

# SCP Independent Living Performance Measurement Survey: Process, Rationale, Results, and Recommendations



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# Executive Summary

The Senior Companion Program (SCP) Independent Living Study is an important initiative undertaken by the Corporation for National and Community Service (CNCS) to assess the effectiveness of Senior Corps Programs and to build grantee capacity to contribute to the evidence base for informed decision-making and allocation of resources. CNCS's goal is to increase the impact of national service in communities served by CNCS-supported programs.

The data gathered through this study will assist CNCS to begin assessing the performance of SCP at the national level using output and outcome measures. The specific outputs of interest under Goal 1 are the amount of SCP - supported independent living and respite services received, and the percent of homebound or older adults and individuals with disabilities and their caregivers that received CNCS-supported services who report having increased social ties and perceived social support.

This report presents the results and findings from the client and caregiver surveys to assess clients' and caregivers' experiences and perceptions of program benefits. The report also discusses grantees' experiences in administering the survey, including their use of technical assistance. The data presented include the survey response rate and an analysis using several statistical techniques to assess the reliability and validity of the survey data.

## Methods

The SCP Independent Living Study surveyed established SCP clients and caregivers of approximately 50 SCP grantees. These SCP grantees represent the first wave of grantees to begin using the mandatory data collection instruments for independent living performance measures starting in 2013. Sponsors and grantees received training and technical assistance strategies (T/TA) to communicate effectively with volunteers, clients, and other local stakeholders to promote cooperation with data collection efforts.

SCP grantees that provided independent living services administered the *Senior Companion Program Independent Living Performance Measurement Survey* to clients who had received a minimum of one year of service. Grantees that provided respite services administered the *Senior Companion Program Respite Performance Measurement Survey* to caregivers who had received at least one year of service.

JBS staff provided technical assistance through an online web-conference ("webinar") that was archived and made available for grantees. Instructions requested that the SCP grantees administer the survey directly to all established Senior Companion clients and caregivers that received respite services. However, clients' and

caregivers' participation was voluntary and did not affect their involvement with the program. Technical assistance included step-by-step instructions for collecting the survey in person, mail and by telephone. Supporting materials were included, such as cover letters for surveys mailed to the clients and caregivers and a fact sheet for project directors that covered frequently asked questions. Participants received instruction to exclude any personally identifying information when returning the survey. Project directors then submitted their electronic data files to CNCS. Data collection took place during the summer and early fall of 2013 via paper, online, phone, and in-person surveys. Grantees delivered the final survey on December 31, 2013.

## Findings and Conclusions

- The survey results showed that the majority of independent living clients spent three to four hours per week with their Senior Companion. A similar profile emerged from the caregiver survey, wherein the majority of caregivers reported receiving respite services for three to four hours per week.
- Clients and caregivers expressed satisfaction with the Senior Companion program, and program participants reported high rates of perceived social support and self-efficacy.
- The survey data appeared to be reliable and valid. The Likert scale items had some possible ceiling effects, where many responses to a given question were 'strongly agree', and a portion of both clients and caretakers answered 'strongly agree' to every question.
- For the client survey, one grouping consisted of items related to 'Social Loneliness and Support and the other group was 'Perceived Self-efficacy'. For the caregiver survey, the factors were 'Social Support' and 'Social Loneliness'. Though the items selected for the different factors were slightly different, the factors emerging from the client and caregiver survey responses were relatively comparable.

The report concludes with suggestions for improving the *SCP Independent Living Performance Measurement Survey*. All of the suggestions seek to strengthen the survey and many seek to expand it. The wealth of suggestions received from stakeholders including grantees, volunteers, clients, caregivers and researchers demonstrate the interest and commitment of the SCP community for valid, reliable and useful information on SCP services to clients and caregivers.



# SCP Independent Living Performance Measurement Survey: Process, Rationale, Results, and Recommendations

## Introduction

The Senior Companion Program (SCP) Independent Living Study is an important initiative undertaken by the Corporation for National and Community Service (CNCS) to assess the effectiveness of Senior Corps Programs and to build grantee capacity to contribute to the evidence base for informed decision-making and allocation of resources. This study supports CNCS's commitment to building a strong evidence base for national service programs and participants as emphasized throughout its Strategic Plan 2011-2015. Goal 1 of this plan calls for CNCS to increase the impact of national service in communities served by CNCS-supported programs. The data gathered through this study will assist CNCS to begin assessing the performance of SCP at the national level using output and outcome measures related to Goal 1. The specific outputs of interest under Goal 1 are the amount of SCP-supported independent living and respite services received, and the percent of homebound or older adults and individuals with disabilities and their caregivers that received CNCS-supported services who report having increased social ties and perceived social support.

This report presents results from the SCP Independent Living Performance Measurement Survey, the first standardized questionnaire to measure impacts related to Goal 1. The report provides details of the survey administration and discusses survey quality, reliability, and validity. The data are from a cross-sectional survey that asked independent living clients and caregivers to complete a self-assessment of the impact of the SCP services on their lives. The CNCS-funded survey, a census of the 2013 SCP grantees cohort, was administered to all established clients and caregivers who received independent living and respite services from SCP grantees that were renewing their grants in 2013. Established clients are defined as those having CNCS-supported services for at least one year. Clients who have received services for less than one year likely fall into one of three categories:

1. Clients recently enrolled in services who had not been served for at least one year at the time of survey administration;
2. Clients with a short-term need for assistance (e.g., while recuperating from surgery) who would complete services within one year; and
3. Clients who did not survive for more than one year after starting services due to frailty or poor health.

SCP projects administered the surveys, one for clients and one for caregivers, directly with technical assistance and training from JBS International, Inc. (JBS).

This report presents the results and findings from the client and caregiver surveys to assess clients' and caregivers' experiences and perceptions of program benefits. The report also discusses grantees' experiences in administering the survey, including their use of technical assistance. The data presented include the survey response rate and an analysis using several statistical techniques to assess the reliability and validity of the survey data. The sections of this report are as follows: First, the report briefly describes the evolution of performance measurement for the Senior Companion program. Then, the report details the study methods. Next, the report details the training and technical assistance components that oriented service recipients and encouraged their participation in the survey. This portion of the report also details the types of technical assistance the grantees used and includes data on participation in technical assistance activities and requests for additional technical assistance from grantees. Next, the report presents findings from interviews conducted with project directors from nine grantees on the process of implementing the surveys and the quality of technical assistance. Finally, the report discusses the results of the survey and the reliability and validity analysis, followed by conclusions and recommendations.

## **Evolution of Performance Measurement for the Senior Corps Program, 1996 to 2014**

For almost two decades, CNCS has been committed to building an evidence-based infrastructure to inform decision-making and the allocation of resources. During the period from 1996 to 2003, Senior Corps project directors incorporated the principles of Programming for Impact (PFI) into their project planning, implementation, and reporting. Using PFI, project directors created project work plans identifying community needs to address, the service activity, the anticipated inputs, the anticipated accomplishments (outputs), and the anticipated impact (outcomes) of services to provide. The primary purpose of this process was to develop, track, report, and improve services.

Beginning in 2003, CNCS introduced the "Performance Measurement Initiative (PMI)" for all programs, which sought to build on the strengths and experience of the PFI approach while promoting greater clarity in the measurement details of work plans and placing increased emphasis on outcomes. Grantees were required to identify an output, intermediate outcome, and end outcome for at least three work plans to highlight results for key service activities. For each of these "performance measurement work plans," grantees were required to identify an indicator, instrument or data source, and a target for each output and outcome. An extensive library of work plans modeled best practices for each component of a performance measurement work plan with special

emphasis on the measurement components. CNCS provided grantees with new sample instruments to facilitate data collection for outcomes.

The Serve America Act, passed in 2009, made substantial changes to CNCS's mission, including giving CNCS new areas of emphasis, such as working with veterans, and directing it to focus more on performance evaluation and cost-effectiveness. The Serve America Act also mandated that the Government Accounting Office (GAO) perform a series of reviews relating to program effectiveness with respect to CNCS's performance measures. In 2010, the GAO identified a need for CNCS to improve the alignment of performance measures with the agency's strategic plan to demonstrate the results of its work. In the CNCS Strategic Plan for 2011-2015, CNCS introduced a set of national performance measures for all programs to follow in guiding the performance measurement priorities of grantees.

While there is continuity in Senior Corps work plans from the Performance Measurement Initiative, all Senior Corps projects seeking to renew their grant in fiscal year 2013 had to include work plans addressing specific agency-wide priority measures in their grant application. For the Senior Companion Program, this included the Healthy Futures performance measures for Aging in Place (H8 and H9 outcomes). SCP grantees were also required to use a standard survey to measure and report the H9 outcome (number of homebound or older adults and individuals with disabilities who reported having increased social ties/perceived social support).

## Methods

SCP grantees that provided independent living services administered the *Senior Companion Program Independent Living Performance Measurement Survey* to clients who had received a minimum of one year of service. Grantees that provided respite services administered the *Senior Companion Program Respite Performance Measurement Survey* to caregivers who had received at least one year of service. Grantees aimed to meet or exceed an 85 percent response rate. Survey tasks included identifying eligible clients and caregivers, training data collectors to follow protocol (if applicable), administering the surveys, recording responses to the surveys, and submitting the file to CNCS. Grantees would also later report these performance measurement results in their progress reports.

Grantees learned of the survey requirements through a direct email from CNCS, with further information provided during conference calls, and at national in-person meetings. JBS staff provided technical assistance through an online web-conference ("webinar") that was archived and made available for grantees. Instructions requested that the SCP grantees administer the survey directly to all established Senior Companion clients and caregivers who received respite services. However, clients' and caregivers' participation was voluntary and did not affect their

involvement with the program.

Technical assistance included step-by-step instructions for collecting the survey in person, by mail and by telephone. Supporting materials were included, such as cover letters for surveys mailed to the clients and caregivers and a fact sheet for project directors that covered frequently asked questions. Participants received instruction to exclude any personally identifying information when returning the survey. Project directors then submitted their electronic data files to CNCS. Data collection took place during the summer and early fall of 2013 via paper, online, phone, and in-person surveys. Grantees delivered the final survey on December 31, 2013.

The research protocol received an IRB exemption by the JBS International IRB because, although seniors are in general a vulnerable population, voluntary participation in a survey poses no risk to the individuals. The Office of Management and Budget (OMB) also cleared the data collection prior to its implementation. Federal administrative data collection from more than nine individuals is regulated by the Paperwork Reduction Act of 1980 (Pub. L. No. 96-511, 94 Stat. 2812, codified at 44 U.S.C. § 3501-3521), a United States federal law that manages the paperwork burden imposed on federal grantees, among others. CNCS submitted an initial draft of the proposed surveys in the Federal Register on December 8, 2011 and cleared the surveys on January 23, 2013 (Office of Management and Budget control # 3045-0146).

## Survey Participants and Response Rates

The census consisted of the cohort of SCP grantees that were renewing their grants in 2013. There were 61 SCP active grants in this cohort when data collection began in July 2013. Ten grantees received exemptions from the study. One exempted grantee exclusively served clients residing in institutional settings, such as nursing homes. Two other grantees had exemptions because they had completed surveys of their independent living clients and caregivers shortly before learning that CNCS was about to conduct similar surveys of these groups. An additional seven grantees received exemptions because they had relinquished their SCP grants. Fifty-one of the grantees in the class of 2013 were eligible to participate in the study. JBS received 39 unique spreadsheets, each representing a grantee, yielding a 78 percent response rate among grantees. One of these grantees administered surveys to both established and non-established clients and caregivers, and because it was not possible to determine which responses were from “established” respondents, all analyses excluded this grantee from the individual-level response rate calculations.

The 38 grantees reported providing services to 4,292 established clients. Among participating grantees, the average number of clients was 80, but there was a wide range; the minimum and maximum number of clients responding to the survey was 12 and 815, respectively. Eight of the 38 grantees had more than 100 clients that

participated in the survey. Among the eligible clients, 3,048 returned their surveys and provided a response to one or more survey questions, yielding a client-level response rate of 71 percent. Response rates varied greatly by grantee, the range was from 21 percent to 100 percent.

The 31 grantees that also administered the caregiver survey reported providing services to 878 established caregivers. The participating grantees had an average of 21 caregivers, but there was a wide range; the minimum and maximum number of caregivers responding to the survey was two and 148, respectively. Five of the 31 grantees had more than 30 caregivers who participated in the survey. A total of 656 caregivers returned their surveys and provided a response to one or more survey questions, yielding a caregiver-level response rate of 75 percent. The range of response rates by grantee for the caregiver survey was 14 percent to 100 percent.

Given the lower than 80 percent response rate among clients and caregivers, it is important to determine if the non-response was random or if there may have been bias due to systematic differences in characteristics among the client and caregiver respondents and non-respondents. We assessed possible non-response bias using two different analyses. The first analysis compared respondents from grantees that achieved a response rate of 80 percent or higher to respondents from grantees whose response rates were below 80 percent. The second analysis compared grantees who submitted their surveys prior to the initial deadline of September 30<sup>th</sup> to grantees who submitted their surveys after this initial deadline.

In the first analysis that compared clients of grantees that achieved at least an 80 percent rate to clients at grantees whose response rate was below 80 percent, there appeared to be minimal differences in how clients responded to survey items. The one difference that emerged was in the number of hours of caregiver respite services received. Caregivers at grantees with response rates of at least 80 percent reported significantly higher numbers of hours of caregiver respite services compared to caregivers at grantees whose response rates were below 80 percent. The average hours of respite services was 13 compared to 8.5 hours, respectively.

A few significant differences emerged when we compared grantees that submitted their surveys before, versus after, the initial September 30, 2013 deadline. The results suggest more favorable responses among clients and caregivers at grantees that submitted their survey responses prior to September 30<sup>th</sup>. In particular, clients served by grantees that were early submitters had, on average, more favorable responses to the items: "I feel less lonely," "I can remain living in my own home," "Overall, I am satisfied with my Senior Companion volunteer," and "Overall, the Senior Companion Program has met my expectations." Caregivers who were supported by grantees that were early submitters, had more favorable responses to the items: "I am able to do more of the things I want to do," "I am able to find time to run errands," "I am able find time to attend to my personal and health care

needs,” and “I am more satisfied with my life.” Appendix A shows the full results of these analyses <sup>1</sup>.

## Survey Languages

The surveys were available in 14 different languages. Grantees provided data on the number of clients and caregivers that completed the survey in languages other than English. Among the 31 grantees that provided this information, the majority (77%) of clients completed the survey in English, the remaining five percent completed the survey in Spanish; and the remaining 18 percent in another language. Among the 24 grantees that provided this information for the caregiver survey, 94 percent of the respondents completed the survey in English, less than one percent took the survey in Spanish, and the remaining six percent took the survey in another language.

## Training and Technical Assistance (T/TA) Availability and Use

A key component of the study was to provide grantees training and technical assistance (T/TA) in survey administration. We identified a set of learning outcomes for both grantees and data collectors that provided the foundation for developing T/TA resources. The goal was for grantees that used T/TA resources to be able to:

- Explain the purpose of the study to project staff, volunteers, stations, and other local stakeholders.
- Understand data collection options, roles, and responsibilities.
- Obtain cooperation from local stakeholders.
- Identify established clients and caregivers (respondents).
- Determine how to assist respondents who may not be able to complete a survey on their own.
- Train data collectors.
- Understand the dos and don'ts of data collection, and communicate them to data collectors.
- Follow procedures to minimize data contamination.

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<sup>1</sup> Independent samples t-tests were used for this analysis, where equal variances between groups was *not* assumed.

- Follow procedures to protect the privacy of clients and caregivers.
- Track respondents and follow-up with non-responders.
- Understand how to use the Client-Caregiver Surveys Spreadsheet to aggregate the data.
- Submit data to CNCS.

Some project directors used data collectors to assist in distributing surveys to clients and caregivers. Those data collectors could include project staff, Senior Companions, advisory council members, or other appropriate individuals. We provided project directors with sample materials to aid them in training the data collectors. The purpose of the training materials was to enable data collectors to:

- Explain the purpose of the study to clients and caregivers.
- Understand data collection roles and responsibilities.
- Obtain client/caregiver consent.
- Administer instruments to clients and caregivers with language or disability issues.
- Understand the dos and don'ts of data collection.
- Follow procedures to minimize data contamination.
- Follow procedures to protect the privacy of clients and caregivers.
- Follow-up with non-responders.

We sought input from CNCS and a Field Working Group (FWG) comprised of CNCS field staff and Senior Corps grantees. CNCS provided input on the preferred timing for rollout of T/TA materials, and on the accuracy of content, appropriateness of messaging, and ability of T/TA materials to support achievement of the study objectives. The FWG provided input on material design, utility, and user-friendliness of T/TA materials.

JBS provided T/TA to grantees in the following formats and timing:

- On-site group training sessions at the April 2013 National FGP and SCP Directors Training Conference in Kansas City, Missouri;

- Two web-based group trainings in July and August 2013;
- The Senior Corps Survey Help Desk, which grantees could call or email for assistance;
- The Senior Corps Evaluation website, located on the National Service Knowledge Network (<http://www.nationalserviceresources.gov>), housed all T/TA resources; and
- Materials made available on the website.

### National Conference Events

We provided T/TA at two national conferences. The T/TA roll-out began at an on-site event at the April 2013 National FGP and SCP Directors Training Conference in Kansas City. Approximately 60 participants attended a session that introduced participants to the surveys and explained the importance of the data collection effort for demonstrating the value of national service and improving Senior Corps programs. Session participants learned about the role of Senior Companion project staff, how to prepare staff and data collectors to support the data collection process, and the availability of T/TA resources.

Of the 60 participants at the session, 39 completed a feedback survey. Seventy-nine percent of the participants (31 of 39 responding) agreed or strongly agreed, “I will be able to apply the strategies and skills presented.” Some of the comments indicated that participants would have liked more time for the session, clearer timelines, and more information in writing. However, participants also appreciated the opportunity to provide feedback on the surveys at the session.

In August 2013, once the study was underway, CNCS hosted a “Virtual Conference” for all Senior Corps project directors that covered a variety of topics. SCP project directors who attended the Senior Corps Virtual Conference had an additional opportunity to access technical assistance via a message board where they could post queries about the survey instruments and data collection process. There were two queries, and we provided responses and feedback to both.

## Senior Corps Evaluation Website

The Senior Corps Evaluation website, located on the National Service Knowledge Network, <http://www.nationalservice.gov/resources/sc-evaluations>, served as the “one-stop shop” for grantees to access all information and instructional materials about the *Senior Companion Program Independent Living Performance Measurement Study*. Materials for the study were posted in late June 2013, about one week prior to the July 8<sup>th</sup> launch date for the data collection. JBS T/TA staff worked with CNCS’s website management team to keep the



page current, adding materials and posting webinar recordings as they became available.

