

Reporting Results of the Healthy Futures Surveys

2014 SCP Grantees



Reporting Results of the Healthy Futures Surveys

(2014 Senior Companion Program Grantees)



April 30, 2014

1 PM Eastern

10 AM Pacific

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Agenda

- Overview of the Process
- Aggregating Results: Using the Client-Caregiver Surveys Spreadsheet
- Reporting Results in the PPR
- Other Uses for the Survey Data
- Technical Assistance Resources
- Q & A

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Resources

- National Service Knowledge Network
www.nationalserviceresources.gov/scp-surveys

Senior Corps Survey Technical Support

- Telephone: 1-800-207-0750
- Email: SCSurvey@jbsinternational.com

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Overview of the Process

1. Preparation

Download resources; talk to stakeholders; list clients/caregivers; decide how to give out surveys; prepare survey helpers.

2. Distribute and collect the surveys

Include follow-up; keep surveys for your records.

3. **Summarize the data**

Enter data into spreadsheet (recommended) and report results in PPR.

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Client-Caregiver Surveys Spreadsheet

- Recommended for aggregating data from the SCP Performance Measure Surveys
- Automatically calculates outcome results to report for Healthy Futures measures H9 and H14
- User does not need to be expert
- Keep it for your records
- Find it at: www.nationalserviceresources.gov/scp-surveys with step-by-step instructions.

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Data Entry Steps

1. Download and save the spreadsheet.
2. View the three worksheets: [Summary](#), [Client Survey](#), and [Caregiver Survey](#).
3. Fill in yellow cells in the Summary worksheet.
4. Enter data from the *SCP Independent Living Performance Measure Surveys* into the Client Survey worksheet.
5. Enter data from the *SCP Respite Performance Measure Surveys* into the Caregiver Survey worksheet.
6. Review the spreadsheet.
7. Report results. Save the file for your records.

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www.nationalservicersources.gov/scp-surveys

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Independent Living and Respite Surveys

This page provides resources to help Senior Companion Program projects conduct surveys to measure outcomes for independent living clients and caregivers receiving respite services. Resources include: survey instruments in 14 languages; instructions, samples, forms, and training materials to collect and summarize the data; notes and recordings of training (webinars), and frequently asked questions.

SCP Surveys and Support Resources

- SCP Independent Living Survey (PDF)
- SCP Respite Survey (PDF)

SCP Performance Measure Surveys Information Packet (updated for 2014)
 Click [here](#) for the complete packet or download individual sections below.

1. Introduction (PDF)
2. The Senior Companion Program Performance Measure Surveys: FAQ's for Project Directors (PDF)
3. Steps from Data Collection to Reporting (PDF)
4. Preparing Survey Helpers to Collect Data: Introduction to Sample Training Sessions (PDF)
 - a. Sample Training Session 1: Giving the Survey to Clients/Caregivers to do on Their Own
 - Session 1 Facilitator Notes and Handouts (DOC)
 - Survey Helper Packet (PDF)
 - Session 1 Slide Presentation (PPT)
 - b. Sample Training Session 2: Giving the Survey to Clients/Caregivers in an Interview Format
 - Session 2 Facilitator Notes and Handouts (DOC)
 - Session 2 Slide Presentation (PPT)
 - Session 2 Contact Sheet (PDF)
 - Independent Living Performance Measure Survey (sample) (PDF)
 - Independent Living Performance Measure Survey (completed example) (PDF)
 - Respite Performance Measure Survey (sample) (PDF)
 - Respite Performance Measure Survey (completed example) (PDF)

Data Summary Resources

- Client-Caregiver Surveys Spreadsheet (EXCEL)
- Spreadsheet Instructions (PDF)

View the worksheets by clicking on the tabs at the bottom.

	A	B	C	D	E	F
	Data Aggregation for Senior Companion Program Independent Living Performance Measurement Survey and Senior Companion Respite Performance Measurement Survey				OMB Control Number: 3045-0152 Expires: 07/31/2016	
1						
2	<i>Please fill in the yellow cells.</i>					
3	Grant Number:		Sponsor:			
4	Total Independent Living clients served:		City:			
5	Independent Living clients served for at least one year:		State:			
6	Total caregivers served:					
7	Caregivers served for at least one year:					
8						
9	<i>Please indicate how many surveys were completed in each of the following languages.</i>					
10		Clients	Caregivers			
11	English					
12	Arabic					
13	Chinese					
14	German					
15	Hindi					
16	Italian					
17	Korean					
18	Polish					
19	Portuguese					
20	Russian					
21	Spanish					
22	Tagalog					
23	Vietnamese					
24	<i>The following items will complete automatically.</i>					
25	Total Number of Surveys Completed	Client	Caregiver			
26	Number of individuals... reporting increased social ties/perceived social support	0	0			
27	Percent of individuals reporting increased social ties/perceived social support	#DIV/0!	#DIV/0!			
28						
29	For H9, Report this number	0		Response Rate		
30	For H14, report this number	0		Client Survey	#DIV/0!	
31				Caregiver Survey	#DIV/0!	
32	Avg (Mean) Hours/Week SC is with Client	#DIV/0!				
33	Avg (Mean) Hours/Week SC provides Caregiver respite	#DIV/0!				
34						
35						
36						



