

Editor's Note: The following article is reprinted (with updated format editions) from The Journal of Volunteer Administration (2003), Volume XXI, Number 2, pp. 17-23.

**The Impact of the Senior Companion Program on
Quality of Life Outcomes for Frail Older Adults**

Donna J. Rabiner, Ph.D.
Scott Scheffler, M.Ap.St.
Elizabeth Koetse, B.A.
Jennifer Palermo, M.S.
Elizabeth Ponzi, B.A.
Sandra Burt, B.A.
Lynelle Hampton, B.A.

Abstract

The Senior Companion Program (SCP) is a federally supported program to encourage senior citizens to volunteer in their communities with elderly and aging adults, specifically providing home health care to frail older adults. The current article includes results of a study conducted by RTI to determine whether this SCP impacted the lives of older adults in a positive way, and the tangible results of such home health care.

(Editor-generated) Key Words:

home health care, Senior Companion Program, RTI, later life satisfaction

The increasing demand for home health care has placed new attention on the role of volunteerism in the United States (Kilpatrick & Danzinger, 1996). It is believed that volunteers providing home health care services to frail older adults can help relieve the burden on families, caregivers, social service agencies, and home health care professionals (Morris, Caro & Hansen, 1998). Although volunteers remain largely untapped as a resource for frail older adults in the United States, policymakers currently examining the long-term care crisis in America should seriously consider the viability of a volunteer service force to care for the increasing needs of a growing older population. Drawing on the country's resource of volunteers may save time and money for frail adults and for society at large (Wacker, Roberto, & Piper, 1998). In

addition, an impending labor shortage of workers to care for older adults at home creates opportunities for volunteers to serve in new and more extensive ways (National Academy Press, 2000).

The Senior Companion Program (SCP) is one of the three federal senior volunteer programs, funded by the Corporation for National and Community Service ("Corporation"), designed to provide grants to qualified agencies and organizations for the purposes of (a) engaging persons 60 and older, particularly those with limited incomes, in volunteer service to meet critical community needs, and (b) providing a high-quality experience that will enrich the lives of the volunteers. Senior Companions serve an average of 20 hours per week, and they generally visit between two and three clients apiece. The clients they serve are primarily

homebound elderly people in frail health, most of whom live alone. Senior Companions help their clients with the tasks of daily living. Senior Companions help their clients with the task of daily living. Most importantly, they provide vital human contact and companionship for the clients, some of whom have few other links to the outside world.

Overview of Evaluation

In November of 1998, RTI was awarded a contract by the Corporation to examine the impact of the SCP on quality of life and quality of care outcomes for clients served. This paper reports on the 3-month follow-up findings from the client study.

The key study questions to be answered included the following:

1. How does the Senior Companion Program affect the quality of life of frail older adults?
2. What is the level of client satisfaction with Senior Companion Program services compared to similar services delivered by other providers?
3. To what extent do Senior Companions reduce clients' unmet needs for assistance with activities of daily living?

Design and Methods

In order to examine the impact of the SCP on quality of life and quality of care outcomes for clients served, it was necessary to develop a research design that allowed for data collection at multiple points in time. This paper focuses on the 3-month follow-up findings.

A quasi-experimental design was developed with sampling at three stages. First, 50 SCP projects were randomly selected from a national listing. Second, a random sample of four volunteer stations was selected at each of the selected projects

(or a total of about 200 agencies). Third a census was taken of all prospective clients in one of the three client groups: (1) those newly receiving SCP services (the "treatment group" for this study), (2) those newly placed on the waiting list for SCP services (known as "WL"), and (3) those newly receiving other agency services from the community (known as "Other Agency").

Study Development and Data Collection Procedures

RTI staff developed both baseline and follow-up telephone survey instruments that were approved by the Office of Management and Budget (OMB) in fall of 1999. Next, RTI obtained the names of all new clients from the 50 randomly selected SCP projects and over 200 randomly selected community-based agencies that were affiliated with the SCP. Potential clients were accrued from the sites on a monthly basis over an 18-month intake period. Advance letters and study brochures were sent to all prospective respondents at each wave of the study. RTI telephone interviewers contacted each individual to confirm eligibility and schedule a convenient time for telephone interview. The same protocol was followed for all waves of the study.