The website included:

- General information about the SCP Independent Living Performance Measurement Survey;
- Senior Corps Help Desk Information;
- Schedule for web-based training and information on how to join these sessions or access the recordings;
- Both survey instruments in 14 languages; and
- Training and technical resources that included a comprehensive information packet on how to conduct the survey and complete the Client-Caregiver Surveys Spreadsheet.

## T/TA Materials

In order to improve data quality, the JBS T/TA team developed comprehensive materials to inform and encourage cooperation and to standardize the data collection process. The T/TA resources aimed to support a diverse Senior Corps grantee audience with varied learning styles and levels of experience with performance measurement.

All support materials resided on the Senior Corps Evaluation website, providing centralized support for grantees. Instructional materials for grantees included:

- Goals of the study;
- Frequently asked questions (FAQs) ;
- Detailed instructions for administering the survey in person, by mail, over the telephone, or electronically;
- Adaptable sessions for training data collectors, including presentation slides and facilitator notes, exercises, and handouts;
- A fact sheet for introducing the survey to client and caregiver respondents and family members;

- Sample forms including a data collection plan and respondent tracking sheet;
- Suggested “talking points” to explain the survey to stakeholders;
- Suggestions for assisting respondents with special needs; and
- Client-Caregiver Surveys Spreadsheet and instructions.

## Web-based Group Training

Two 60-minute web-based group trainings (webinars) were conducted for participating SCP. Grantees were told of the webinars through emails from state offices, and an announcement was posted on the Senior Corps Evaluation website. The first webinar, an orientation to the study and surveys, occurred shortly after the study launched on July 8, 2013. The second webinar, on how to use the Client-Caregiver Surveys Spreadsheet, was offered twice. Almost one-third of grantees attended one of the webinars. Four grantees attended the first webinar, and 12 SCP grantees attended the second webinar. Grantee attendance may have been higher for the second webinar because information gathered from Help Desk inquiries indicated that the spreadsheet was a new requirement, and grantees had been awaiting its release.

**Table 1: Web-based Group Trainings for SCP Grantees**

Topic	Dates	Participants
Senior Companion Program Performance Measure Surveys (Orientation)	July 11	3
Senior Companion Program Performance Measure Surveys (Orientation)	July 16	1
Senior Companion Program Performance Measure Surveys (Orientation)	July 17	0
Using the Spreadsheet (Data Aggregation)	August 20	12
Using the Spreadsheet (Data Aggregation)	August 21	4

A recording of the webinars with presentation slides and facilitator notes were posted on the Senior Corps Evaluation website for project directors who missed the sessions or wanted to refer back to the material. There was no information collected on the use of the recorded webinar materials. Some feedback on their use is included in the next section of this report, which discusses grantees’ use of the Survey Help Desk.

## Senior Corps Survey Help Desk

Senior Corps Survey Help Desk offered free, personalized assistance to grantees to support implementation of the surveys. Grantees contacted the Senior Corps Help Desk for assistance using a dedicated toll-free telephone number, and email address. CNCS headquarters notified SCP project directors of the Help Desk via e-mail. The Senior Corps Evaluation website also prominently listed Help Desk phone and email contact information along

with possible topic areas where grantees might have questions including:

- Understanding and/or using survey materials;
- Determining best instrument format (online, telephone interview, etc.) or languages;
- Training data collectors;
- Handling data and tracking respondents; and
- Reporting results to CNCS and understanding how to use the information to strengthen local programs.

Help Desk inquiries typically involved assisting grantees to access data aggregation resources and responding to questions about the survey requirements. (See section C: Grantee Use of Training and Technical Assistance for more information on use of the Help Desk).

Almost half of participating grantees (n=23) requested technical assistance via telephone or email at least once. In addition, one RSVP project and one CNCS State Office also called the Help Desk with questions about the performance measurement surveys.

Table 2 compares characteristics of grantees that requested technical assistance, grantees who were required to implement the surveys this year (the 2013 cohort), and all SCP grantees.

As a group, grantees that requested T/TA did not differ from other SCP grantees in terms of population size in the areas they served. The majority (82 percent) of grantees that requested T/TA were located in urban metro areas, as were 81 percent of 2013 cohort and 75 percent of all current SCP grantees. However, the size of the grantees' projects, as determined by reported Volunteer Service Years (VSY)<sup>2</sup>, was larger for grantees that requested T/TA compared to the project size for the 2013 cohort and all SCP grantees as a whole. Grantees that requested T/TA had an average of 60 VSYs compared to an average of 56 VSYs for the 2013 cohort and 50 VSYs for all current SCP grantees.

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<sup>2</sup> One "Volunteer Service Year" (VSY) equals 1,044 hours (e.g., one volunteer serving about 20 hours per week over a year).

**Table 2: Characteristics of SCP Grantees Contacting the Senior Corps Help Desk (N=23)**

Characteristics		SCP Grantees That Requested T/TA	SCP Grantees in the 2013 Cohort Eligible to Participate	All SCP Grantees
Number of Grantees	SCP Grantees	23 (45% of 2013 grantees eligible to participate)	51 (23% of current SCP grantees)	222
Geographic Context*	Urban, Metro <sup>3</sup>	18	34	159
Geographic Context*	Urban, Non-metro	3	7	50
Geographic Context*	Rural <sup>4</sup>	1	1	3
Geographic Context*	Total	22	42	212
Project Size	Volunteer Service Years	21 projects Mean=60 Median=65	42 projects Mean=56 Median=61	199 projects Mean=50 Median=51

\*Beale code and Volunteer Service Years were not available for all projects.

JBS documented individual grantee T/TA service requests (calls and emails to the Help Desk) to track and address common challenges. There were 31 T/TA requests from 23 SCP grantees, one RSVP grantee, and one state office.

Most of the T/TA requests involved questions about accessing documents and clarification of the requirements. Table 3 shows that one-third of the requests (n=8) were questions about where to find the Client-Caregiver Surveys Spreadsheet, how to complete it, or where to submit it. Three grantees called the Help Desk, or were contacted by JBS, after it was discovered the spreadsheet was submitted to the wrong address. Seven T/TA requests were questions about the survey requirements, including grantees who were unclear about whether previously released performance measurement surveys were the correct versions, and questions about who was required to complete a survey.

Five grantees called the Help Desk requesting assistance to find the survey forms or a webinar recording. Two grantees requested modifications to the existing materials, including translations of the sample cover letter and the addition of extra worksheets to the spreadsheet. (JBS was able to accommodate the second request.)

<sup>2</sup> One "Volunteer Service Year" (VSY) equals 1,044 hours (e.g., one volunteer serving about 20 hours per week over a year).

<sup>3</sup> "Urban" populations are those corresponding to Beale codes 1-7. "Urban, Metro" are counties in metropolitan areas (Beale Codes 1-3). "Urban, Non-metro" include urban populations of 2,500 or more adjacent or not adjacent to a metropolitan area (Beale Codes 4-7). The 2010 Census Urban and Rural Classification and Urban Area Criteria: Urbanized Areas of 50,000 or more people and Urban Clusters of at least 2,500 and less than 50,000 people.

<sup>4</sup> "Rural" populations are those corresponding to Beale Codes 8 and 9 (completely rural or less than 2,500 urban populations). According to the U.S. Census Bureau 2010 Census (<http://www.census.gov/geo/reference/ua/urban-rural-2010.html>), "Rural" encompasses all population, housing, and territory not included within an urban area.

**Table 3: Topic of Requests for Technical Assistance (N=24 Requests)\***

T/TA Topic	Number of Requests	Percent
Where to find the Client-Caregiver Surveys Spreadsheet, or how to complete it or submit it	8	33
Clarification of survey requirements (who should complete the survey; do they have the correct surveys; can they use their own survey)	7	29
How to access a recording of a training webinars	3	13
Spreadsheet submitted incorrectly	3	13
Where to find the surveys	2	8
Requesting modifications of existing materials (spreadsheet, cover letter)	2	8

\* Topic information was available for 24 of the 31 requests. A request for T/TA could involve more than one topic.

We worked with CNCS and ETR Associates to update FAQs or other documents based on information requests. For example, the two performance measurement surveys used in the study were revised from two surveys previously posted elsewhere on the Knowledge Network (survey items were ordered differently). This initially caused confusion, so a notice was added to the FAQs and “official form” was added to the heading of the correct surveys.

## Grantees’ Experience and Feedback on the Survey Process

We gathered information on the grantees’ experience implementing the Senior Companion Program Independent Living Performance Measurement Survey (“client survey”), the Senior Companion Program Respite Performance Measurement Survey (“caregiver survey”), and use of related technical assistance (TA) resources from interviews conducted with eight grantees.

We conducted telephone interviews with eight project directors between November 22 and December 11, 2013. The semi-structured interview format utilized a combination of open-ended and closed-ended questions with opportunities to probe for further information as needed. Interviews lasted from 15 to 35 minutes, with an average length of 23 minutes. Project directors provided information on the methods they used to collect survey data, the technical assistance resources they utilized, the challenges encountered in implementing the surveys, possible deviations from prescribed data collection procedures, reasons given for high and low response rates, and additional uses of survey results. The interviews with project directors provide context on the procedures used for administering the surveys, the implementation challenges, and how emerging challenges were addressed. The interviews also provided an opportunity for project directors to offer explanations about both low and high response rates and suggestions to boost response rates in future surveys.

The eight grantees were selected to vary across the following characteristics:

- Program size, as measured in VSUs;
- Geographical location;
- Population density (urban, suburban, or rural);
- Surveys conducted (client survey, caregiver survey, or both);
- Timing of survey completion (before or after original due date of September 30, 2013);
- Survey response rates (above or below 85 percent target rate for both surveys); and
- Survey languages.

The eight grantees ranged in size from 25 to 80 VSUs. They operated in states covering four CNCS regional clusters (Atlantic, North Central, South, and Southwest). Six grantees served clients primarily in urban and suburban areas; two grantees served primarily a rural clientele. One grantee served clients spread over a large area within the same state. Six grantees administered both surveys, while two grantees administered the client survey only. Three grantees finished collecting survey data before the original due date of September 30, 2013, while five grantees completed data collection between October 1 and December 31, 2013. Four grantees achieved a response rate of 85 percent or higher (three conducted both surveys, one conducted the client survey only). Four grantees obtained response rates below the 85 percent target, with rates that ranged from 25 to 66 percent for the client survey, and from 42 to 56 percent for the caregiver survey. Seven grantees administered the surveys exclusively in English; one grantee administered the client survey in English, Russian, and Somali.<sup>5</sup>

Of the eight grantees interviewed, all had administered the client survey.<sup>6</sup> Five of them relied on a single method to collect data from clients, while three grantees used a combination of methods. Methods of survey administration included in-person interview (five grantees), telephone interview (five grantees), and self-completed paper surveys (two grantees).

Six of the grantees administered the caregiver survey. Four of these grantees relied on a single method to collect

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<sup>5</sup> The surveys were available to grantees in English and thirteen other languages, including Russian. The grantee serving Somali clients relied on local translators.

<sup>6</sup> For the entire study, all 39 SCP grantees conducted the client survey, while 31 also conducted the caregiver survey. The analysis excluded one grantee because the surveys administered to established clients could not be identified.

data from caregivers, while two grantees used a combination of methods. Methods of administration included mail (three grantees), in-person interview (two grantees), telephone surveys (two grantees), and self-completed paper surveys (one grantee).

For both surveys, grantees relied on program staff, volunteer station staff, and/or Senior Companions as data collectors to assist with distributing surveys to clients and caregivers.<sup>7</sup> Our interviews suggest considerable variation in the extent to which project directors relied on the T/TA materials to train data collectors. Some directors reported that they used most or all of the T/TA materials and found them to be very helpful. On the other hand, several directors described data collector training that made selective or sporadic use of the materials.

- One director described training Senior Companions at an in-service meeting. She explained the importance of the survey, walked volunteers through the survey forms, and reminded them about the due date for returning completed surveys. She shortened the T/TA materials for volunteers, reasoning that written instructions would confuse volunteers unless they were short and simple.
- A second director, who also enlisted Senior Companions as data collectors, did not distribute any written materials to volunteers other than the survey forms, and chose to speak “off the cuff” in an effort to “keep things simple.”
- A third director used volunteer station staff as data collectors. She also gave survey helpers a verbal synopsis of the instructions in lieu of distributing written materials.

Some directors of small projects conducted most or all of the data collection, while others sent survey helpers into the field with minimal training or guidance. One director informed Senior Companions that funding for the project “depends on us meeting our performance measures”, and emphasized the need to “report success”.

Grantees received instructions to administer the survey to clients and caregivers who had received at least one year of continuous service. When asked, project directors stated that they would typically include clients and caregivers in similar surveys after they have completed at least six months of service, although three directors suggested shorter time periods (3-4 months) and one director indicated she uses a one-year service period.

The directors reported that the surveys were generally well received by clients and caregivers. In most cases, project directors worked with Senior Companions to give prospective respondents advance notice about the surveys. Three directors noted that prospective respondents were quite willing to do the survey, especially once

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<sup>7</sup> For self-completed paper surveys, grantees had the option to provide assistance to clients and caregivers who could not complete the survey on their own, as long as the assistance was not provided by the Senior Companion who provided services to the client or caregiver.

they saw how short it was. One director, who relied on in-person and telephone interviews, heard from some data collectors that clients enjoyed having someone to talk to and were willing to answer questions. Another director felt that sometimes responses reflected what clients and caregivers thought the program wanted to hear.

Grantees often employed multiple methods to administer the survey if, after initially relying on a single method, their response rate was too low. For example, several grantees conducted in-person or phone interviews with clients who did not return a mail survey, while other grantees followed up with clients who were reluctant to participate in a phone interview by mailing or hand-delivering the survey to them.

## Use of Technical Assistance

This section provides information on how interviewees used various technical assistance resources, including the website and technical assistance (TA) materials, group training, and the Help Desk.

The interviewed project directors reported no difficulty finding and downloading the surveys and TA materials from the website. Some directors noted that receiving the link to the surveys and TA materials via email was particularly helpful because it is not always easy to find information on the website. One interviewee stated that she received the survey information late and therefore had to rush to complete the data collection.

Most SCP grantees have previous experience conducting surveys, and this is also true for these project directors. Several interviewees stated that they skimmed through the TA documents to learn about survey requirements and data collection procedures, and to identify documents (e.g., checklists, form letters, and training materials) that seemed particularly useful for conducting the surveys. Project directors cited the following items as being helpful for survey implementation:

- Survey instruments, including languages other than English;
- Instructions and checklists for implementing surveys via specific methods (e.g., telephone interview, postal mail);
- Talking points for discussing the surveys with local stakeholders;
- Sample form letters to inform volunteer stations, clients, and caregivers about the surveys;
- *Client-Caregiver Surveys Spreadsheet* and instructions (for data aggregation and reporting); and
- Frequently Asked Questions.



Some directors felt that there was too much material, making it difficult to find specific items or key pieces of information. Several directors commented that the materials seemed over-simplified or repetitive. However, these same directors noted that the materials would be very useful for new grantees and for project staff “that don’t have a system in place”.

Grantees were required to use and could not modify the survey instruments and the *Client-Caregiver Surveys Spreadsheet*. However, sample forms and training materials were identified as “recommended” materials that grantees could adapt to fit their needs.<sup>8</sup>

Almost all the project directors we interviewed reported that the data aggregation spreadsheet was easy to use and helpful for reporting on work plans. One director noted that data entry was time consuming, but not difficult. She provided each volunteer station with separate spreadsheets that she then combined into one spreadsheet for submission to CNCS. Another director noted that she had to perform summary calculations herself when the spreadsheet failed to calculate these numbers automatically.

### Help Desk

All eight interviewees knew about the availability of the Senior Corps Survey Help Desk. Four directors recalled contacting the Help Desk for assistance. Calls involved relatively straightforward information requests. One director called to find out when the client and caregiver surveys would be available to grantees. Three directors called to request help in finding the data aggregation spreadsheet and related resources (e.g., the spreadsheet webinar recording) on the website. One director called to inquire about where to submit the completed spreadsheet. Another director called to report a problem with accessing the website.

The information provided by interviewees about their use of the Help Desk suggests that they relied primarily on the website and TA documents to implement the surveys. The Help Desk proved to be most useful when grantees needed help locating self-help resources on the website.

### Group Training

Two directors, when interviewed, recalled attending the webinar on data collection overview, and three directors remembered attending the webinar on how to use the spreadsheet to report survey responses. These directors described the webinars as being helpful, particularly with regard to tips and ideas on how to collect data. TA needs varied. One director suggested that the spreadsheet webinar “wasn’t as necessary” because the spreadsheet was “self-explanatory”, while another director stated that she would not have understood how to use

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<sup>8</sup> TA documentation also identified required procedures to ensure informed consent and to maintain confidentiality of respondent data.

the spreadsheet without seeing it demonstrated in the webinar.

In addition to web-based training, project directors who attended the FGP and SCP Directors Training Conference in Kansas City in April 2013 had an opportunity to attend the informational session that introduced the surveys. The four directors who remembered attending the session noted that it provided preliminary information about survey procedures, and so served mainly to make them aware that the surveys were coming.

## Survey Implementation Challenges

The project directors reported few challenges in conducting the client and caregiver surveys; however, the timing of the surveys was the main challenge. Project directors also implied additional challenges that resulted in the possible departures from prescribed survey procedures, which the report discusses in the next section.

Grantees were initially given 85 days to complete the survey, from July 8 to September 30. The due date was subsequently extended to December 30<sup>th</sup> to accommodate grantees that could not meet the September 30<sup>th</sup> deadline. While a few interviewees stated that the July to September timeframe presented no problems for them, other directors would have preferred more time.

Several directors expressed concern about undertaking surveys during the summer, when project staff and volunteers were on vacation. These directors attributed response rate challenges in part to the timing of the survey. Directors generally agreed that it would be more advantageous to allow grantees to time the survey administration so that it aligns with their usual schedule for gathering information from clients.

As previously noted, several project directors reported challenges in getting high response rates when relying on a single method of survey administration. Relying on additional methods typically helped to improve response rates.

### Possible Departures from Prescribed Survey Procedures

There were several possible departures from the prescribed data collection procedures. These irregularities pose potential threats to reliability and validity. Project directors reported the following deviations:

- One project director stated she only downloaded the surveys and spreadsheets. Since she apparently did not read the instructions, it is possible that she neglected to follow required steps or procedures.
- As noted above, there are indications that several directors may have provided minimal training to data collectors, a practice that may have led to inconsistencies in the data collected across grantees.

- One director noted that, in some cases, Senior Companions read the survey to the client or caregiver. Grantees received instruction not to use Senior Companions to read the questions to clients or caregivers, or otherwise assist the individuals that they serve.
- One director stated that some Senior Companions serve clients in adult day centers. For these clients, SCP volunteers apparently filled out the survey for the client and left “not applicable” questions blank. Grantees received instruction to use the survey only with homebound elderly or disabled clients, and were not supposed to assist clients or caregivers in completing the surveys.