Summary	Client Survey	Caregiver Survey
---------	---------------	------------------

Fill in the yellow cells in the Summary sheet.

	A	B	C	D	E
	Data Aggregation for Senior Companion Program Independent Living Performance Measurement Survey and Senior Companion Respite Performance Measurement Survey				OMB Control Number: 3045-0152 Expires: 07/31/2016
1					
2	<i>Please fill in the yellow cells.</i>				
3	Grant Number:	13XYZZCA999	Sponsor:	ABC Area Agency on Aging	
4	Total Independent Living clients served:	60	City:	Sunnyville	
5	Independent Living clients served for at least one year:	47	State:	CA	
6	Total caregivers served:	32			
7	Caregivers served for at least one year:	22			
8					
9	<i>Please indicate how many surveys were completed in each of the following languages.</i>				
		Clients	Caregivers		
10	English	20	11		
11	Arabic				
12	Chinese	8	2		
13	German				
14	Hindi				
15	Italian				
16	Korean				
17	Polish				
18	Portuguese				
19	Russian		3		
20	Spanish	12	4		
21	Tagalog				
22	Vietnamese				
23					
24	<i>The following items will complete automatically.</i>				
		Client	Caregiver		
25	Total Number of Surveys Completed	0	0		
26	Number of individuals... reporting increased social ties/perceived social support	0	0		
27	Percent of individuals reporting increased social ties/perceived social support	#DIV/0!	#DIV/0!		
28					
29	For H9, Report this number	0		Response Rate	
30	For H14, report this number	0		Client Survey	0.00
31				Caregiver Survey	0.00
32	Avg (Mean) Hours/Week SC is with Client	#DIV/0!			
33	Avg (Mean) Hours/Week SC provides Caregiver respite	#DIV/0!			
34					
35					
36					
	Summary Client Survey Caregiver Survey				

**SENIOR COMPANION PROGRAM
INDEPENDENT LIVING PERFORMANCE MEASURE SURVEY**
(Official Form July 2013)

Because I Have a Senior Companion Volunteer ...

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
2) ... I feel less lonely.	1	2	3	4
3) ... I feel I have close ties to more people.	1	2	3	4
4) ... I am able to do more of the things I <u>need</u> to do.	1	2	3	4
5) ... I am able to do more of the things I <u>want</u> to do.	1	2	3	4
6) ... I can remain living in my own home.	1	2	3	4
7) ... I am eating regularly scheduled meals.	1	2	3	4
8) ... I am able to get to medical appointments.	1	2	3	4
9) ... I am able to get to the grocery store	1	2	? 3	4
10) ... I am able to take care of other necessary errands/appointments.	1	2	3	4
11) ... I am more satisfied with my life.	1	2	3	4
12) Overall, I am satisfied with my Senior Companion volunteer.	1	2	3	4
13) Overall, the Senior Companion Program has met my expectations.	1	2	3	4

Client Survey example
(page 2)

If no response, leave it blank

If unclear, leave it blank

Enter the code number response in the spreadsheet:
1, 2, 3, or 4.

