tell me whether you have any difficulty doing each of the everyday activities that I am going to read.**

15. Because of a health problem do you have any difficulty with...



19. Much of the time during the past week...

	1. Yes	2. No	8. Don't Know	9. Refuse
a. you felt depressed.				
b. you had a lot of energy.				

**Self-Efficacy**

Now please tell me how much you agree or disagree with the following:

20. I can do just about anything I really set my mind to. Do you agree or disagree with this statement?

If disagree: Do you

1. Strongly disagree
2. Somewhat disagree or
3. Slightly disagree

If agree: Do you

4. Slightly agree
5. Somewhat agree or
6. Strongly agree

21. I can do the things that I want to do. Do you agree or disagree with this statement?

If disagree: Do you

1. Strongly disagree
2. Somewhat disagree or
3. Slightly disagree

If agree: Do you

4. Slightly agree
5. Somewhat agree or
6. Strongly agree

**Social Loneliness**

22. How much of the time do you feel that you are alone? Would you say often, some of the time, or hardly ever or never [Check one box]

1. Often
2. Some of the time
3. Hardly ever or never

- 8. Don't know
- 9. I prefer not to answer

23. How much of the time do you feel that you lack companionship? Would you say often, some of the time, or hardly ever or never [Check one box]

- 1. Often
- 2. Some of the time
- 3. Hardly ever or never
- 8. Don't know
- 9. I prefer not to answer

### **Emotional Loneliness**

24. How much of the time do you feel that there are people you feel close to? Would you say often, some of the time, or hardly ever or never [Check one box]

- 1. Often
- 2. Some of the time
- 3. Hardly ever or never
- 8. Don't know
- 9. I prefer not to answer

25. How much of the time do you feel that there are people you can turn to? Would you say often, some of the time, or hardly ever or never [Check one box]

- 1. Often
- 2. Some of the time
- 3. Hardly ever or never
- 8. Don't know
- 9. I prefer not to answer

### **Part 2: Performance Measure**

**The next question is about how many hours of service you receive in a typical week from your senior companion.**

Tell us how many TOTAL HOURS in a typical week you received services.

Here is an example of how Mrs. Jones would answer question #1:

Her Senior Companion usually spends one hour on Monday with Mrs. Jones and two hours on Wednesday.

Therefore, the total hours a week that she receives services is 3 hours a week.

26. In a typical week, how many hours is your/CLIENT Senior Companion Volunteer is with you/CLIENT?	
---	--

27. Because I Have a Senior Companion Volunteer ...

	If Disagree, Do you...		If Agree, Do you...	
	1. Strongly Disagree	2. Somewhat Disagree	3. Somewhat Agree	4. Strongly Agree
a. I feel less lonely. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel I have close ties to more people. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am able to do more of the things I <u>need</u> to do. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am able to do more things I <u>want</u> to do. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I can remain living in my own home. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I am eating regularly scheduled meals. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am able to get to medical appointments. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am able to get to the grocery store. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am able to take care of other necessary errands/appointments Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am more satisfied with my life. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

k. Overall, I am satisfied with my Senior Companion volunteer. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Overall, the Senior Companion Program has met my expectations. Do you agree or disagree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: Background questions about the client

**I want to ask a few more questions about yourself. Your answers will help us understand the characteristics of the people who participated in this survey.**

28. What is your Veteran Status? [READ OPTIONS 1-5] [Check all that apply]

1. None, not a veteran
2. Active duty or Reserve Component
3. Military family
4. Veteran
5. Family of veteran
8. Don't Know
9. I prefer not to answer

29. What is the highest grade of school or year of college you completed? [READ ONLY IF NECESSARY]

1. No formal education
2. Grades 1- 11
3. Grade 12 (High School Diploma or GED)
4. Some College
5. Associate's Degree
6. Bachelor's Degree/ College Graduate
7. Some graduate school
8. Completed a graduate/professional degree
9. Other
10. I don't know
11. Refuse (I prefer not to answer)

30. Are you male or female? [INTERVIEWER: Ask only if you do not know from Q3 above; or there is a discrepancy with what is listed as the respondent's gender.]

1. Female
2. Male
8. Not answered/Don't Know
9. Refused

**Household**



31. Do you generally live alone or with others?
- 1. Alone GO TO Q33
  - 2. With others GO TO Q32
  - 8. Don't Know GO TO Q33
  - 9. Refuse (I prefer not to answer) GO TO Q33

32. IF LIVING WITH OTHERS: Including yourself, how many people live in your household?

Number \_\_\_\_\_

33. How many children do you have?
- Number of children \_\_\_\_\_ GO TO Q34
- 0. None GO TO Q35
  - 8. Don't Know GO TO Q35
  - 9. Refuse (I prefer not to answer) GO TO Q35

34. IF HAS CHILDREN: Do any of your children live within 10 miles of you?

- 1. Yes
- 2. No
- 8. Don't Know
- 9. Refuse (I prefer not to answer)

### Medicare and Medicaid

The next question is about health insurance. Medicare is a public health insurance program for people 65 or older and for disabled persons. (Medicaid/STATE NAME FOR MEDICAID) is a public health insurance program for people with low incomes.

35. Are you currently covered by Medicare health insurance?
- 1. Yes
  - 2. No
  - 8. Don't Know
  - 9. Refuse (I prefer not to answer)
36. Are you currently covered by (Medicaid/STATE NAME FOR MEDICAID)?
- 1. Yes
  - 2. No
  - 8. Don't Know
  - 9. Refuse (I prefer not to answer)

**Income**

37. Which category best describes your total annual household income?  
Is your total annual household income greater than \$20,000 or less than that?