### Reasons Given for High and Low Response Rates

We asked project directors with a response rate of 85 percent or higher for their thoughts on how they were able to attain a high response rate.

Several directors emphasized the importance of involving volunteer stations as partners in the process, and making sure they understood why the survey needed to be conducted. In this context, directors also found it helpful to situate the surveys in the larger context of gathering data to assess program impact on a national scale.

Two directors mentioned that reliance on direct hand delivery of surveys to clients was particularly helpful. They believed that telephone interviews would be unlikely to yield adequate response rates due to client concerns about phone scams.<sup>9</sup> Clients were much more likely to complete the survey when they received the survey form from their Senior Companion whom they knew personally and who could explain its importance. Grantees also found it helpful to inform clients and caregivers in advance that the survey was coming, and to facilitate return of completed surveys by providing a stamped self-addressed envelope.

### Additional Uses of Survey Results

Most of the project directors we interviewed planned to use the survey results for purposes other than reporting on Senior Corps work plans. These additional uses include sharing results with advisory boards, volunteer stations and other funders; incorporating results into grant applications; and using results for program management.

## Data Analysis

This section of the report details three different sets of data analyses. First, it discusses the survey results for

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<sup>9</sup> Grantees that educate their clients on the importance of avoiding phone scams may also believe that asking clients to participate in phone surveys sends mixed messages to their clients.

both the independent living client survey and the caregiver survey. The second is a reliability analysis that reviews the quality of the survey items including missing responses, patterns of responses across survey items, and underlying factors that tie together groups of survey items. The third set of analyses examines the validity of the survey items seeking to identify whether the underlying factors constructed from the items are related to other measured variables. The validity study establishes whether the underlying factors built from the data are meaningful, and whether the data yielded a testable factor.

The *SCP Independent Living Performance Measurement Survey's* questionnaire asked independent living clients and caregivers to provide self-assessed data on whether the services received improved their self-efficacy and perceived social support, one of the key outputs under Goal 1 of CNCS's Strategic Plan 2011-2015. There were 13 items in the client survey, and 12 items in the caregivers respite survey (See Table 4). The first question asked respondents to write in the number of hours per week they spent with their Senior Companion, another key output under Goal 1. Responses to the other survey items used a scale of 1 to 4, ranging from strongly disagree (1) to strongly agree (4). Across the two surveys, nine items were analogous to one another (indicated by shading in Table 4).

The analysis included responses to all the survey items. The validity analysis also used information about the grantees. The information on grantees consisted of the number of clients and caregivers served and the number of surveys the grantee administered in English, Spanish, and other languages such as Chinese, Russian, and Vietnamese. The independent living client data file included responses from 3,048 respondents. The caregiver survey data file had responses from 656 respondents.

**Table 4: Survey Items**

<b>Independent Living Survey (Clients)</b>	<b>Respite Survey (Caregivers)</b>
1. In a typical week, my Senior Corps Volunteer is with me for ____ hours.	1. In a typical week, how many hours does your Senior Companion Volunteer provide respite services?
2. I feel less lonely.	2. I feel less lonely.
3. I feel I have close ties to more people.	3. I feel I have close ties to more people.
4. I am able to do more of the things I need to do.	4. I am able to do more of the things I need to do.
5. I am able to do more of the things I want to do.	5. I am able to do more of the things I want to do.
6. I can remain living in my own home.	10. The person I care for is able to remain at home.
7. I am eating regularly scheduled meals.	--
--	6. I am able to get short-term rest and relief.
8. I am able to get to medical appointments.	8. I am able find time to attend to my personal and health care needs.
9. I am able to get to the grocery store.	--
10. I am able to take care of other necessary errands/appointments.	7. I am able to find time to run errands.
11. I am more satisfied with my life.	9. I am more satisfied with my life.
12. Overall, I am satisfied with my Senior Companion volunteer.	11. Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.
13. Overall, the Senior Companion Program has met my expectations.	12. Overall, the Senior Companion Program has met my expectations.

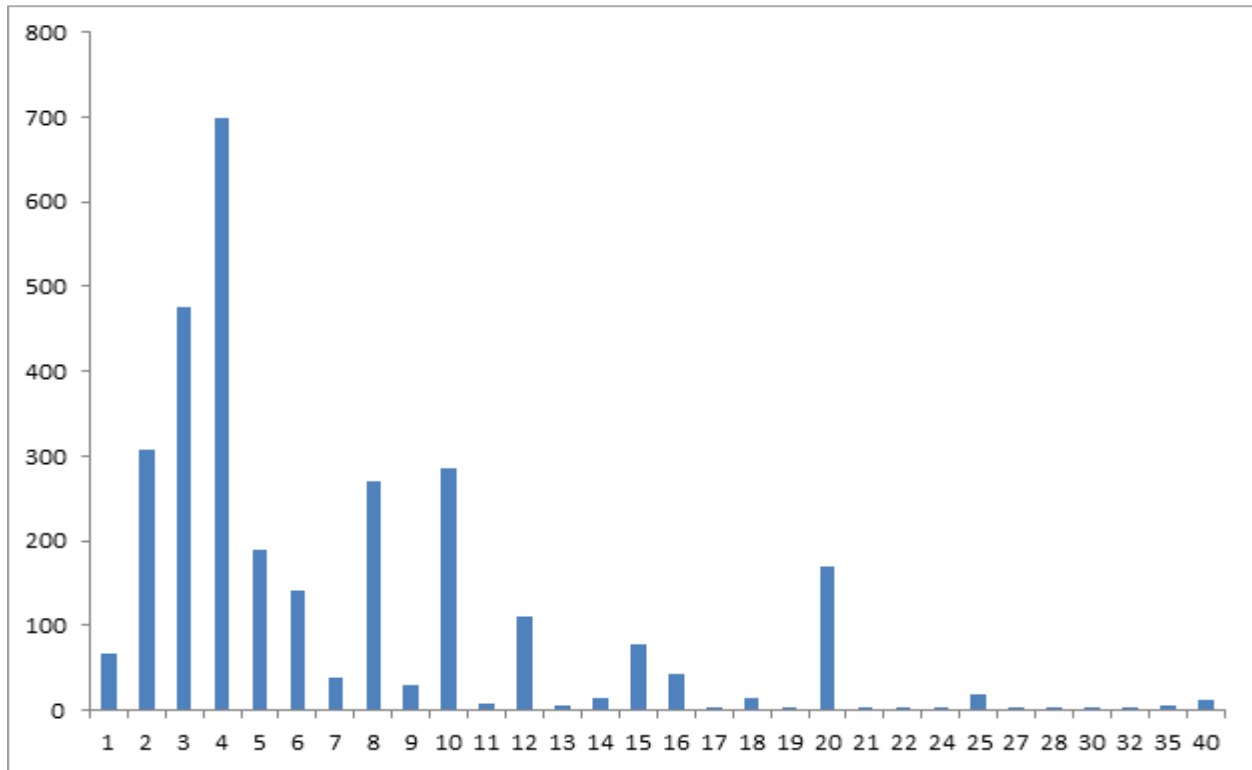
## Survey Results

Overall, the intent of the survey items was to understand clients’ and caregivers’ experiences and perceptions of the benefits of SCP services. Across both surveys, clients who received services and caregivers who received respite care support strongly agreed that the services helped them feel less lonely and more satisfied with their life, and to take care of necessary errands and appointments and remain living in their home.

### Client Survey Results

Independent living clients typically reported receiving four to six hours of service per week, although some reported receiving as few as one hour or as many as 40 hours. The average number of hours a client spent with a Senior Companion in a typical week was seven. Figure 1 and Table 5 show the frequency of the number of hours clients spent with a Senior Companion volunteer in a typical week. The most commonly reported number of hours was four. Almost one-fourth of clients (n = 700; 23%) reported receiving four hours of service per week from a Senior Companion volunteer. The next most common response was three hours per week (n = 475; 16%) and two hours per week (n = 307; 10%). About ten percent (n = 286) of clients reported spending exactly 10 hours and six percent (n = 169) of clients reported spending exactly 20 hours with a Senior Companion.

**Figure 1: Number of Hours Spent with Senior Companion**



**Table 5: Number of hours spent with a volunteer in a typical week**

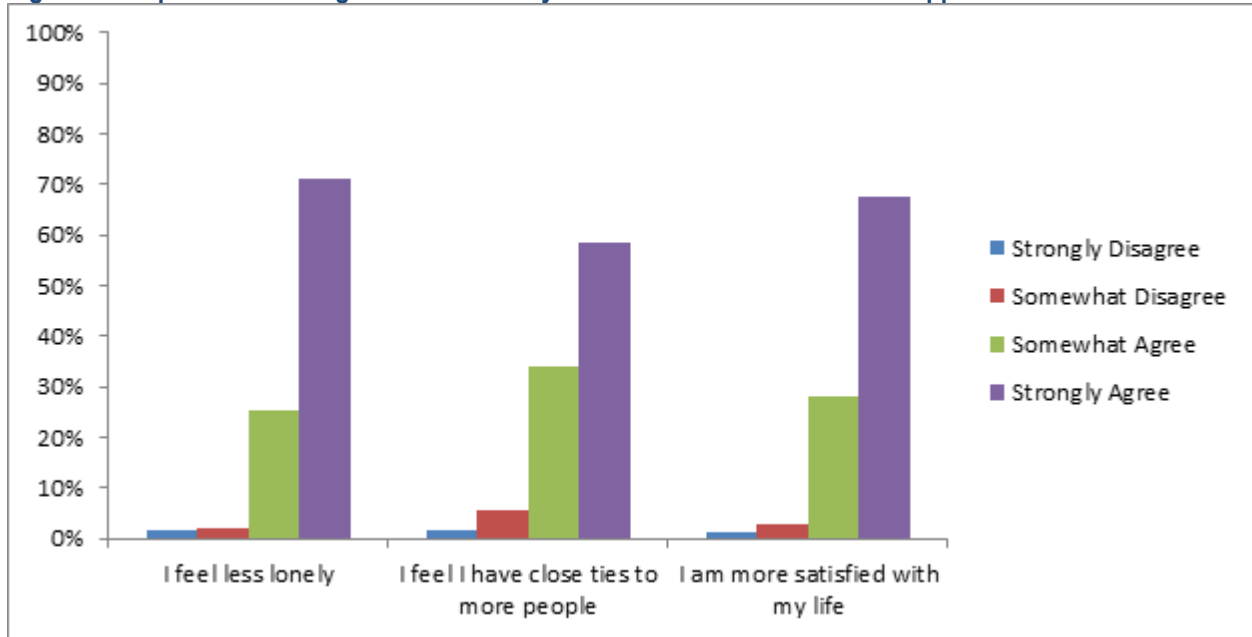
Number of Hours	Number of respondents	Percentage of Clients (n = 3,048)
1-3 Hours	848	27.8%
4-6 Hours	1032	33.9%
7-10 Hours	625	20.5%
11-20 Hours	442	14.5%
21-39 Hours	40	1.3%
40 Hours	12	0.4%
No Response	49	1.6%
Total	3,048	100%

Overall, independent living clients strongly agreed that they were less lonely and more connected to others and could do more of the things they needed to do to live independently. The vast majority strongly agreed that the Senior Companion helped them to remain living independently and were very satisfied with the services provided by their Senior Companion and by the Senior Companion Program.

Clients agreed that the Senior Companion positively affected how they felt about their life. Seventy-one percent strongly agreed that they were less lonely (See Figure 2). Approximately two-thirds of clients (68 percent) strongly agreed that they were more satisfied with their lives. A majority of clients (59 percent) strongly agreed that they had close ties to more people; seven percent of clients disagreed with this item. Less than ten percent of clients disagreed with the statements pertaining to social loneliness, although the proportion of respondents

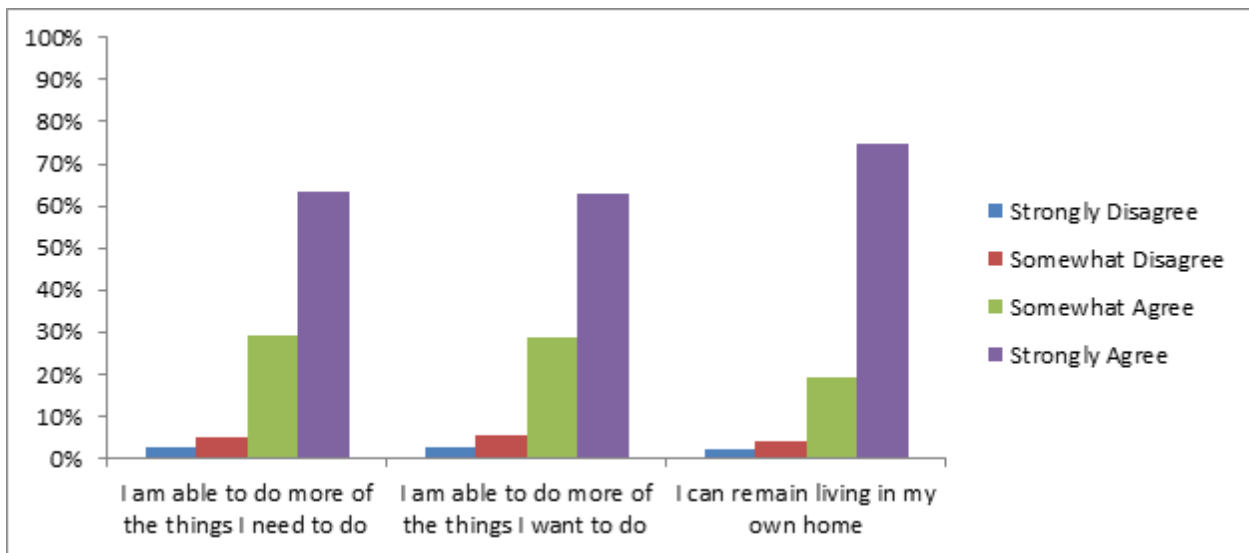
agreeing or strongly agreeing varied somewhat among these items.

**Figure 2: Response Percentages – Client Survey-Social Loneliness and Social Support**



Three-quarters of clients (75 percent) strongly agreed that they were able to remain living in their own home, with slightly fewer reporting that they felt able to do more of the things they needed or wanted to do (See Figure 3).

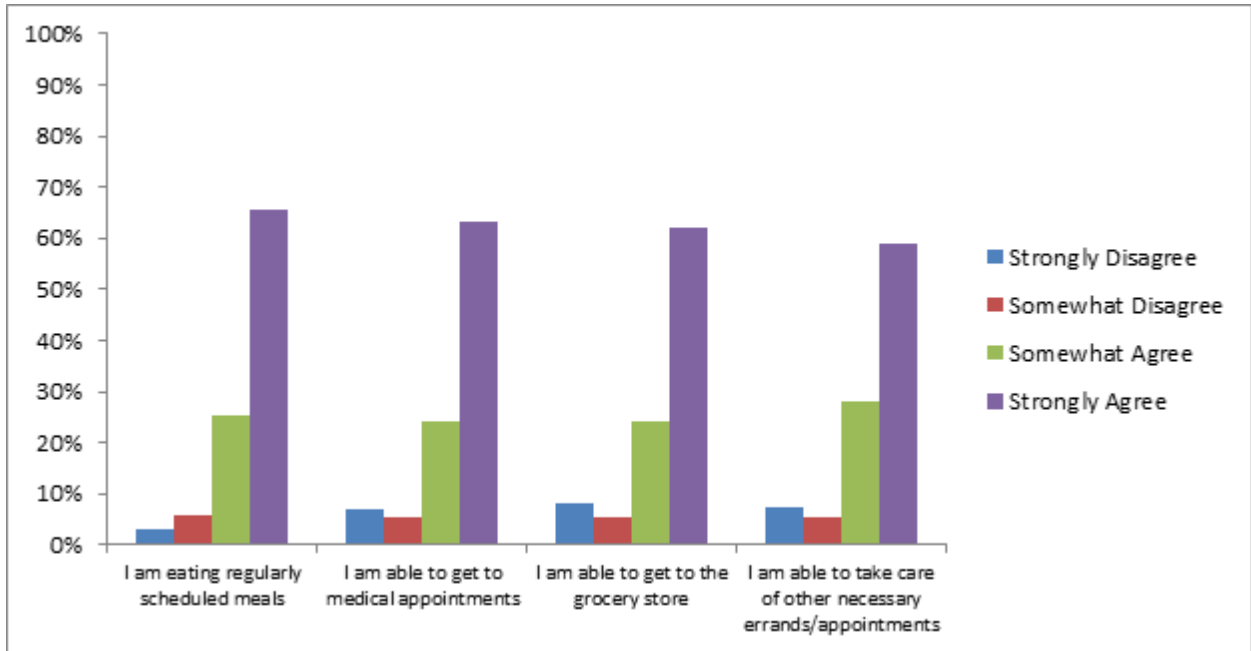
**Figure 3: Response Percentages – Client Survey – Social Loneliness and Social Support**



For the four survey items addressing self-efficacy (see Figure 4), two-thirds of clients (66 percent) strongly agreed that they were eating regularly scheduled meals with the support of a Senior Companion. Additionally, 63

percent strongly agreed that they were able to get to medical appointments because of the Senior Companion. Slightly fewer clients (59 percent) strongly agreed that they were able to take care of other necessary errands and appointments; 13 percent of clients disagreed with this item. Between 13 and 14 percent of clients expressed disagreement with most items addressing self-efficacy. The exception was the item asking about regularly scheduled meals, to which nine percent of clients indicated disagreement.

**Figure 4: Response Percentages – Client Survey Self Efficacy**



The two survey items addressing overall satisfaction garnered high ratings from clients, with 89 percent strongly agreeing that they were satisfied with their Senior Companion, and 87 percent strongly agreeing that the Senior Companion Program had met their expectations. For both items, two percent of clients expressed disagreement.