Eligible individual included those were: (a) 65 years of age or older; (b) either newly receiving SCP services, newly placed on the waiting list for a Senior Companion or newly provided with other community-based services; (c) residing in the community; (d) reachable by telephone; and (e) able to hear and respond to interview questions on their own behalf. A total of 2,104 client were eligible at 3-month follow-up.¹ Over 72% of eligible clients at baseline (n=1,520) and over 90% of eligible clients at 3-month follow-up (n=658) responded to the telephone survey. The analytic sample for this study included all individuals who

responded to both waves of the survey (n=658 unweighted or 54,103 weigh).

Analytic Methods

Descriptive and multivariate procedures were used to analyze data at baseline and 3-month follow-up. Ordinary least squares (OLS) regression procedures were used on continuous outcome variables, and weighted logistic procedures were used on dichotomous (yes/no) outcome variables.

Sample Characteristics

Table 1 presents weighted descriptive information on the characteristics of individuals in each of individual in each of the client group baseline, with baseline differences noted relative to the SCP client group. The variables listed in Table 1 were used as control variables in multivariate analyses. Overall, the sample was fairly senior in age (mean age between 77-81 years old), female, white with less than a high school education, widowed, and living alone. Only a minority of respondents was in excellent or very good health, and many individuals had prevalent health conditions. Even so, most individuals were only slightly functionally impaired and were in good mental health (Table 1).

There were no significant differences between the three client groups in the proportion of females responding to the survey, the proportion married or widowed, the educational background of study respondents, their geographic location, self-reported health, independence with instrumental activities of daily living, prevalence of medical conditions, or overall satisfaction with life. However, clients from the two comparison groups (WL and Other Agency clients) differed by from SCP clients with respect to some baseline characteristics. The Other Agency client group was disproportionately younger and relatively less likely to be white than the SCP group, whereas the WL group was

more likely to be of Hispanic descent. Those in the WL or Other Agency group were less likely to live alone relative to the SCP group. Those in the WL group scored slightly lower on both the ADL subscale and the overall functional status scale relative to the SCP group. Finally, those in the WL group reported a slightly larger number of depressive symptoms at baseline. These initial baseline differences were controlled for in multivariate analyses.

Client Outcomes and Study Findings

The client study outcomes and key findings are reported by research question below.

Question 1: How does the Senior Companion Program affect the quality of life of frail older adults?

To answer this first study question, we analyzed study outcomes representing the following quality of life domains:

- physical health status
- functional status
- mental health status
- social well-being

The physical health status outcomes considered at 3-month follow-up included the following four study items:

- What is your current health status? Response options: 1=poor health to 5=excellent health
- How does your health now compare to one year ago? Response options: 1=much worse now to 5=much better now
- To what extent have physical problems limited social activities in the past month? Response options: 1=not at all to 5=extremely
- To what extent have emotional problems limited social activities in the past month? Response options: 1=not at all to 5=extremely

The functional status outcomes included three scale items:

- A composite scale examining six Activities of Daily Living (ADL), including ability to eat, bathe, dress, get in and out of bed, walk, and groom oneself, with higher values indicating greater functional independence
- A composite scale examining seven Instrumental Activities of Daily Living (IADL), including ability to use the telephone, get to places outside of walking distance, go shopping for groceries or clothes, prepare meals, do housework, manage money, and take medications, with higher values indicating greater functional independence
- An overall summary functional status scale, including all thirteen ADL and IADL items combined, with higher values indicating increased functional independence.

The mental health status outcomes included the following two measures:

- A composite life satisfaction scale, examining eleven different aspects of life satisfaction among older adults, with higher life values signifying greater satisfaction with life
- A composite depressive symptoms scale, examining nine depressive symptoms, with higher values signifying increased depressive symptoms.

Finally, the social well-being outcomes included the following two study items:

- How many friends have you seen or spoken to on the phone in the past month?