- 1. Less [End of Interview]
- 2. Greater GO TO Q38
- 8. Don't Know [End of Interview]
- 9. Refuse (I prefer not to answer) [End of Interview]

38. IF MORE THAN \$20,000: Would you say it is.....

- 1. Between \$20,000 but less than \$30,000
- 2. Between \$30,000 but less than \$40,000 or
- 3. More than \$40,000
- 8. Don't Know
- 9. Refuse (I prefer not to answer)

**[End of Interview – Interviewer]:**

**This is the last question to our survey. We thank you for participating in our survey. If you have any questions regarding this survey, please contact Don Pratt at JBS International, Inc. at 650.373.4984.**

## Appendix B: Weights Calculation

Weighting is necessary to account for differential probabilities of selection and to reduce potential bias due to nonresponse and differential coverage of subpopulations. Although weighting adjustments are aimed at reducing bias, these adjustments typically introduce variation in the weights, which increases the variances of survey estimates. Care was taken in the development and implementation of the weighting methodology to balance the bias reductions against the potential increases in variance.

The study was designed to have three strata, grantees with low, medium and large volumes of clients. The Large stratum was composed of four large projects. One had only institutional clients and was considered out of frame. Only one of the three remaining large projects participated. In fact, two of the four non-participating grantees were in this stratum. As a result, the Large stratum had only one project and this stratum was combined with the Medium stratum for weighting purposes. This meant that the weights were calculated using two strata “Small” and “Medium and Large”.

Sampling weights were calculated as the inverse of the selection probability. Non-response weights were calculated as the inverse of the response rate.

1. The first weight component accounted for the grantees’ probability of selection. Grantees were selected PPS within stratum. Since we did not have information on the number of established clients receiving services, the sampling selection used a size measure defined to be the number of clients grantees reported for 2011. The weight calculation was as follows:

$$\text{Grantee selection weight} = \text{Stratum size} / (\text{Size of grantee} * \text{Number of grantees selected})$$

2. Since not all grantees participated, the weights include a non-response adjustment for grantees. The calculation was as follows:

$$\text{Grantee non-response weight} = \text{Number of grantees} / \text{Number of grantees responding.}$$

For example, in one stratum, eight of the nine grantees responded, resulting in a non-response weight of 9/8.

3. The next weight accounted for the probability that a station within grantee was sampled. Senior Corps grantees usually serve clients at stations that are at locations of community service organizations. At larger grantees, a sample of stations was selected using simple random sampling. The station weight formula was as follows:

$$\text{Station weight} = \text{Total stations at grantee} / \text{Number of sampled stations}$$

For example, if a grantee had 15 stations and five were selected, the station weight was 15/5.

4. The weight calculations included a weight adjustment for the fact that not all eligible clients had contact information. This weight was calculated as follows:

$$\text{Contact weight} = \text{number of eligible clients} / \text{number with contact information.}$$

For example, if a grantee had 30 eligible clients and provided contacts for 20, the contact weight was 30/20.

5. Finally, there was a weight to account for client non-response within grantee.

$$\text{Client non-response} = \text{Number of eligible clients with contact information} / \text{Number of interviews}$$

For example, if the grantee provided 25 names, and 20 clients completed interviews then the weight was 25/20.

6. The composite weight for a client interview was a product of the five weights described above.

7. The final step was to normalize the weights so that the sum of the weights equaled the number of interviews. To do this, we multiplied the composite weight by the following normalization factor:

$$\text{Normalization factor} = \text{Number of interviews} / \text{Sum of the weights}$$

Tables B.1 and B.2 below show the impact of the weights on the distribution of interviews across strata using all three strata as well as the collapsed weights using the two strata calculations.

**Table B.1 Weights with two strata collapsed into one**

Sum				
Stratum	Clients 2011 Sample	Eligible clients*	Interviews	Sum of weights
Medium	9,455	2,372	427	494
Large				
Small	960	290	130	63
<b>Total</b>	<b>10,415</b>	<b>2,662</b>	<b>557</b>	<b>557</b>
Percent				
Strata	Clients 2011 Sample	Eligible clients*	Interviews	Sum of weights
Medium	91%	89%	77%	89%
Large				
Small	9%	11%	23%	11%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

\* Includes estimate for one non-responding client. All other non-respondents provided data.

**Table B.2. Weights with all three strata**

<b>Sum</b>					
Stratum	Clients 2011 Universe	Clients 2011 Sample	Eligible clients*	Interviews	Sum of weights
Large	4,874	3,784	1,152	44	252
Medium	9,112	5,671	1,220	383	254
Small	1,626	960	290	130	501
Total	15,612	10,415	2,662	557	557
<b>Percent</b>					
Stratum	Clients 2011 Universe	Clients 2011 Sample	Eligible clients	Interviews	Sum of weights
Large	31%	36%	43%	8%	45%
Medium	58%	54%	46%	69%	46%
Small	10%	9%	11%	23%	9%

\* Includes estimate for one non-responding client. All other non-respondents provided data.



Corporation for National and Community Service  
1201 New York Avenue, NW  
Washington, DC 20525

TEL: (202) 606-5000  
TTY: (202) 606-3472

[info@cns.gov](mailto:info@cns.gov)

[NationalService.gov](http://NationalService.gov)