**Figure 5: Response Percentages – Client Survey Satisfaction**

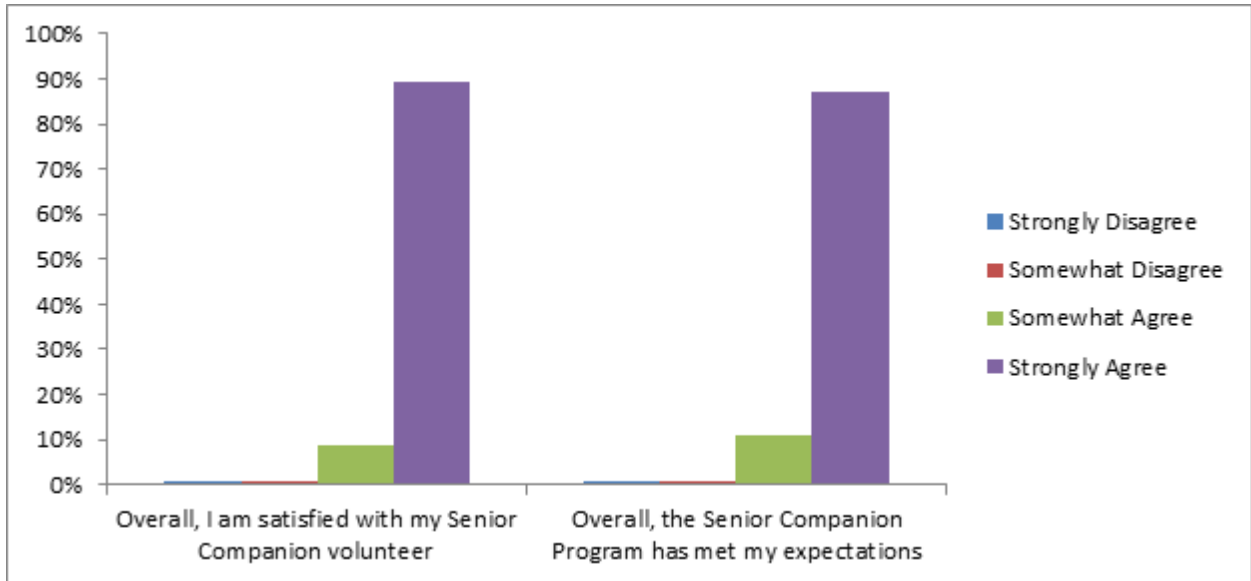


Table 6 below shows the details of the item responses from the client survey, including the number of respondents, item mean, median, standard deviation, and proportion agreeing with each scale item.

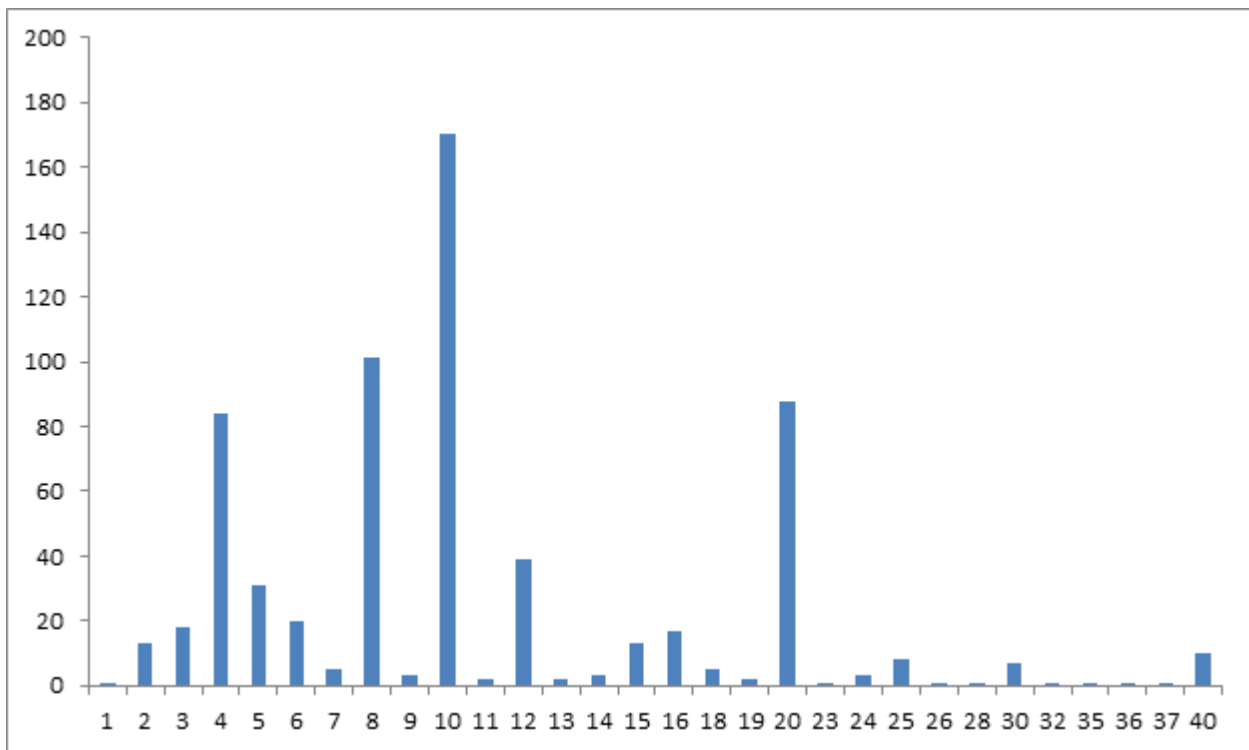
**Table 6: Client survey items non-response, mean and median, and frequencies**

	N	Number of respondents who did not answer	Mean	Median	Standard Deviation	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
In a typical week, my Senior Corps Volunteer is with me for ____ hours	2,999	49	7.01	4	5.785	N/A	N/A	N/A	N/A
I feel less lonely.	2,987	61	3.66	4	.601	2%	2%	25%	71%
I feel I have close ties to more people.	2,949	99	3.49	4	.683	2%	6%	34%	59%
I am able to do more of the things I need to do.	2,895	153	3.53	4	.712	3%	5%	29%	63%
I am able to do more of the things I want to do.	2,894	154	3.52	4	.726	3%	6%	29%	63%
I can remain living in my own home.	2,795	253	3.66	4	.663	2%	4%	19%	75%
I am eating regularly scheduled meals.	2,822	226	3.54	4	.739	3%	6%	25%	66%
I am able to get to medical appointments.	2,610	438	3.43	4	.886	7%	5%	24%	63%
I am able to get to the grocery store.	2,618	430	3.40	4	.922	8%	6%	24%	62%
I am able to take care of other necessary errands/appointments.	2,683	365	3.39	4	.885	7%	6%	28%	59%
I am more satisfied with my life.	2,945	103	3.62	4	.603	1%	3%	28%	68%
Overall, I am satisfied with my Senior Companion volunteer.	3,031	17	3.87	4	.431	1%	1%	9%	89%
Overall, the Senior Companion Program has met my expectations.	3,009	39	3.84	4	.456	1%	1%	11%	87%

## Caregiver Survey Results

Caregivers typically reported receiving eight to ten hours of service per week, although some reported receiving as few as one hour or as many as 40. The average number of respite care hours provided by a Senior Companion in a typical week was 11.16 hours. Figure 6 and Table 7 show the distribution of the number of hours caregivers received respite services from a Senior Companion volunteer in a typical week. Of the 656 caregivers who responded to the survey, four caregivers (less than 1%) did not respond to this item. About one third of caregivers (n = 206; 32%) reported receiving respite services for more than 10 hours per week; about two percent (n= 10) of caregivers reported receiving 40 hours of services in a typical week, while 26 percent (n = 170) received 10 hours of services and 14 percent (n = 88) received 20 hours of services. Other common responses were eight hours (n = 101; 15%) and four hours (n = 84; 13%).

**Figure 6: Frequency of Number of Hours Caregivers Received Respite Services from a Senior Companion in a Typical Week**



**Table 7: Distribution of the Number of Hours Caregivers Received Respite Services in a Typical Week**

Number of Hours	N	Percentage of Caregivers
1-3 Hours	32	4.9%
4-6 Hours	135	20.6%
7-10 Hours	279	42.5%
11-20 Hours	171	26.1%
21-39 Hours	25	3.8%
40 Hours	10	1.5%
No Response	4	0.6%
Total	656	100%

As shown in Figure 7 and 8 below, caregivers who received ancillary benefit from respite services from a Senior Companion strongly agreed that they were less lonely and more connected to others and could do more of the things they wanted to do. The majority strongly agreed that the Senior Companion helped them to get rest and relief to manage their personal needs, while knowing that the person they cared for was able to remain at home. Caregivers were also very satisfied with the services provided by their Senior Companion and by the Senior Companion Program. Seventy-two percent of caregivers strongly agreed that they were able to do more of the things they wanted to do; five percent disagreed with this statement. Two-thirds of caregivers (66 percent) strongly agreed that the person they cared for was able to remain at home, with six percent disagreeing with this statement. Fifty-eight percent of caregivers strongly agreed that they were more satisfied with their lives, with six percent disagreeing with this statement. Less than ten percent of caregivers disagreed with the statements pertaining to social loneliness, although the proportion of respondents agreeing or strongly agreeing varied somewhat among these items.

**Figure 7: Response Percentages – Caregiver Survey – Social Support and Social Loneliness**

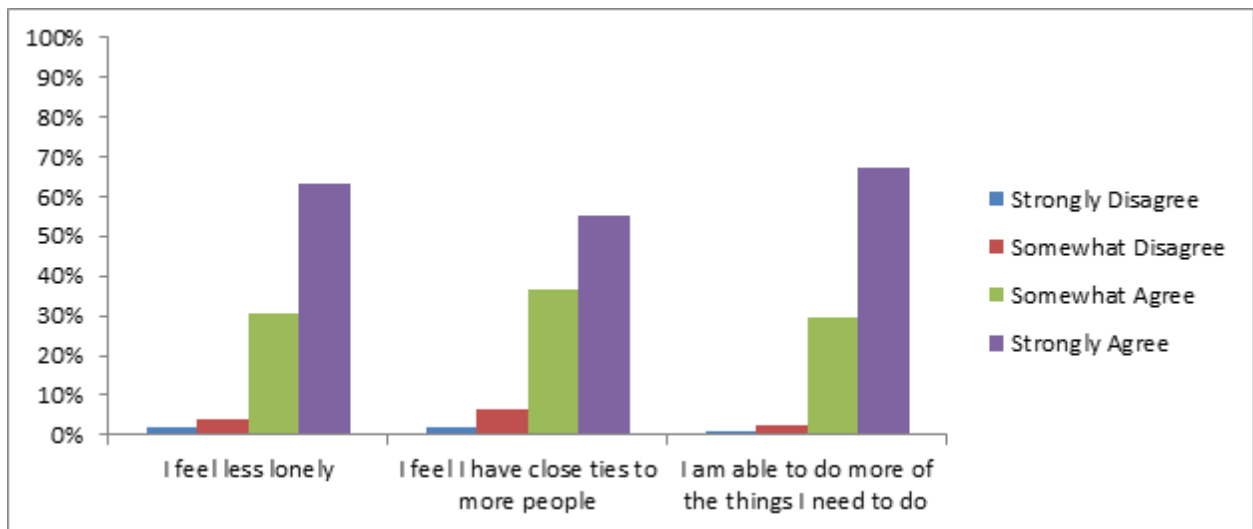
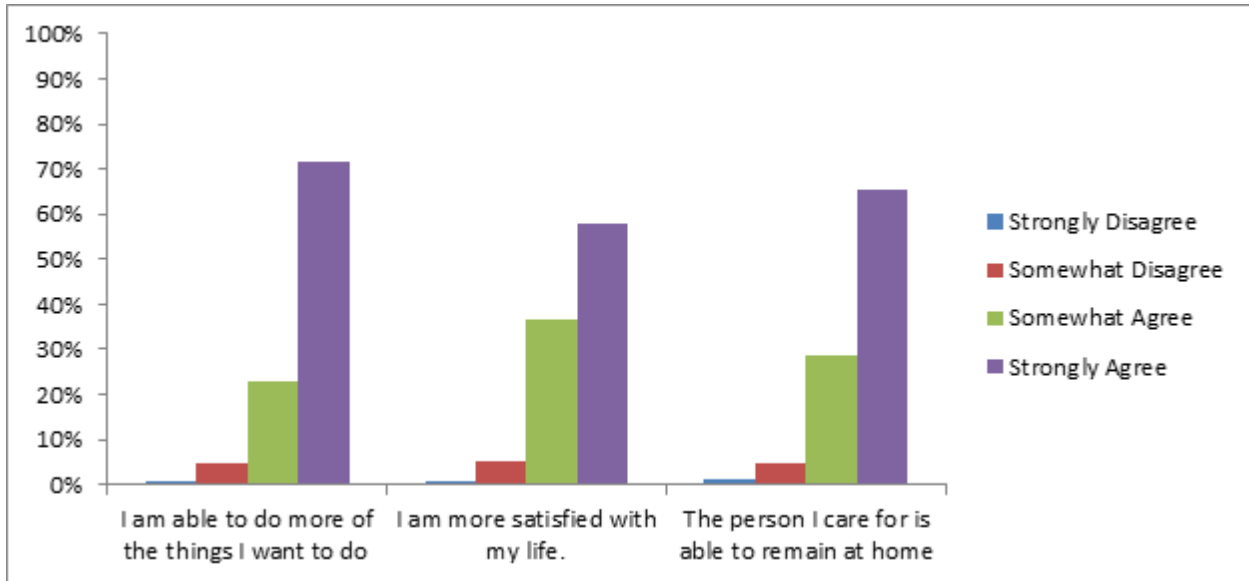
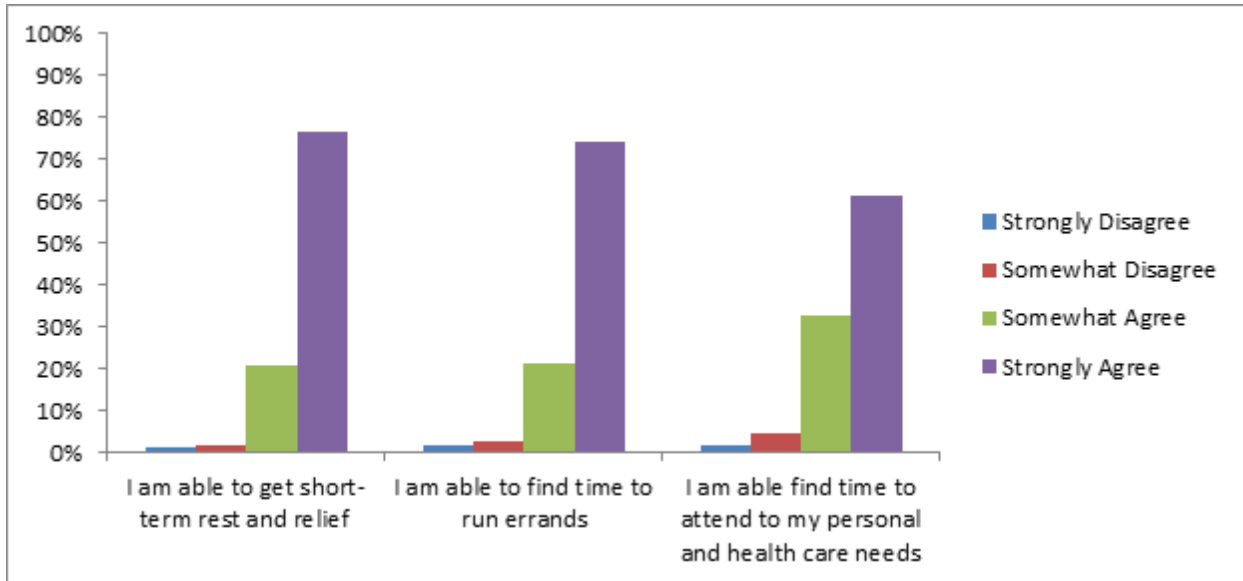


Figure 8: Response Percentages – Caregiver Survey – Social Support and Social Loneliness



For the three survey items addressing self-efficacy (see Figure 9), more than three-quarters of caregivers (76 percent) strongly agreed that they were able to get short-term rest and relief, which is the primary purpose of caregiver respite services. Three percent of caregivers disagreed with this statement. Three-quarters of caregivers (76 percent) strongly agreed that they were able to find time to run errands. Additionally, 61 percent strongly agreed that they were able to find time to attend to their personal and health care needs; six percent of caregivers disagreed with this item.

**Figure 9: Response Percentages - Caregiver Survey Self Efficacy**



The two survey items addressing overall satisfaction (see Figure 10) garnered high ratings from caregivers, 86 percent strongly agreed that they were satisfied with the Senior Companion Program. In addition, nearly three-quarters of caregivers (74 percent) strongly agreed that they were satisfied with the Caregiver Respite Senior Companion volunteer, with three percent of caregivers indicating disagreement.

**Figure 10: Response Percentages – Caregiver Satisfaction**

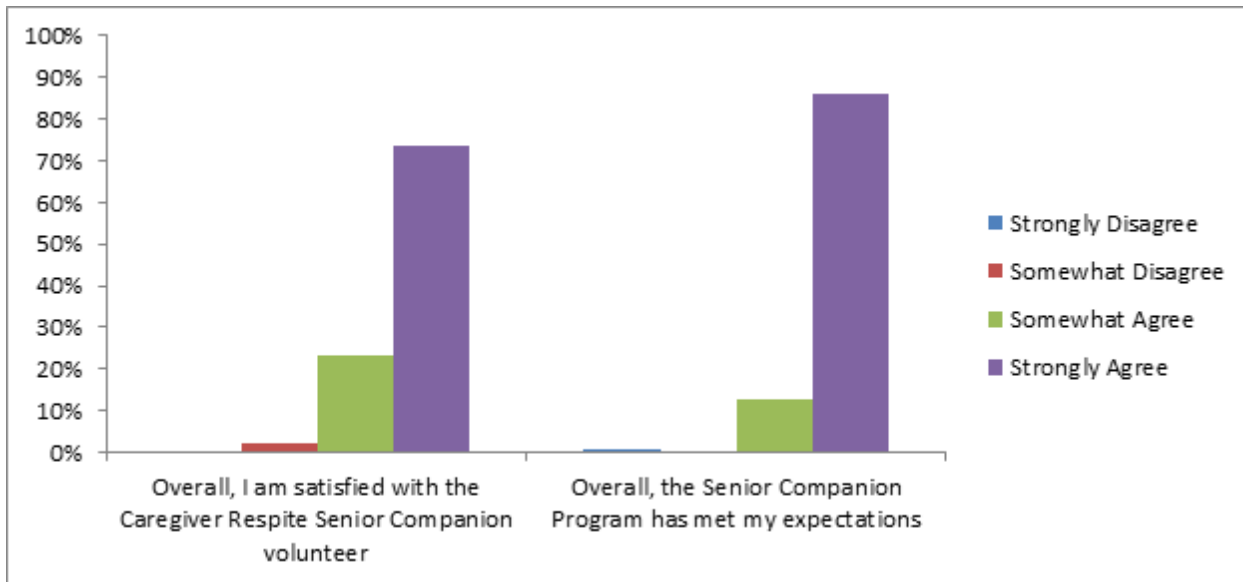


Table 8 presents the item non-response, mean, median, and frequencies for Questions 2-12 from the caregiver survey. The response for each item was between 'somewhat agree' or 'strongly agree,' indicated by a mean greater than 3, and the median for every item, except item 1, was 4.