Enter Client Survey data into the Client Survey Sheet.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P																										
1	Senior Companion Program INDEPENDENT LIVING Performance Measurement Survey		OMB Control Number: 3045-0152 Expires: 07/31/2016																																							
2	Codes for Questions 2-13: 1=Strongly Disagree; 2=Somewhat Disagree; 3=Somewhat Agree; 4=Strongly Agree																																									
3	Because I Have a Senior Companion Volunteer...																																									
4	1=Self-report (paper)	<table border="1"> <tr> <td>In a typical week, my Senior Corps Volunteer is with me for ___ hours.</td> <td>I feel less lonely.</td> <td>I feel I have close ties to more people.</td> <td>I am able to do more of the things I need to do.</td> <td>I am able to do more of the things I want to do.</td> <td>I can remain living in my own home.</td> <td>I am eating regularly scheduled meals.</td> <td>I am able to get to medical appointments.</td> <td>I am able to get to the grocery store.</td> <td>I am able to take care of other necessary errands/ appointments.</td> <td>I am more satisfied with my life.</td> <td>Overall, I am satisfied with my Senior Companion volunteer.</td> <td>Overall, the Senior Companion Program has met my expectations.</td> </tr> <tr> <th>Question 1</th> <th>Question 2</th> <th>Question 3</th> <th>Question 4</th> <th>Question 5</th> <th>Question 6</th> <th>Question 7</th> <th>Question 8</th> <th>Question 9</th> <th>Question 10</th> <th>Question 11</th> <th>Question 12</th> <th>Question 13</th> </tr> </table>															In a typical week, my Senior Corps Volunteer is with me for ___ hours.	I feel less lonely.	I feel I have close ties to more people.	I am able to do more of the things I need to do.	I am able to do more of the things I want to do.	I can remain living in my own home.	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.	I am more satisfied with my life.	Overall, I am satisfied with my Senior Companion volunteer.	Overall, the Senior Companion Program has met my expectations.	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Question 10	Question 11	Question 12	Question 13
In a typical week, my Senior Corps Volunteer is with me for ___ hours.	I feel less lonely.																I feel I have close ties to more people.	I am able to do more of the things I need to do.	I am able to do more of the things I want to do.	I can remain living in my own home.	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.	I am more satisfied with my life.	Overall, I am satisfied with my Senior Companion volunteer.	Overall, the Senior Companion Program has met my expectations.															
Question 1	Question 2																Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Question 10	Question 11	Question 12	Question 13															
5	2=Self-report (online)																																									
6	3=Interview (in-person)																																									
7	4=Interview (phone)																																									
8	Survey Mode	Client Identifier	Question 1	Question 2	Question 3	Question 4	Question 5	Question 6	Question 7	Question 8	Question 9	Question 10	Question 11	Question 12	Question 13	Result																										
9		Client-0001														NO																										
10		Client-0002														NO																										
11		Client-0003														NO																										
12		Client-0004														NO																										
13		Client-0005														NO																										
14		Client-0006														NO																										
15		Client-0007														NO																										
16		Client-0008														NO																										
17		Client-0009														NO																										
18		Client-0010														NO																										
19		Client-0011														NO																										
20		Client-0012														NO																										
21		Client-0013														NO																										
22		Client-0014														NO																										
23		Client-0015														NO																										
24		Client-0016														NO																										
25		Client-0017														NO																										
26		Client-0018														NO																										
27		Client-0019														NO																										
28		Client-0020														NO																										
29		Client-0021														NO																										
30		Client-0022														NO																										
31		Client-0023														NO																										
32		Client-0024														NO																										
33		Client-0025														NO																										
34		Client-0026														NO																										

Enter data going across. Each survey gets a row.

Enter the code number or use the drop-down menu.

Client Survey Sheet

Survey Mode

Client Identifier

The screenshot shows an Excel spreadsheet with the following structure:

1	Senior Companion Program INDEPENDENT LIVING Performance Measurement				
2	1=Self-report (paper)	Codes for Questions 2-13:			
3	2=Self-report (online)				
4	3=Interview (in-person)				
5	4=Interview (phone)				
6			In a typical week, my Senior Corps Volunteer is with me for ___ hours.	I feel less lonely.	I feel I have close ties to more people.
7	Survey Mode	Client Identifier	Question 1	Question 2	Question 3
7		ent-0002			
8		Client-0003			
9		Client-0004			
10		Client-0005			
11		Client-0006			
12		Client-0007			
13		Client-0008			
14		Client-0009			

The spreadsheet includes a ribbon with tabs for 'File', 'Home', 'Insert', 'Page Layout', 'Formulas', 'Data', 'Review', and 'View'. The status bar at the bottom shows 'Ready' and active tabs for 'Summary', 'Client Survey', and 'Caregiver Survey'.

**SENIOR COMPANION PROGRAM
RESPITE PERFORMANCE MEASURE SURVEY**
(Official Form July 2013)

Because I Have a Senior Companion Volunteer assisting with Respite Care ...

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
2) ... I feel less lonely.	1	2	3	4
3) ... I feel I have close ties to more people.	1	2	3	4
4) ... I am able to do more of the things I <u>need</u> to do.	1	2	3	4
5) ... I am able to do more of the things I <u>want</u> to do.	1	2	3	4
6) ... I am able to get short-term rest and relief.	1	2	3	4
7) ... I am able to find time to run errands.	1	2	3	4
8) ... I am able find time to attend to my personal and health care needs.	1	2	3	4
9) ... I am more satisfied with my life.	1	2	3	4
10) ... The person I care for is able to remain at home.	1	2	3	4
11) Overall, I am satisfied with the Caregiver Respite Senior Companion volunteer.	1	2	3	4
12) Overall, the Senior Companion Program has met my expectations.	1	2	3	4