**Table 8: Caregiver survey items non-response, mean and median, and frequencies**

	N	Number of respondents who did not answer	Mean	Median	Standard. Deviation	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
In a typical week, how many hours does your Senior Companion Volunteer provide respite services?	652	4	11.16	10	7.162	N/A	N/A	N/A	N/A
I feel less lonely.	635	21	3.55	4	.673	2%	4%	31%	63%
I feel I have close ties to more people.	636	20	3.45	4	.692	2%	6%	37%	55%
I am able to do more of the things I need to do.	648	8	3.63	4	.577	1%	3%	29%	67%
I am able to do more of the things I want to do.	646	10	3.65	4	.605	1%	5%	23%	72%
I am able to get short-term rest and relief.	646	10	3.72	4	.550	1%	2%	21%	76%
I am able to find time to run errands.	643	13	3.68	4	.611	2%	3%	21%	74%
I am able find time to attend to my personal and health care needs.	636	20	3.54	4	.657	2%	4%	33%	61%
I am more satisfied with my life.	640	16	3.52	4	.623	1%	5%	37%	58%
The person I care for is able to remain at home.	642	14	3.59	4	.634	1%	5%	29%	66%
Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.	651	5	3.70	4	.535	0%	2%	24%	74%
Overall, the Senior Companion Program has met my expectations.	654	2	3.85	4	.420	1%	0%	13%	86%



## Overview of Reliability and Validity Analysis

We conducted the reliability and validity analysis in three complementary phases. First, the exploratory phase calculated descriptive statistics to describe the sample and survey data. The analysis provided insight about the degree of potential errors and outliers in responses, and assessed whether there were patterns of unusual or irregular responses across and within respondents.

Next, we examined survey completeness by looking at patterns of missing responses to gain insight into participants' responsiveness to the survey, and the overall validity and quality of the data. For example, if an item had a lot of missing values, this could have indicated that this item was problematic or confusing for respondents. The exploratory analysis then calculated response frequencies (total count) and percentages for each survey item. The analysis calculated means, medians, and standard deviations for continuous variables, such as the number of hours the client received SCP services. Using descriptive statistics, we also examined the possibility of duplicated cases where the same person was responding to the survey twice, and verified whether survey items had sound variability and/or ceiling effects.

We then examined whether there were significant correlations between survey items using Pearson's  $r$  correlations. The strength of inter-relations between items can indicate whether any items on the survey substantially overlapped to the point where they measured the same thing.

We evaluated the internal consistency of items using Cronbach's alpha to identify whether items asking about specific aspects of the Senior Companion experience (Items 2-11 from the client survey, items 2-9 from the caregiver survey) when combined, could be considered as a single global measure of overall Senior Companion experience. An alpha value above .70 is a general threshold for acceptable consistency across items. The analysis examined changes in the alpha value as each item was removed from the alpha calculation. With this iterative process, a substantial increase in the alpha when omitting an item indicated that responses for that item were not consistent with responses on the other items, and that this item did not affect the overall consistency among groups of items in the survey.

We examined whether survey items could be grouped into distinct measures of Senior Companion experience. A factor is the name given to an underlying construct that is not measured directly. The factor analysis of the client and caregiver respite surveys showed the number of underlying factors (latent construct variables) into which the survey items could be collapsed, as well as the relative contribution of each item to a given factor (the factor loading).

In order to determine whether a factor analysis would be appropriate, we examined the correlation and Cronbach's Alpha of survey items. We proceeded to the validity analysis once it we determined the factor analysis could be applied to identify the underlying constructs.

The validity analysis examined the association between each latent construct variable and grantee characteristics. We used a regression model to test whether the correlations between the latent construct variables and grantee characteristics was statistically significant. We adjusted the standard errors to account for the nested structure of the data since the latent variables were measured at the client and caregiver level, and the grantee characteristics were measured at the grantee level.

We conducted separate analyses for clients and caregivers, since the sample respondents to each survey received different services. We present the descriptive, consistency, and factor analysis results from the client survey, followed by those from the caregiver survey. Then, we discuss the validity of the emerging latent constructs from the factor analysis, presenting client and caregiver results simultaneously.

## Reliability Analysis- Client Survey

### Exploratory and Inter-item Reliability Results

**Review of Descriptive Statistics.** There was relatively low number of survey items that were not answered. There were no outliers, and only a few variables were strongly correlated with one another. The self-efficacy and social loneliness items were consistent with one another, with people who responded strongly to one item also responding strongly to other similar items.

**Survey Completeness.** Table 9 shows the number of survey items that were not answered by the clients that completed the survey. Seventy-five percent of clients (n = 2,274) answered all survey items, eight percent (n = 229) of clients did not answer four or more survey items.

**Table 9: Completeness of the SCP Independent Living Clients Survey**

Number of Survey Questions Not Answered	Number of respondents	Percent of all respondents
0	2,274	74.61%
1	229	7.51%
2	102	3.35%
3	214	7.02%
4	70	2.30%
5	46	1.51%
6	57	1.87%
7	26	0.85%
8	10	0.33%
9	11	0.36%
10	4	0.13%
11	1	0.03%
12	4	0.13%
Total	3,048	100%

Given the high percentage of clients that responded to all or most of the survey items, all analyses were conducted using cases with no missing values on the variables used for the particular procedure in question (i.e., listwise deletion), and no missing data techniques were used.

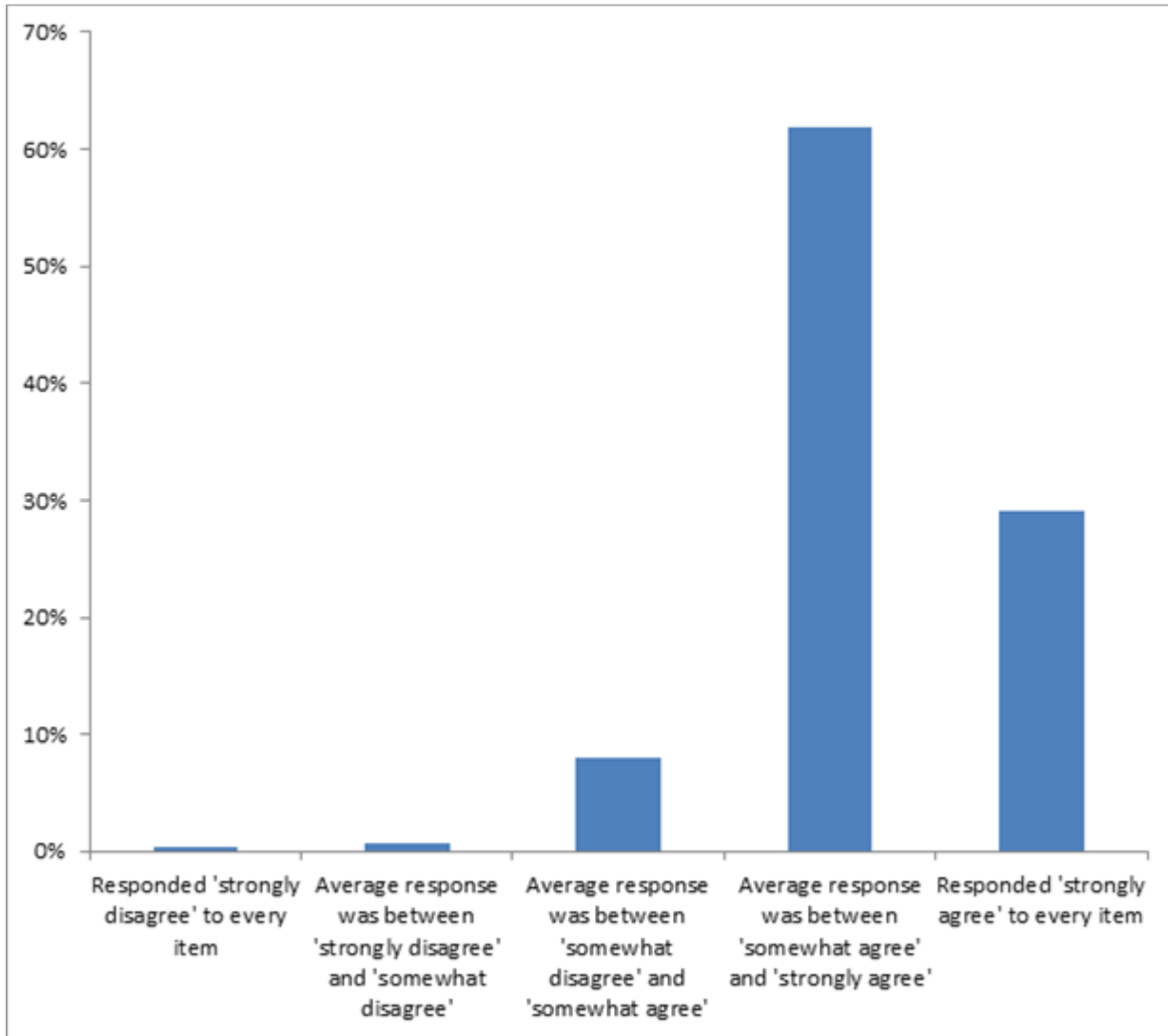
As Table 6 (Client Survey Items Non-response) indicates, there was a higher rate of non-response for some items compared to others, namely, “I am able to get to medical appointments,” “I am able to get to the grocery store,” and “I am able to take care of other necessary errands/appointments.” These items had an approximate non-response rate of between 10 and 15 percent. To a lesser extent, there were higher rates (approximately 8%) of non-response for the following items: “I can remain living in my own home,” and “I am eating regularly scheduled meals.” It is possible that the high rate of non-response is due to the fact that these services probably did not apply to the clients, and so they chose not to respond.

We examined whether there were patterns of non-response among grantees for items where a “not applicable” choice on the survey would be useful<sup>10</sup>. Missing data patterns were coded into a new variable, where a value of 1 indicated that a client had skipped all four items that potentially did not apply to some clients. A score of 0 on this new variable indicated that the client answered at least one of the items. In all, 92 clients (3%) had missing responses for all four items. A cross-tabulation of the clients with missing responses for all four items showed that 41 respondents (45%) of the 92 cases missing on all four items came from a single grantee. This result supports information from interviews with project directors who reported that data collectors left these items blank for institutionalized clients.

<sup>10</sup> I am eating regularly scheduled meals; I am able to get to medical appointments; I am able to get to the grocery store; I am able to take care of other necessary errands/appointments



**Figure 11: Proportion of Clients with Particular Response Patterns**



**Response Patterns across Survey Items.** We investigated the possibility of duplicate cases, where the same client appeared to be answering the survey twice. Identifying and removing any duplicate cases improves the overall integrity and validity of the data, and discerning that there are no, or only a small number of, duplicate cases improves confidence that the survey was administered effectively. There was limited individual level data collected in the survey to facilitate the identification of duplicate cases; the limited range of responses allowed for each item (a four-item scale) further limited the possibility of identifying duplicate cases.

Figure 11 shows the percentage of clients with particular response patterns across items. More than a quarter (29%) of clients answered 'strongly agree' to every item they answered, and almost two-thirds of clients' (62%) answers were in the range of 'strongly agree' to 'somewhat agree'. This may be evidence of a ceiling effect, which suggests that given the wording of the question or the response options, the respondents favored the

highest response for all items.

The survey response patterns suggest that, though there appeared to be potential ceiling effects for the items, it was not especially common for respondents to give the same response to every item on the survey.

### Inter-Item Correlations and Consistency Analysis

Appendix A presents the correlations (Pearson's  $r$ ) for Questions 2-13 on the client survey. The items were all positively associated with one another (higher scores on one item were associated with higher scores on another item). The majority of the correlations were estimated at or above .40, indicating the items were moderately associated with one another. Correlations of around or above .70 were observed for several of the survey items, which suggested substantial overlap or redundancy of items, or wording such that items were insufficiently differentiated from one another. This may also be indicative of a ceiling effect, given that the distribution of many of the items rested between options 3 and 4 on the response scale.

The Cronbach's alpha for these items was .88, indicating responses to these questions were strongly consistent with one another. We examined changes in the alpha value when each item has been removed from the alpha calculation. Table 10 presents the results. There is no item where deletion from the scale would change the alpha substantially.

**Table 10: Cronbach's Alpha if Item Deleted**

		Cronbach's Alpha if Item Deleted
All 10 items	.88	
I feel less lonely.		.88
I feel I have close ties to more people.		.87
I am able to do more of the things I need to do.		.86
I am able to do more of the things I want to do.		.87
I can remain living in my own home.		.87
I am eating regularly scheduled meals.		.87
I am able to get to medical appointments.		.86
I am able to get to the grocery store.		.86
"I am able to take care of other necessary errands/appointments.		.86
I am more satisfied with my life.		.87

In summary, the items from the survey appear to be internally consistent with one another, as indicated by the correlation and alpha results.

## Validity Study- Client Survey

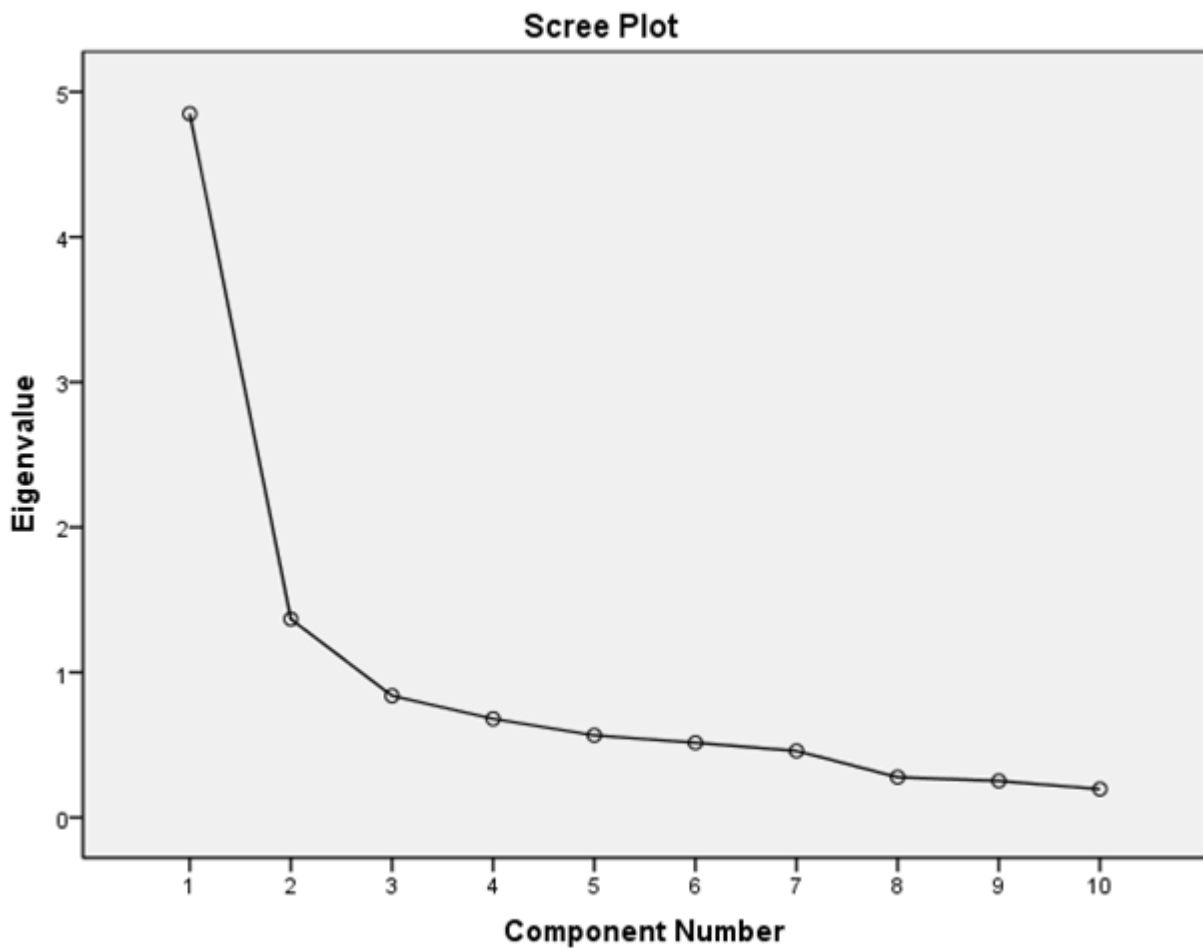
The validity analysis for the client survey examined whether the items appeared to measure the survey domains

of social loneliness and social support, and self-efficacy. First, we conducted a factor analysis of the survey items. Second, we examined whether the factors varied in predictable ways based on grantee characteristics.

### Factor Analysis

The results from the first-stage factor analysis<sup>11</sup>, in Figure 12 and Table 11, show that specifying two factors was a good-fit solution, with an Eigenvalue greater than 1 for the second factor (the Eigenvalue indicates the explanatory benefit specifying a given number of factors over a model with one fewer group).

**Figure 12: Results from First-Stage Exploratory Factor Analysis, Client Survey**



The rotated factor pattern for the two-factor solution when survey items 2-11 were entered together is shown in

<sup>11</sup> We conducted a principal components analysis, which is more amenable to non-normally-distributed indicators than a maximum likelihood method, using promax rotation for multiple orthogonal factors.

Table 11.

**Table 11: Factor loadings First Factor Analysis, All Items**

Item	Component 1	Component 2
I feel less lonely.	0.83	
I feel I have close ties to more people.	0.88	
I am able to do more of the things I need to do.	0.61	
I am able to do more of the things I want to do.	0.70	
I can remain living in my own home.	0.50	
I am eating regularly scheduled meals.	0.37	0.36
I am able to get to medical appointments.		0.93
I am able to get to the grocery store.		0.95
"I am able to take care of other necessary errands/appointments.		0.88
I am more satisfied with my life.	0.69	

The highlighted factor loadings indicate that the item (“I am eating regularly scheduled meals”) was ‘cross-loaded,’ which means that when this item is included in the factor analysis, the factors are potentially less distinct from one another than they could be. In this case, it is preferable to omit this item from the final solution. Once this item is excluded, the analysis revealed two factors from the ten Likert scale items from the client survey. As shown in Table 12, these two factors resembled the social loneliness and support and self-efficacy constructs that were hypothesized at the beginning of the study. The first latent construct factor included six items that we labeled ‘Social Loneliness and Social Support.’ The second factor included three items, which appeared to capture the clients’ ability to take care of certain tasks, errands, and appointments because of the support provided by the program, and so this second factor was labeled ‘Perceived Self Efficacy.’

**Table 12: Latent Construct Variables, Factor Loadings for Second Adjusted Factor Analysis, Reduced Number of Items**

Item	Component 1: (Latent Construct) Social Loneliness and Social Support	Component 2: (Latent Construct) Perceived Self Efficacy
I feel less lonely	0.83	
I feel I have close ties to more people	0.87	
I am able to do more of the things I need to do	0.61	
I am able to do more of the things I want to do	0.70	
I can remain living in my own home	0.49	
I am more satisfied with my life	0.69	
I am able to get to medical appointments		0.92
I am able to get to the grocery store		0.95
I am able to take care of other necessary errands/appointments		0.88

The two factors in the final factor model were positively correlated with one another at .52. Valid factors were calculated for 2,363 clients, due to the fact that complete data on all the indicators was required.





# Reliability Analysis- Caregiver Survey

**Review of Descriptive Statistics.** As with the client survey, we examined the data for completeness, but found a relatively low amount of missing data. There were no outliers, and only a few variables were strongly correlated with one another. The survey items were consistent with one another, with people who responded strongly to one item also responding strongly to other similar items.

**Survey Completeness.** Table 13 shows the number of items caregiver respondents did not answer. Over 90 percent of caregivers answered all survey items; about two percent did not answer four or more of the items.

**Table 13: Completeness of the SCP Independent Living Caregivers Respite Survey**

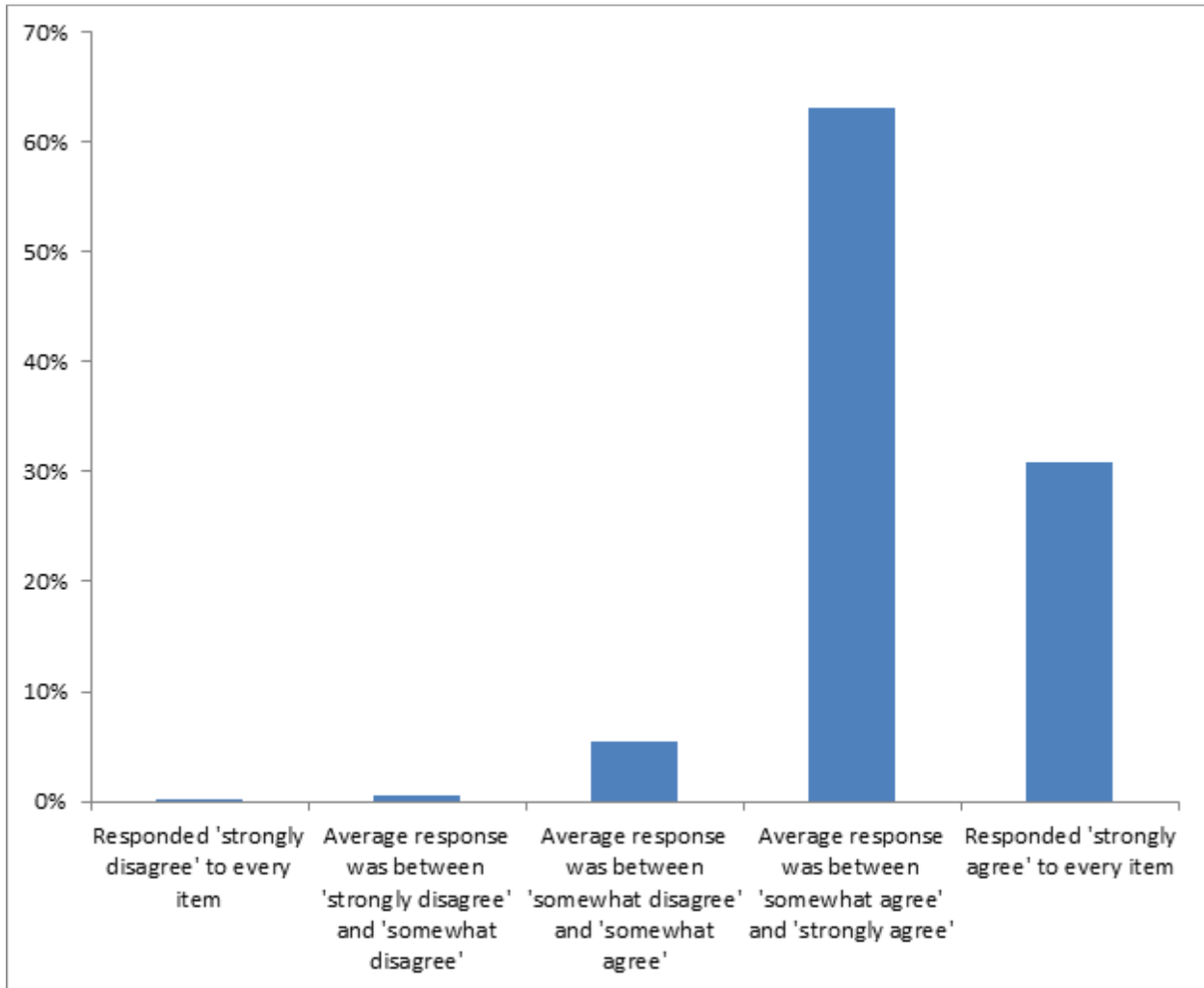
Number of Survey Questions not Answered	Number of Respondents	Percent of All Respondents (N=656)
0	602	91.8%
1	22	3.4%
2	12	1.8%
3	8	1.2%
4	5	0.8%
5	2	0.3%
6	1	0.2%
7	1	0.2%
8	1	0.2%
11	2	0.3%
Total	656	100%

Given the high percentage of caregivers who responded to all or most of the survey items, all analyses were conducted using cases with no missing values on the variables used for the particular procedure in question (i.e., listwise deletion), and no missing data techniques were used.

**Response Patterns Across Survey Items.** Figure 13 shows the percentage of caregivers with particular response patterns across items. About 30 percent of caregivers answered ‘strongly agree’ to every item, and almost two-thirds (63%) of responses were in the range of ‘strongly agree’ and ‘somewhat agree.’ This may be evidence of a ceiling effect, which suggests that given the wording of the question or the response options, the respondents favored the highest response for all items. Less than one percent of caregivers answered either ‘strongly disagree’ and ‘somewhat disagree’, while six percent of caregivers answered either ‘somewhat disagree’ and ‘somewhat agree.’

The survey response patterns suggested that, though there might be ceiling effects for the items on the survey, it was not especially common for respondents to give the same response to every question on the survey.

**Figure 13: Proportion of Caregivers with Particular Average Response Patterns**



We investigated the possibility of duplicate cases in the caregiver survey. There are no individual level data that would be useful in identifying duplicate cases and, with the limited range of responses allowed in the survey (a four-item scale), it was not feasible to investigate whether there were duplicate cases.

### **Inter-Item Correlations and Consistency Analysis**

The correlations (Pearson's *r*) for questions 2-12 in the caregiver survey showed that the items were all positively associated with one another (higher scores on one item were associated with higher scores on another item). (See Appendix A for full correlation tables.) The degree of association between items was low to moderate, indicated by the fact that the majority of correlations were between .20 and .40. Correlations above .70 were not observed between any items, indicating less of a chance of a problematic overlap between items compared to the client survey.

The Cronbach's alpha for the nine items (items 2-10) in the caregiver survey was .87, indicating that responses to these questions were strongly consistent with one another. Table 14 shows the list of items used in the Cronbach's alpha calculation, and the alpha should each item be deleted. There is no item where deletion from the scale would change the alpha substantially.

**Table 14: Alpha if Item Deleted**

		<b>Cronbach's Alpha if Item Deleted</b>
All 9 Items	.87	
I feel less lonely.		0.87
I feel I have close ties to more people.		0.86
I am able to do more of the things I need to do.		0.85
I am able to do more of the things I want to do.		0.85
I am able to get short-term rest and relief.		0.85
I am able to find time to run errands.		0.86
I am able find time to attend to my personal and health care needs.		0.85
I am more satisfied with my life.		0.85
The person I care for is able to remain at home.		0.85

## Validity Study- Caregiver Survey

The validity analysis for the caregiver survey examined whether the items measured the survey domains of social loneliness and perceived social support. First, we conducted a factor analysis of the survey items. In subsequent analysis, we examined whether the factors varied in predictable ways based on grantee characteristics.

### Factor Analysis

The factor analysis <sup>12</sup> for the items in the caregiver survey was somewhat conclusive. First-stage analyses, shown in Figure 14, found that specifying two factors was a good-fit solution, with an Eigenvalue greater than 1 for the second factor.

<sup>12</sup> We conducted a principal components analysis, which is more amenable to non-normally-distributed indicators than a maximum likelihood method, using promax rotation for multiple orthogonal factors.

Figure 14: Results from First-Stage Exploratory Factor Analysis, Caregiver Respite Survey

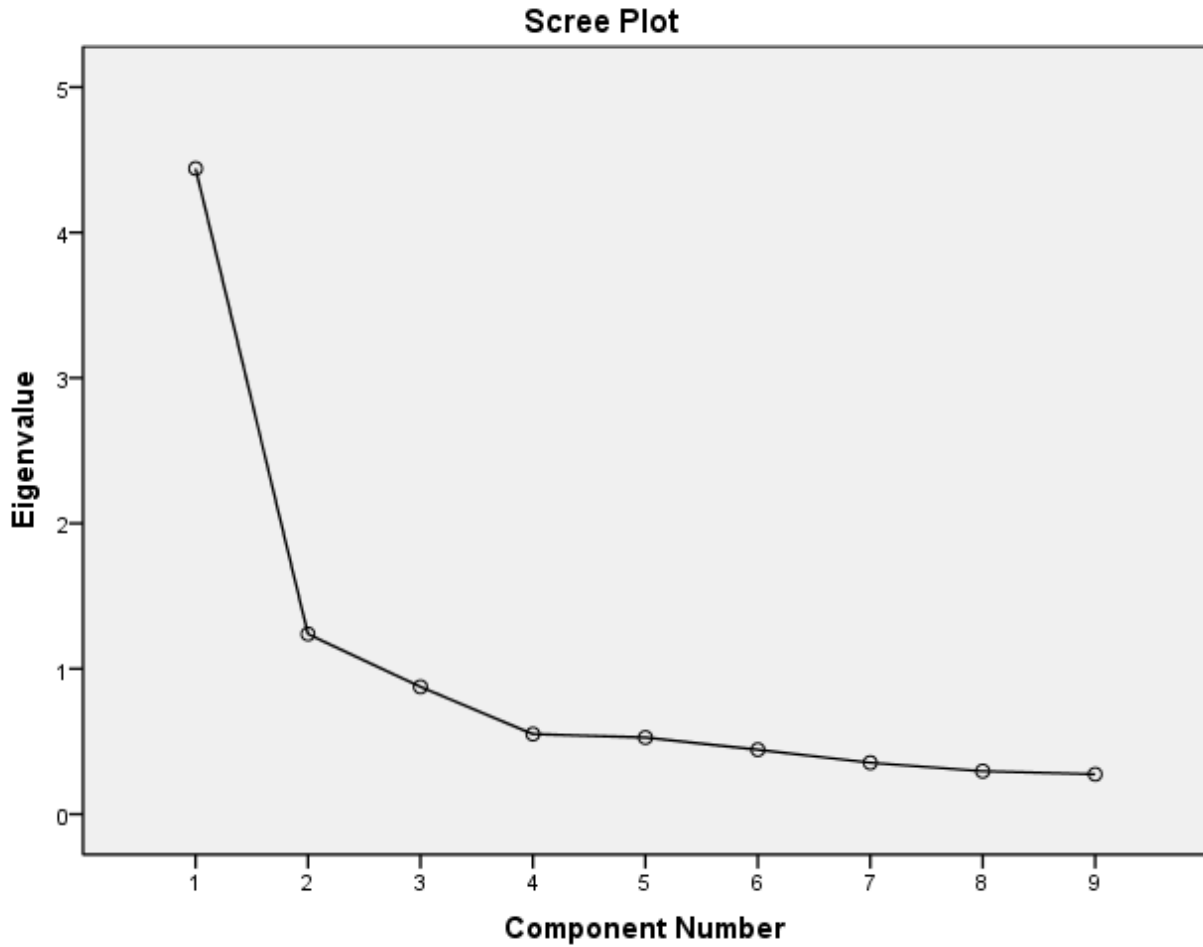


Table 15 shows the rotated factor pattern for the two-factor solution using items 2-10.

Table 15: Factor Loadings First Factor Analysis, All Nine Items

Item	Component 1	Component 2
I feel less lonely.		0.89
I feel I have close ties to more people.		0.87
I am able to do more of the things I need to do.	0.73	
I am able to do more of the things I want to do.	0.42	0.41
I am able to get short-term rest and relief.		0.62
I am able to find time to run errands.	0.63	
I am able find time to attend to my personal and health care needs.	0.87	
I am more satisfied with my life.	0.81	
The person I care for is able to remain at home.	0.91	

The highlighted factor loadings indicate that this item “I am able to do more of the things I want to do” is ‘cross-loaded,’ and including this item means that the factors are potentially less distinct from one another than they could be. Thus, it may be preferable to omit this item from the final factor solution, resulting in the factor

components and structure shown in Table 16. The analysis revealed two latent variables from the nine Likert scale items from the caregiver survey. One of the latent variables captures the caregivers' perceived social support, and includes five items. The second latent variable captures the caregivers' social loneliness, and includes three items.

**Table 16: Latent Construct Variables, Factor loadings for Second Adjusted Factor Analysis, Reduced Number of Items**

Item	Component 1: (Latent Construct) Perceived Social Support	Component 2: (Latent Construct) Social Loneliness
I feel less lonely.		0.90
I feel I have close ties to more people.		0.88
I am able to get short-term rest and relief.		0.58
I am able to do more of the things I need to do.	0.74	
I am able to find time to run errands.	0.64	
I am able find time to attend to my personal and health care needs.	0.86	
I am more satisfied with my life.	0.80	
The person I care for is able to remain at home.	0.90	

The two factors in the final factor model were positively correlated with one another at .47. Valid factors were calculated for 607 clients, due to the fact that complete data on all the indicators was required.

The validity of the latent constructs from the client and caregiver surveys was considered at the individual level by calculating the correlation between the constructs and the number of hours a client or caregiver reported receiving SCP services. No correlation was above .15 (the maximum-sized correlation found was .10), thus the results did not conclusively indicate any meaningful relationship between the number of hours spent with a companion or receiving respite services, social loneliness, and perceived social support.

We assessed the validity of the survey items by examining the association between each latent variable (Table 12 and Table 16) and grantee characteristics. We used a regression model to test whether the client and caregiver latent variables were significantly related to grantee characteristics. Grantee characteristics included the number of established clients and caregivers served (i.e., served for at least 1 year) that grantees provided at the time they submitted their client and caregiver survey data. The regression model included the client or caregiver latent variable as the dependent variable and grantee characteristics as the independent variable, with each independent variable tested separately. We calculated robust standard errors to account for the nested structure of the data. The dependent variables were measured at the client or caregiver level, the independent variables were measured at the grantee level. Given that there are multiple clients and caregivers per grantee, the responses from those respondents with the same grantee might be more similar to each other in contrast to a simple random sample. If the standard errors were not adjusted to account for the nested structure of the data, the test of statistical significance would be biased.

On average, grantees served about 113 established clients (SD = 171.30), with a range of 12 to 1,040 clients. The average number of established caregivers receiving respite services was 23 (SD = 29.58), with a range of zero to 148 caregivers (See Table 17).

**Table 17: Clients and Caregivers Served**

	Number of Grantees	Minimum	Maximum	Mean	Standard Deviation
Number of Clients Served for More than One Year	38	12	1040	112.95	171.301
Number of Caregivers Served for More than One Year	38	0	148	23.11	29.578

**Correlation of Grantee Characteristics with Client and Caregiver Constructs**

Table 18 shows the correlation coefficients between the social support, loneliness and self-efficacy constructs and number of clients and caregivers served. The asterisks indicate a significant association between the latent variable and grantee characteristics.

**Table 18: Correlations of Social Loneliness and Social Support, Self-Efficacy Constructs with Number of Clients and Caregivers Served**

	Client Constructs	Client Constructs	Caregiver Constructs	Caregiver Constructs
	Social Loneliness and Support	Perceived Self-efficacy	Social Support	Social Loneliness
Number of Clients Served for More than One Year	.01	.14*	-.09	.07
Number of Caregivers Served for More than One Year	-.04	-.01	-.39*	.03

\* Significant association at p=.05, as indicated by bivariate OLS regression, standard errors are adjusted for nesting of clients and caregivers within grantee.

Increased clients' social support scores were significantly associated with a higher number of clients served. Caregivers' social support scores were negatively associated with number of caregivers served. Neither of the associations were particularly large in magnitude (moderate to strong associations would be indicated by a correlation of .50 or above), and the inconsistent direction of the associations make them difficult to interpret.

As such, this attempt at validating the constructs from the survey is somewhat inconclusive. It would be useful to collect other client and caregiver related variables (such as demographic information, mental health status, health history) as well as a more diverse list of grantee characteristics, which would be useful in a future validity study of the surveys.

## Limitations

The reliability/validity analysis yielded some important findings, but some limitations should be noted. First, the analysis included a small number of items at the client and caregiver levels, and a few measures were available at the grantee level as well. As such, we were unable to conduct a full confirmatory factor analysis to test whether the factors that emerged from the data, and that could be tweaked based on the current set of responses, fit a second set of data and shared relations with other variables that one might expect. Second, the number of positive responses and observed ceiling effects perhaps signifies that survey responses are subject to aspects of social desirability, wherein clients and caregivers who are program beneficiaries want to answer the survey in a way that would please program staff and administrators. There was some evidence from the interviews to suggest that survey data was subject to positive bias. At least one project director told data collectors that funding “depends on meeting performance measures” and another director observed that clients and caregivers sometimes appeared to give the answer they thought program personnel wanted to hear.

Lastly, the survey responses appear to indicate high levels of program satisfaction, and high levels of social support and capabilities among clients and caregivers, but the current surveys do not allow for comparison of program beneficiaries before and after Senior Corps program services have been received. It is also not possible, given the current data, to compare program participants with non-participants to investigate whether program benefits were causally linked to participation in the Senior Corps program.

## Conclusions and Recommendations

The survey results showed that the majority of independent living clients spent three to four hours per week with their Senior Companion, with approximately one quarter spending more than 10 hours per week with a companion. A similar profile emerged from the caregiver survey, wherein the majority of caregivers reported receiving respite services for three to four hours per week, with over a third reporting receiving services for more than 10 hours per week.

Clients and caregivers expressed satisfaction with the Senior Companion program, and program participants reported high rates of perceived social support and self-efficacy. The modal response to each of the Likert scale questions was ‘strongly agree,’ and the number of clients and caregivers reporting that they either ‘somewhat or strongly agreed’ with each question was approximately 75 percent or more across both surveys.

Overall, the SCP grantees did a good job of administering the survey. Response rates were high among grantees (89 percent) and the data delivered was consistent and, in all but one case, met quality standards for inclusion in



the analysis. The average response rate was above 70 percent across the grantees for each survey. Interviews with eight grantees revealed that grantees often drew on their experiences with previous performance measurement surveys. As a result, they relied mostly on the written survey instructions provided in the T/TA materials. Attendance was strong at the survey orientation meeting, though lower for live follow-up events. Several grantees asked the Help Desk about accessing recorded webinars, and over half the grantees called the Help Desk. Most requests resulted in a referral to written T/TA materials. A small number of grantees required more extensive help. The patterns of responses on the survey were negligibly associated with the grantee's client and caregiver response rates. For a handful of items, responses were significantly more favorable when grantees submitted their data prior to the submission deadline of September 30, 2013.