Caregiver
Survey
example
(page 2)

Summary Sheet

	A	B	C	D	E
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5	Independent Living clients served for at least one year:	47	State:	CA	
6	Total caregivers served:	32			
7	Caregivers served for at least one year:	22			
8	<i>Please indicate how many surveys were completed in each of the following languages.</i>				
9		Clients	Caregivers		
10	English	20	11		
11	Arabic				
12	Chinese	8	2		
13	German				
14	Hindi				
15	Italian				
16	Korean				
17	Polish				
18	Portuguese				
19	Russian		3		
20	Spanish	12	4		
21	Tagalog				
22	Vietnamese				
23	<i>The following items will complete automatically.</i>				
24		Client	Caregiver		
25	Total Number of Surveys Completed	40	20		
26	Number of individuals... reporting increased social ties/perceived social support	32	17		
27	Percent of individuals reporting increased social ties/perceived social support	80.00	85.00		
28					
29		For H9, Report this number	32	Response Rate	
30	Report →	For H14, report this number	17	Client Survey	85.11
31				Caregiver Survey	90.91
32		Avg (Mean) Hours/Week SC is with Client	6.11		
33		Avg (Mean) Hours/Week SC provides Caregiver respite	4.75		
34					
35					
36					

Numbers in white cells are automatically calculated.

Number that met outcome is from "Result" column

← From question 1

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Report Results in PPR

- For H9, *Number of homebound or older adults [clients] ...*
- For H14, *Number of caregivers...
...who reported having increased social ties/perceived social support.*

Report outcome results at the end of the grant year.

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Survey Results

- Results for H9 and H14 are automatically calculated (Summary sheet); this responds to the performance measure reporting requirement.
- Other ways to use the survey data:
 - Percent of clients that report, “I can remain living in my own home.”
 - Percent of caregivers that report, “The person I care for is able to remain at home.”
 - Overall satisfaction with Senior Companion volunteer and Program

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You can calculate results for any survey item.

1. Count how many:

- 1's for "strongly disagree"
- 2's for "somewhat disagree"
- 3's for "agree"
- 4's for "strongly agree"

2. To get the percentage, divide the number who said ___ by the total number who responded to that question.

3. Write a statement:

75% of our clients (30 of 40 who responded) "strongly agreed" that ...

I can remain living in my own home.	
Question 6	
	3
	3
	3
	3
	3
	1
	3
	4
	3
	4
	4
	4
	4
	3

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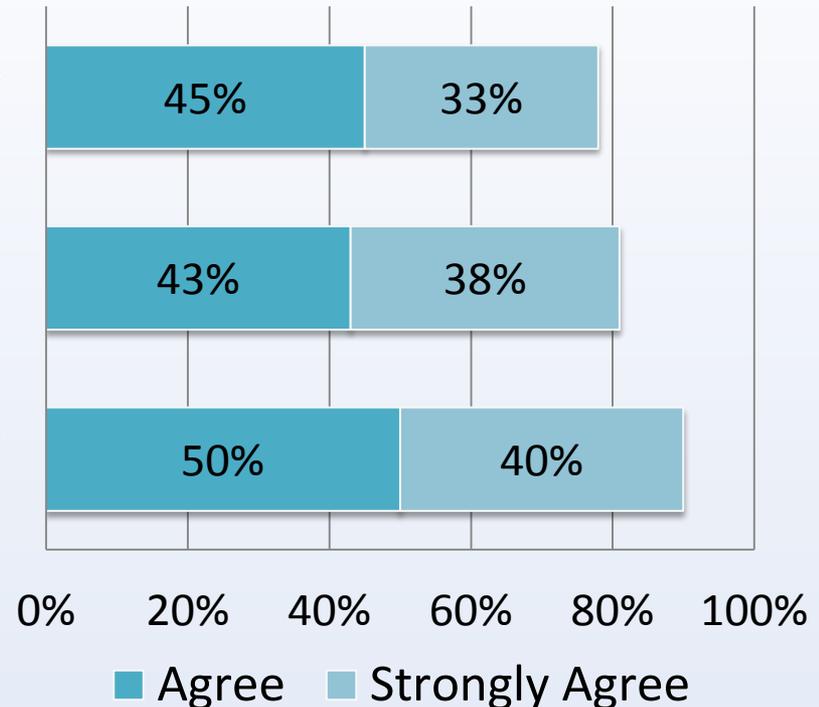
Client Survey (40)

**“Because I have a Senior Companion
 volunteer...”**

I am able to do more of the things
 I want to do.

I am more satisfied with my life.

I can remain living in my own
 home.



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