The interviews with grantees provided some evidence that grantees' previous survey experience had helped them administer these surveys. At the same time, most project staff reported that they tended to sift through the written materials to find key information and skim the remaining materials. Most felt that a condensed version of the T/TA materials would be more useful for project staff that already had experience conducting similar surveys. An unintended outcome was that some grantees strayed from the approved survey protocol. The most commonly reported variances were not fully training survey helpers and not fully maintaining a neutral survey process.

The survey data appeared to be reliable and valid. The Likert scale items had some possible ceiling effects, where many responses to a given question were 'strongly agree', and a portion of both clients and caretakers answered 'strongly agree' to every question. Aside from this, the variability of responses was adequate to suggest that respondents were reading the questions and considering their responses. A few of the questions showed strong correlations with one another, indicating that these questions may overlap to a large degree.

The items on the client and caregiver surveys were internally consistent with each other. In the Cronbach's alpha analysis, all the items measured positive impacts or satisfaction with the program. The fact that they were consistent with one another means that if a person benefited from, or was satisfied with, the program in one way, then they would more positively rate other benefits or satisfaction aspects. In examining the questionnaire, one would expect this series of associations, so the fact that responses were consistent adds confidence that the questions were being answered in a realistic and anticipated fashion.

Confirming the expectations used in developing the questionnaire, the survey items on each survey aligned into groups or factors related to separate questionnaire domains. There were two factors for each survey. For the client survey, one grouping consisted of items related to 'Social Loneliness and Support' and the other group was 'Perceived Self-efficacy'. For the caregiver survey, the factors were 'Social Support' and 'Social Loneliness'. Though the items selected for the different factors were slightly different, the factors emerging from the client and caregiver survey responses were relatively comparable. For both surveys, there was one item in each survey that

cross-loaded on both factors, and these items might be candidates for revision, either by making them more direct indicators of one of the underlying factors or by separating them more distinctly from the two already identified factors.

The validity of the survey items and the factors was inconclusive. There were only two grantee-level variables available for the validity analysis. Having more analysis variables would be beneficial, at both the client/caregiver and grantee levels, for validating the survey items.

## Recommendations for Future Surveys

A key aspect of the SCP Independent Living study was to provide suggestions for improving the data collection efforts, and identifying barriers and best practices for achieving high response rates and overall data quality. The recommendations presented here encompass both best practices and lessons learned. The discussion of recommendations has separate sections for recommendations related to survey implementation and to survey items. The recommendations drew on the following sources:

- Meetings of the Field Working Group (FWG) and the Technical Working Group (TWG);
- Comments received from grantees through the Senior Corps Survey Help Desk;
- Feedback from individuals engaged in survey pre-testing;
- Comments from project directors at the Foster Grandparent and Senior Companion Directors Conference, April 2013;
- Feedback received from project staff participating in web-based group training;
- Comments from eight grantees that participated in qualitative interviews to assess their experience implementing surveys and using related T/TA resources; and
- Analysis of the survey data.

## Survey Implementation

Stakeholders were generous with feedback, resulting in many recommendations regarding survey implementation. To facilitate the discussion of survey implementation recommendations, this section has separate headings for communications, timing of data collection, use of field and technical working groups (FWG

and TWG), training and technical assistance materials, and survey administration.

## Communication

The recommendations that emerged from grantee feedback regarding communication pertain to future administrations of the *SCP Independent Living Performance Measurement* questionnaires as a census (as was done in 2013). Some of these recommendations are also applicable to conducting the survey as part of grantees' annual performance measurement.

- **C1: Keep grantees informed about survey tasks and timeline.** Keeping grantees apprised of important dates and tasks is essential to the success of conducting a census of independent living clients and caregivers. The key dates and tasks include the date when a survey will start and when it will end, and what grantees need to do at key junctures in the survey process. As was done in this study, the use of clear, consistent, and timely communication prior to survey rollout, at the midpoint of the survey, and before close-out kept grantees informed about survey requirements and available technical assistance. Project directors noted that a schedule of milestones distributed well in advance greatly increased their ability to coordinate the data collection resources and requirements. Early notification also allowed project directors to take full advantage of T/TA resources and to train survey helpers. Well-timed communication also can be helpful in getting grantee buy-in. For example, CNCS could disseminate a calendar of due dates and a list of relevant resources through the Knowledge Network and via email.
- **C2: Whenever possible, provide project directors with frequent reminders about deadlines.** Senior Companion project directors multi-task to manage staff and volunteers, maintain communication with local partners, and strive to ensure the highest quality service experience for volunteers and clients. In this environment, a single email about an important survey task or deadline may go unnoticed or soon be forgotten. Use of repeated reminders through multiple channels (e.g., email from Senior Corps headquarters, email and conference call reminders from CNCS state office staff) was a best practice that helped grantees remember and stay abreast of important survey tasks.
- **C3: Encourage grantees to seek buy-in from stakeholders early.** Key stakeholders include the project's advisory council, volunteers, and partner agencies that connect clients and caregivers. Grantees should be encouraged to contact these stakeholders early to explain the importance of the data collection effort and to identify any issues that may need to be addressed before data collection begins. Grantees can also enlist stakeholders to help with the survey process, for example, by providing lists of clients and caregivers to include in the survey and by letting staff, clients, and caregivers know

when to expect the surveys. As appropriate, grantees can also promote stakeholder buy-in by sharing results with partners.

- **C4:** Consider providing grantees with information to communicate with stakeholders about the value of the surveys for measuring outcomes. Grantees reported that stakeholders were more motivated to participate in a survey when they understood the potential “payoff” of participation for themselves and others. One key payoff was the ability to collect information on client and caregiver outcomes associated with services provided by Senior Companions. For future data collections, grantees can be encouraged to share information via the Knowledge Network on effective ways of using survey results to inform stakeholders and potential funders about the positive outcomes experienced by clients and caregivers.
- **C5: Consider providing regular and timely information to grantees about the availability of survey resources.** This recommendation promotes good practices in conducting the surveys and builds on grantees’ appreciation of emailed links to relevant T/TA resources. These links can be included in regular and frequent communications, such as reminders about survey tasks at the start, mid-point, and close-out of the survey process.

### Timing of Data Collection

Although there was limited flexibility in FY2013 to adjust the timing of data collection, some adjustments were made in response to stated grantee needs. In the future, greater inclusion of grantees in data collection planning may promote higher rates of grantee participation and increase response rates. The following recommendations were identified during FY2013:

- **TDC1: Allow grantees more time to complete data collection.** Several project directors requested that CNCS extend the deadline for survey completion. The original 85 day time period was too short. CNCS extended the time period another three months and additional grantees participated.
- **TDC2: Incorporate flexibility into the data collection schedule.** Project directors often have their own data collection schedules. Flexibility in scheduling would allow grantees to coordinate CNCS data collection requirements with their own schedules and with the data collection requirements of other funders. For large grantees, data collection takes considerable coordination with volunteer stations, which adds to the time required to complete the process. Allowing for greater flexibility in the timing of data collection would help grantees complete data collection with a minimum of disruption to other program functions.

- **TDC3: Coordinate various CNCS studies to avoid “study fatigue”.** Feedback from project directors indicated concerns about burdening volunteers and clients with too many surveys administered in a relatively short time span. Administering two similar surveys in rapid succession also has the potential to confuse grantees and respondents, and to increase refusal rates. For example, SCP grantees participated in three CNCS sponsored studies: a volunteer survey, the client and caregiver independent living study, and requests for sampling information for a telephone survey of clients. Studies either overlapped or followed one another in quick succession. Timing all data collection so that studies do not overlap and there are intervals between studies would reduce “study fatigue” and confusion.
- **TDC4:** Consider consulting grantees when planning the timing of the data collection and providing earlier notice of proposed timing. Early communication with grantees involved would provide timely feedback regarding the feasibility of proposed data collection periods and allow projects to anticipate staffing needs during these same periods.

### Using Field and Technical Working Groups

The Field Working Group (FWG) and the Technical Working Group (TWG) provided useful feedback and suggestions regarding design and implementation of the studies. The FWG was composed of Senior Corps project directors and provided feedback on T/TA materials and on the feasibility of study design and timing. In addition, several FWG members assisted with pre-testing of surveys and related materials. Ad hoc meetings with some of the TWG members with expertise in specific technical areas proved to be very effective for refining and strengthening study designs. CNCS may wish to consider using similar types of Technical and field working groups in the future. We identified the following recommendations related to these types of consultation groups:

- **WG1: Involve working groups in early stages of survey and material development to maximize their ability to give input.** Due to the project schedule, the working groups were formed after the survey and materials had already received OMB clearance, which constrained the ability to integrate their feedback into the current data collection. Ideally, these groups and their timeline would allow for maximum integration of feedback into plans and materials.
- **WG2: Rely on working group members to address focused topics.** Use of ad hoc groups consisting of a subset of working group members proved highly successful. It allowed for in-depth discussions with individual members who have specialized knowledge or expertise in a particular topic area. Reliance on a smaller group for a specific task also provided greater flexibility in planning and scheduling meetings. Future engagement with working groups could include explicit planning for meetings with working group members to address focused topics.

- **WG3: Continue to rely on online scheduling tools for organizing working group meetings.** The use of emails and the online scheduling applications facilitated communication with FWG and TWG members to schedule meetings. Working group members reported no problems using these tools, which allowed for seamless coordination among the members.

### Training and Technical Assistance Materials

Suggestions for improving the training and technical assistance materials came from FWG and TWG members, pilot-test participants, post-survey interviews with grantees and a review of Help Desk data. The suggestions are as follows:

- **TTA1: Maximize the utilization of T/TA resources.** Early and frequent communication with CNCS State Offices and grantees about the availability of resources could lead to effective utilization of T/TA. Providing grantees with more detailed information on upcoming web-based training would also help project staff make informed decisions about the potential benefit of attending the training.
- **TTA2: Provide a condensed version of essential T/TA information for experienced grantees.** To avoid grantees applying incorrect procedures that would undermine data quality, condensed T/TA materials could include a tip sheet of “Do’s and Don’ts” highlighting the most essential procedural aspects of the data collection process and minimize the possibility of compromising data quality (e.g., Senior Companions assisting their clients to complete the survey). The condensed materials could include references directing grantees to specific sections of the more in-depth materials. CNCS State Office staff could also refer less experienced grantees to the more comprehensive version of the T/TA materials.

### Survey Administration

The FWG and TWG members, and pilot participants reviewed the survey instruments. Specific feedback received about the surveys and materials is included below.

- **SA1: Consider employing multiple methods whenever possible to collect data from clients and caregivers.** In the post-survey interviews, grantees with the highest response rates used multiple methods. The methods that seemed to be particularly effective for the project directors were hand delivery and in-person interviews. For the future, grantees that choose to conduct telephone interviews should allow adequate time for this activity.
- **SA2:** Grantees that choose to rely on telephone surveys can increase cooperation by directly

referencing the name of the volunteer who serves the client when introducing the survey (e.g., “Please comment on the services provided by Sandy, your Senior Companion”). Project Directors reported that clients and caregivers were more likely to recognize the call as coming from a valid source rather than from a phone scammer. This practice addressed seniors’ concerns about and vulnerability to phone scams.

- **SA3: Consider translating surveys into additional languages.** Several grantees that contacted the Help Desk requested the surveys be made available in additional languages, including Somali and Amharic. It may be useful to canvas grantees to find out which languages are prevalent in their service population.
- **SA4: Rely on Senior Companions to inform clients and caregivers about the survey in advance.** Members of the FWG noted that relying on Senior Companions to inform the clients and caregivers they serve about an upcoming survey was the best way to avoid any confusion on the part of potential respondents and to increase cooperation. The Senior Companion represents a trustworthy source of information.
- **SA5: Create a version of the client survey designed specifically for use with surrogate or proxy respondents.** Many clients served by Senior Companions have physical and/or cognitive disabilities that prevent them from completing the survey without the help of a surrogate respondent. In the current study, grantees relied on one version of survey (i.e., for clients) to administer the survey to surrogates/proxies. In the future, it would be helpful to provide grantees with a version of the survey specially designed for use with surrogate/proxy respondents. This version would include the following adjustments:
  - Screening questions to determine whether the person will be an appropriate proxy;
  - Use of “the client” instead of “I” in the items;
  - Exclusion of items of a subjective nature (i.e., questions about how the client feels); and
  - A “don’t know” response option.
- **SA6: Continue to provide grantees with the *Client-Caregivers Surveys Spreadsheet* as a tool for aggregating survey data.** Many grantees found it helpful to have a programmed spreadsheet for aggregating survey data and calculating survey results. Grantees reported almost no problems using the spreadsheet. The spreadsheet could also serve as a convenient tool for CNCS State Offices to monitor

the data collection efforts of grantees.

## Recommendations for the Survey Instrument

Below are the recommendations for potential future improvements of the survey instruments, based on the findings from the survey data analysis and from discussions with the FWG, TWG, and SCP Grantees:

**SI1: Consider revising the items that were strongly related to one another.** This would be items such as items 12 and 13 on the client survey (“Overall I am satisfied with my Senior Companion volunteer”, “Overall the Senior Companion Program has met my expectations”), and items 11 and 12 on the caregiver survey (“Overall I am satisfied with my caregiver respite Senior Companion volunteer”, “Overall the Senior Companion Program has met my expectations”). The revision would make them more distinct, if possible, or perhaps even reduce the number of questions from two to one.

- **SI2: Examine the factors that emerged from the client and caregiver survey items, and consider their alignment with the underpinning constructs the survey was designed to measure.** It would be useful to consider whether the questionnaires include sufficient items to give reliable estimates of key constructs. While grantees appreciated the brevity of the client and caregiver surveys, TWG members noted that the surveys only contained two items measuring social ties and perceived social support (items 2 and 3 in the client and caregiver surveys). The reliability of these constructs could be improved without adding substantially to respondent burden by adding several questions exploring additional facets of the key constructs.
- **SI3: Consider revising or omitting questions that are cross-loaded on multiple factors.** One item each from the client survey (‘I am eating regularly scheduled meals’) and one item from the caregiver survey (“I am able to do more of the things I want to do”) were removed from the factor analysis because they were moderately associated with more than one factor. These items might be potential candidates for dropping from future surveys to improve the strength of constructs emerging when all the survey items are used for a factor analysis.
- **SI4: Consider expanding data collection to include more questions about client and caregiver characteristics.** Including grantee characteristics and multiple time points would allow for continued validation of the survey instrument and increased understanding of the benefits of the program.
- **SI5: Consider adding an answer options for “not applicable” to the Likert scale items on both surveys.** It would also be advisable to provide instructions on how to deal with items that do not apply



(e.g., “leave question blank if it does not apply to you”). Project director interviews and non-response analysis indicated that some of the items might not have applied to the respondent’s situation or companion’s role.

- **SI6:** Consider reordering the response scale with “strongly agree” on left (positive to negative) or take out the numbers. Some clients may see “1” as positive as in “My companion is number 1!” (both surveys, 2-13).
- **SI7:** Consider reordering the questions so the survey does not start with a focus on what respondents’ lack. For example, list items 7, 8, 9, 11 (see Table 4), followed by items 1 through 6, and then items 10, 12, and 13. For example, the item “I feel less lonely” may set a negative tone at the beginning of the survey. Some respondents may not answer it because they would see it as not applicable.
- **SI8:** Consider expanding the Caregiver survey to provide a definition for the term “respite” directly on the survey (questions 1-13).
- **SI9:** Consider omitting either question four or five from the Caregiver survey, as respondents have difficulty discerning a difference between “need to” and “want to”.
- **SI10:** Consider adding a self-reported health item to survey, (e.g., “Would you say your health is excellent, very good, good, fair, or poor?”). This addition would allow for the analysis of possible well being and subjective health benefits of social ties and perceived support.
- **SI11:** Expand on the questions’ response sections in both surveys to include a place for the respondent to write additional comments. This addition would provide grantees with “stories” useful for qualitative reporting.
- **SI12:** Consider adding an item to the Client survey, “I have increased access to opportunities and services in my community.” This additional question would recognize the role Senior Companions play in helping to get clients out of the house and into the community.
- **SI13:** Consider adding an item to the Client survey, “Having a Senior Companion helps me live independently.” This is a major goal of the service and the other questions do not measure it as directly.
- **SI14:** Consider adding the item to the Caregiver survey, “My stress as a caregiver has

**decreased.”** This is a major goal of the service and the other questions do not measure it as directly.

Overall, this section presents a wealth of suggestions for improving the *SCP Independent Living Performance Measurement Survey* received from stakeholders including grantees, volunteers, clients, caregivers, and researchers. All of the suggestions seek to strengthen the survey and many seek to expand it. As such, they demonstrate the interest and commitment of the SCP community for valid, reliable and useful information on SCP services to clients and caregivers.

# Appendix A

## Client Survey: Correlations, Items 2 through 13

	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12
Q2: I feel less lonely.	--										
Q3: I feel I have close ties to more people.	.52	--									
Q4: I am able to do more of the things I need to do.	.38	.43	--								
Q5: I am able to do more of the things I want to do.	.40	.47	.74	--							
Q6: I can remain living in my own home.	.36	.35	.40	.41	--						
Q7: I am eating regularly scheduled meals.	.33	.38	.37	.34	.42	--					
Q8: I am able to get to medical appointments.	.28	.24	.42	.35	.38	.46	--				
Q9: I am able to get to the grocery store.	.25	.25	.48	.43	.35	.36	.74	--			
Q10: "I am able to take care of other necessary errands/appointments."	.29	.31	.51	.47	.38	.42	.71	.78	--		
Q11: I am more satisfied with my life.	.46	.45	.50	.49	.39	.38	.36	.37	.45	--	
Q12: Overall, I am satisfied with my Senior Companion volunteer.	.44	.43	.36	.37	.38	.35	.31	.30	.33	.48	--
Q13: Overall, the Senior Companion Program has met my expectations.	.44	.42	.38	.39	.39	.34	.32	.30	.34	.49	.79.

Caregiver Survey: Correlations, Items 2 through 12

	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11
Q2: I feel less lonely.	--									
Q3: I feel I have close ties to more people.	.60	--								
Q4: I am able to do more of the things I need to do.	.27	.37	--							
Q5: I am able to do more of the things I want to do.	.37	.39	.58	--						
Q6: I am able to get short-term rest and relief.	.41	.52	.42	.58	--					
Q7: I am able to find time to run errands.	.24	.30	.55	.47	.48	--				
Q8: I am able find time to attend to my personal and health care needs.	.28	.33	.52	.44	.44	.51	--			
Q9: I am more satisfied with my life.	.35	.39	.52	.42	.41	.36	.65	--		
Q10: The person I care for is able to remain at home.	.23	.29	.55	.35	.33	.43	.61	.65	--	
Q11: Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.	.13	.19	.50	.25	.24	.30	.67	.60	.67	--
Q12: Overall, the Senior Companion Program has met my expectations.	.31	.37	.43	.47	.45	.37	.41	.46	.33	.44

Non-Response Analysis, Client Survey: Comparing Mean Response Base on Grantee Response Rate<sup>13</sup>

	Group	Mean	Standard Deviation	t	df	Sig. (2-tailed)
Q1 In a typical week, my Senior Corps Volunteer is with me for _____ hours	Response Rate at or above 80%	10.85	6.02	2.01	35.40	0.052
Q1 In a typical week, my Senior Corps Volunteer is with me for _____ hours	Response Rate below 80%	7.49	4.24	2.01	35.40	0.052
Q2 I feel less lonely	Response Rate at or above 80%	3.68	0.21	0.99	32.02	0.331
Q2 I feel less lonely	Response Rate below 80%	3.61	0.24	0.99	32.02	0.331
Q3 I feel I have close ties to more people	Response Rate at or above 80%	3.42	0.33	0.10	35.91	0.919
Q3 I feel I have close ties to more people	Response Rate below 80%	3.41	0.28	0.10	35.91	0.919
Q4 I am able to do more of the things I need to do	Response Rate at or above 80%	3.46	0.25	-0.13	25.50	0.895
Q4 I am able to do more of the things I need to do	Response Rate below 80%	3.48	0.40	-0.13	25.50	0.895
Q5 I am able to do more of the things I want to do	Response Rate at or above 80%	3.48	0.22	0.74	23.26	0.465
Q5 I am able to do more of the things I want to do	Response Rate below 80%	3.40	0.41	0.74	23.26	0.465
Q6 I can remain living in my own home	Response Rate at or above 80%	3.63	0.36	-0.17	35.58	0.865
Q6 I can remain living in my own home	Response Rate below 80%	3.64	0.26	-0.17	35.58	0.865
Q7 I am eating regularly scheduled meals	Response Rate at or above 80%	3.47	0.42	-0.23	35.58	0.823
Q7 I am eating regularly scheduled meals	Response Rate below 80%	3.50	0.38	-0.23	35.58	0.823
Q8 I am able to get to medical appointments	Response Rate at or above 80%	3.32	0.51	-0.53	31.73	0.602
Q8 I am able to get to medical appointments	Response Rate below 80%	3.42	0.59	-0.53	31.73	0.602
Q9 I am able to get to the grocery store	Response Rate at or above 80%	3.24	0.55	-0.81	34.98	0.425
Q9 I am able to get to the grocery store	Response Rate below 80%	3.38	0.48	-0.81	34.98	0.425
Q10 I am able to take care of other necessary errands/appointments	Response Rate at or above 80%	3.24	0.45	-0.67	32.46	0.506
Q10 I am able to take care of other necessary errands/appointments	Response Rate below 80%	3.34	0.51	-0.67	32.46	0.506

<sup>13</sup> Analysis for all non-response was independent samples t-tests, where equal variances were not assumed

	Group	Mean	Standard Deviation	t	df	Sig. (2-tailed)
Q11 I am more satisfied with my life	Response Rate at or above 80%	3.63	0.26	0.28	35.99	0.783
Q11 I am more satisfied with my life	Response Rate below 80%	3.61	0.20	0.28	35.99	0.783
Q12 Overall, I am satisfied with my Senior Companion volunteer	Response Rate at or above 80%	3.87	0.14	0.35	35.90	0.732
Q12 Overall, I am satisfied with my Senior Companion volunteer	Response Rate below 80%	3.85	0.11	0.35	35.90	0.732
Q13 Overall, the Senior Companion Program has met my expectations	Response Rate at or above 80%	3.86	0.13	0.75	35.90	0.457
Q13 Overall, the Senior Companion Program has met my expectations	Response Rate below 80%	3.83	0.10	0.75	35.90	0.457

*Note: Number of grantees with client response rate at or above 80% was 21; Number of grantees with response rate below 80% was 17*

**Non-Response Analysis, Caregiver Survey: Comparing Mean Response Base on Grantee Response Rate**

	Group	Mean	Standard Deviation	t	df	Sig. (2-tailed)
<b>Q1 In a typical week, how many hours does your Senior Companion Volunteer provide respite services?</b>	Response Rate at or above 80%	13.05	5.86	2.64	28.49	0.013
<b>Q1 In a typical week, how many hours does your Senior Companion Volunteer provide respite services?</b>	Response Rate below 80%	8.54	3.61	2.64	28.49	0.013
<b>Q2 I feel less lonely.</b>	Response Rate at or above 80%	3.47	0.49	-0.33	26.98	0.744
<b>Q2 I feel less lonely.</b>	Response Rate below 80%	3.52	0.34	-0.33	26.98	0.744
<b>Q3 I feel I have close ties to more people.</b>	Response Rate at or above 80%	3.45	0.44	0.65	23.71	0.520
<b>Q3 I feel I have close ties to more people.</b>	Response Rate below 80%	3.35	0.38	0.65	23.71	0.520
<b>Q4 I am able to do more of the things I need to do.</b>	Response Rate at or above 80%	3.69	0.29	-0.18	25.51	0.855
<b>Q4 I am able to do more of the things I need to do.</b>	Response Rate below 80%	3.71	0.23	-0.18	25.51	0.855
<b>Q5 I am able to do more of the things I want to do.</b>	Response Rate at or above 80%	3.66	0.27	1.90	16.29	0.076
<b>Q5 I am able to do more of the things I want to do.</b>	Response Rate below 80%	3.42	0.36	1.90	16.29	0.076
<b>Q6 I am able to get short-term rest and relief.</b>	Response Rate at or above 80%	3.69	0.45	1.08	28.36	0.288
<b>Q6 I am able to get short-term rest and relief.</b>	Response Rate below 80%	3.54	0.28	1.08	28.36	0.288
<b>Q7 I am able to find time to run errands.</b>	Response Rate at or above 80%	3.67	0.36	0.92	24.64	0.364
<b>Q7 I am able to find time to run errands.</b>	Response Rate below 80%	3.56	0.29	0.92	24.64	0.364
<b>Q8 I am able find time to attend to my personal and health care needs.</b>	Response Rate at or above 80%	3.60	0.34	0.09	24.39	0.930
<b>Q8 I am able find time to attend to my personal and health care needs.</b>	Response Rate below 80%	3.59	0.28	0.09	24.39	0.930
<b>Q9 I am more satisfied with my life.</b>	Response Rate at or above 80%	3.59	0.41	0.08	25.37	0.935
<b>Q9 I am more satisfied with my life.</b>	Response Rate below 80%	3.57	0.32	0.08	25.37	0.935

	Group	Mean	Standard Deviation	t	df	Sig. (2-tailed)
<b>Q10 The person I care for is able to remain at home.</b>	Response Rate at or above 80%	3.72	0.38	0.06	22.96	0.954
<b>Q10 The person I care for is able to remain at home.</b>	Response Rate below 80%	3.71	0.34	0.06	22.96	0.954
<b>Q11 Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.</b>	Response Rate at or above 80%	3.85	0.22	-0.36	26.37	0.724
<b>Q11 Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.</b>	Response Rate below 80%	3.87	0.16	-0.36	26.37	0.724
<b>Q12 Overall, the Senior Companion Program has met my expectations.</b>	Response Rate at or above 80%	3.84	0.18	0.68	20.43	0.505
<b>Q12 Overall, the Senior Companion Program has met my expectations.</b>	Response Rate below 80%	3.79	0.18	0.68	20.43	0.505

*Note: Number of grantees with caregiver response rate at or above 80% was 20; Number of grantees with response rate below 80% was 12.*



**Non-Response Analysis: Comparing Client and Caregiver Mean Response Base on When Grantees Submitted their Data**

	<b>Group</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>t</b>	<b>df</b>	<b>Sig. (2-tailed)</b>
<b>Q1 In a typical week, my Senior Corps Volunteer is with me for _____ hours</b>	Data Sent Prior to Deadline	11.54	6.36	1.55	17.17	0.140
<b>Q1 In a typical week, my Senior Corps Volunteer is with me for _____ hours</b>	Data Sent on or After Deadline	8.34	4.85	1.55	17.17	0.140
<b>Q2 I feel less lonely</b>	Data Sent Prior to Deadline	3.75	0.11	2.59	36.00	0.014
<b>Q2 I feel less lonely</b>	Data Sent on or After Deadline	3.60	0.25	2.59	36.00	0.014
<b>Q3 I feel I have close ties to more people</b>	Data Sent Prior to Deadline	3.48	0.27	0.99	25.23	0.331
<b>Q3 I feel I have close ties to more people</b>	Data Sent on or After Deadline	3.38	0.32	0.99	25.23	0.331
<b>Q4 I am able to do more of the things I need to do</b>	Data Sent Prior to Deadline	3.52	0.26	0.71	28.27	0.486
<b>Q4 I am able to do more of the things I need to do</b>	Data Sent on or After Deadline	3.45	0.35	0.71	28.27	0.486
<b>Q5 I am able to do more of the things I want to do</b>	Data Sent Prior to Deadline	3.52	0.22	1.13	31.54	0.266
<b>Q5 I am able to do more of the things I want to do</b>	Data Sent on or After Deadline	3.41	0.35	1.13	31.54	0.266
<b>Q6 I can remain living in my own home</b>	Data Sent Prior to Deadline	3.79	0.11	3.03	33.09	0.005
<b>Q6 I can remain living in my own home</b>	Data Sent on or After Deadline	3.56	0.35	3.03	33.09	0.005
<b>Q7 I am eating regularly scheduled meals</b>	Data Sent Prior to Deadline	3.60	0.33	1.33	27.05	0.193
<b>Q7 I am eating regularly scheduled meals</b>	Data Sent on or After Deadline	3.43	0.42	1.33	27.05	0.193
<b>Q8 I am able to get to medical appointments</b>	Data Sent Prior to Deadline	3.48	0.62	0.78	18.20	0.443
<b>Q8 I am able to get to medical appointments</b>	Data Sent on or After Deadline	3.31	0.50	0.78	18.20	0.443
<b>Q9 I am able to get to the grocery store</b>	Data Sent Prior to Deadline	3.37	0.60	0.51	18.01	0.613
<b>Q9 I am able to get to the grocery store</b>	Data Sent on or After Deadline	3.27	0.48	0.51	18.01	0.613
<b>Q10 I am able to take care of other necessary errands/appointments</b>	Data Sent Prior to Deadline	3.32	0.48	0.31	22.23	0.756

	Group	Mean	Standard Deviation	t	df	Sig. (2-tailed)
Q10 I am able to take care of other necessary errands/appointments	Data Sent on or After Deadline	3.27	0.49	0.31	22.23	0.756
Q11 I am more satisfied with my life	Data Sent Prior to Deadline	3.67	0.24	0.74	20.33	0.467
Q11 I am more satisfied with my life	Data Sent on or After Deadline	3.60	0.23	0.74	20.33	0.467
Q12 Overall, I am satisfied with my Senior Companion volunteer	Data Sent Prior to Deadline	3.91	0.06	2.32	36.00	0.026
Q12 Overall, I am satisfied with my Senior Companion volunteer	Data Sent on or After Deadline	3.84	0.14	2.32	36.00	0.026
Q13 Overall, the Senior Companion Program has met my expectations	Data Sent Prior to Deadline	3.91	0.08	2.66	33.13	0.012
Q13 Overall, the Senior Companion Program has met my expectations	Data Sent on or After Deadline	3.82	0.13	2.66	33.13	0.012

	Group	Mean	Standard Deviation	t	df	Sig. (2-tailed)
Q1 In a typical week, how many hours does your Senior Companion Volunteer provide respite services?	Data Sent Prior to Deadline	12.69	6.69	0.84	15.97	0.415
Q1 In a typical week, how many hours does your Senior Companion Volunteer provide respite services?	Data Sent on or After Deadline	10.77	4.88	0.84	15.97	0.415
Q2 I feel less lonely.	Data Sent Prior to Deadline	3.62	0.29	1.40	28.83	0.171
Q2 I feel less lonely.	Data Sent on or After Deadline	3.42	0.49	1.40	28.83	0.171
Q3 I feel I have close ties to more people.	Data Sent Prior to Deadline	3.58	0.25	1.98	28.99	0.058
Q3 I feel I have close ties to more people.	Data Sent on or After Deadline	3.32	0.46	1.98	28.99	0.058
Q4 I am able to do more of the things I need to do.	Data Sent Prior to Deadline	3.81	0.18	2.02	28.69	0.053
Q4 I am able to do more of the things I need to do.	Data Sent on or After Deadline	3.64	0.29	2.02	28.69	0.053
Q5 I am able to do more of the things I want to do.	Data Sent Prior to Deadline	3.73	0.18	2.55	28.97	0.016
Q5 I am able to do more of the things I want to do.	Data Sent on or After Deadline	3.49	0.35	2.55	28.97	0.016

	Group	Mean	Standard Deviation	t	df	Sig. (2-tailed)
Q6 I am able to get short-term rest and relief.	Data Sent Prior to Deadline	3.78	0.16	1.98	25.55	0.058
Q6 I am able to get short-term rest and relief.	Data Sent on or After Deadline	3.56	0.46	1.98	25.55	0.058
Q7 I am able to find time to run errands.	Data Sent Prior to Deadline	3.78	0.19	2.14	28.93	0.041
Q7 I am able to find time to run errands.	Data Sent on or After Deadline	3.56	0.38	2.14	28.93	0.041
Q8 I am able find time to attend to my personal and health care needs.	Data Sent Prior to Deadline	3.74	0.15	2.49	28.05	0.019
Q8 I am able find time to attend to my personal and health care needs.	Data Sent on or After Deadline	3.51	0.35	2.75	28.96	0.010
Q9 I am more satisfied with my life.	Data Sent Prior to Deadline	3.78	0.21	2.75	28.96	0.010
Q9 I am more satisfied with my life.	Data Sent on or After Deadline	3.47	0.40	2.75	28.96	0.010
Q10 The person I care for is able to remain at home.	Data Sent Prior to Deadline	3.83	0.20	1.61	28.75	0.118
Q10 The person I care for is able to remain at home.	Data Sent on or After Deadline	3.65	0.42	1.61	28.75	0.118
Q11 Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.	Data Sent Prior to Deadline	3.90	0.12	1.08	28.90	0.287
Q11 Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.	Data Sent on or After Deadline	3.83	0.23	1.08	28.90	0.287
Q12 Overall, the Senior Companion Program has met my expectations.	Data Sent Prior to Deadline	3.85	0.13	0.73	27.92	0.469
Q12 Overall, the Senior Companion Program has met my expectations.	Data Sent on or After Deadline	3.81	0.20	0.73	27.92	0.469

*Note: Number of grantees submitting data prior to September 30<sup>th</sup> 2013 was 12; Number of grantees submitting data on or after September 30<sup>th</sup> 2013 was 26.*

## Appendix B

The *SCP Independent Living Performance Measurement Survey* consisted of 13 items in the client survey, and 12 items in the caregiver respite survey. The first question asked respondents to write in the number of hours per week they spent with their Senior Companion. Responses to the other survey items used a scale of 1 to 4, ranging from strongly disagree (1) to strongly agree (4).

Thirty-nine (n=39) grantees participated. One grantee administered surveys to both established and non-established clients and caregivers. It was not possible to determine which responses were from “established” respondents, this grantee was excluded from all analyses, and from the individual-level response rate calculations. Of the 38 grantees, 31 also administered the caregiver survey.

The independent living client data file consisted of 3,048 respondents. The caregiver survey data file consisted of 656 respondents.

SCP Independent Living Performance Measurement Survey, Frequency of Survey Items from Clients

	N	Number of respondents who did not answer	Mean	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
Q1. In a typical week, my Senior Corps Volunteer is with me for ____ hours	2,999	46	7.01 Minimum = 1 Maximum = 40	N/A	N/A	N/A	N/A
Q2. I feel less lonely.	2,987	61	3.66	48	60	751	2128
Q3. I feel I have close ties to more people.	2,949	99	3.49	50	169	1003	1727
Q4. I am able to do more of the things I need to do.	2,895	153	3.53	74	151	842	1828
Q5. I am able to do more of the things I want to do.	2,894	154	3.52	79	164	825	1826
Q6. I can remain living in my own home.	2,795	253	3.66	63	113	531	2088
Q7. I am eating regularly scheduled meals.	2,822	226	3.54	84	168	717	1853
Q8. I am able to get to medical appointments.	2,610	438	3.43	187	143	631	1649
Q9. I am able to get to the grocery store.	2,618	430	3.40	217	147	632	1622
Q10. I am able to take care of other necessary errands/appointments.	2,683	365	3.39	194	150	757	1582
Q11. I am more satisfied with my life.	2,945	103	3.62	34	87	832	1992
Q12. Overall, I am satisfied with my Senior Companion volunteer.	3,031	17	3.87	28	24	267	2712
Q13. Overall, the Senior Companion Program has met my expectations.	3,009	39	3.84	30	25	328	2626

	N	Number of respondents who did not answer	Mean	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
<b>Q1. In a typical week, how many hours does your Senior Companion Volunteer provide respite services?</b>	652	4	11.16 Minimum = 1 Maximum = 40	N/A	N/A	N/A	N/A
<b>Q2. I feel less lonely.</b>	635	21	3.55	13	26	194	402
<b>Q3. I feel I have close ties to more people.</b>	636	20	3.45	11	40	234	351
<b>Q4. I am able to do more of the things I need to do.</b>	648	8	3.63	5	17	191	435
<b>Q5. I am able to do more of the things I want to do.</b>	646	10	3.65	5	30	149	462
<b>Q6. I am able to get short-term rest and relief.</b>	646	10	3.72	7	12	134	493
<b>Q7. I am able to find time to run errands.</b>	643	13	3.68	11	17	138	477
<b>Q8. I am able find time to attend to my personal and health care needs.</b>	636	20	3.54	10	28	209	389
<b>Q9. I am more satisfied with my life.</b>	640	16	3.52	4	32	234	370
<b>Q10. The person I care for is able to remain at home.</b>	642	14	3.59	7	30	184	421
<b>Q11. Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.</b>	651	5	3.70	3	16	153	479
<b>Q12. Overall, the Senior Companion Program has met my expectations.</b>	654	2	3.85	4	3	83	564

# SCP Independent Living Performance Measurement Survey: Process, Rationale, Results, and Recommendations

September 2014

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The mission of the Corporation for National and Community Service (CNCS) is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. CNCS, a federal agency, engages more than five million Americans in service through AmeriCorps, Senior Corps, the Social Innovation Fund, the Volunteer Generation Fund, and other programs, and leads the President's national call to service initiative, United We Serve. For more information, visit [NationalService.gov](http://NationalService.gov).

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Conceived during John F. Kennedy's presidency, Senior Corps currently links more than 360,000 Americans to service opportunities. Their contributions of skills, knowledge, and experience make a real difference to individuals, nonprofits, and faith-based and other community organizations throughout the United States.

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