- How many times in the past month have you gone out socially with other people?

With respect to physical and functional status outcomes, we found the following significant differences between client and 3-month follow-up:

- WL clients reported their current health status to be somewhat lower than that of SCP clients. While SCP clients had an adjusted mean score of 2.46 on this 5-point index, WL clients had an adjusted mean score of 2.15, or 87% as high an adjusted mean score as for SCP clients. (Higher values indicated better current health).
- WL clients reported having a 7% lower functional status score (indicating somewhat less independence) relative to SCP clients.

With respect to mental health outcomes, we found the following differences between SCP and WL clients:

- WL clients reported having a somewhat lower adjusted mean score on the life satisfaction scale relative to SCP clients. While SCP clients had an adjusted mean score of 5.97 on the life satisfaction index, WL clients had a score of 5.06, or 85% as high as an adjusted mean score as for SCP clients. (Higher values indicated greater satisfaction with life).
- WL clients reporting having a somewhat higher adjusted mean score on the depressive symptoms scale relative to SCP clients. Specifically, SCP clients had an adjusted mean score of 2.74 on this index while WL clients had an adjusted mean score of 3.25, an

approximately 16% higher relative value on this index. (Higher values indicated a larger number of depressive symptoms).

Finally, there were no differences between SCP, WL, and Other Agency clients in social well-being at 3-month follow-up.

Question 2: What is the level of client satisfaction with Senior Comparison Program services compared to similar services delivered by other providers?

Both overall satisfaction with care and satisfaction with care and satisfaction with individual components of care were assessed for all SCP clients and for those WL and Other Agency client ho were receiving some other form of in-home care at 3-month follow-up. Seven individual satisfaction items were evaluated, and an overall composite satisfaction scale, ranging from 0-14, was created by summing across all seven satisfaction items, with higher values indicating greater levels of satisfaction with care.

Although SCP clients, those WL clients using other services, and those Other Agency clients using other services were all satisfied with their overall level care (e.g., the adjusted mean overall satisfaction scale ranged from 12.25 to 13.11), the following differences were found:

- SCP clients scored 8% higher on the overall satisfaction with care scale relative to WL clients.
- WL clients were less likely than SCP clients to be very satisfied with the amount of time off given to family members. Specifically, WL clients had only 18% odds of being very satisfied with the amount time off given to family members relative to SCP clients.

- WL and Other Agency clients were less likely to be very satisfied with the amount of time they spent with their in-home provider. Specifically WL and Other Agency clients only had 24% and 17% odds, respectively, of being very satisfied with the time that they spent with their companion/aide relative to SCP clients.

Question 3: To what extent do Senior Companions reduce clients' unmet needs for assistance with activities of daily living?

The following three questions were asked of clients to assess their unmet needs for care:

- During the past 3 months, was there any time when you needed more help with personal care in your home but were unable to get it yourself (yes/no)?
- During the past 3 months, was there any time when you needed more help with meal preparations in your home but were unable to get it (yes/no)?
- During the past 3 months, was there any time when you needed more help with special transportation from your home but were unable to get it (yes/no)?

Results from the analyses of these three questions revealed that WL clients and Other Agency clients had some perceived unmet needs relative to SCP clients at 3-month follow-up. More specifically:

- WL clients were over 5 times more likely than SCP clients to have unmet needs for personal care. Similarly, Other Agency clients were almost 4 times more likely than SCP clients to have unmet needs for personal care.

- WL clients were over 2 times more likely than SCP clients to have unmet needs for special transportation. There were no differences between the three client groups in unmet need for assistance with meal preparations.

Discussion

The SCP is currently one of several national service programs slated for expansion under President Bush's USA Freedom Corps Initiative. Given the findings reported here, it is clear that the program has small, but positive, effects on client well-being at 3-month follow-up. Currently, the federal government supports the SCP through grants to agency sponsors (where the SCPs are housed) and small stipends (approximately \$2.55/hour) to Senior Companions for their service to the community. The proposed FY 2002 budget called for expending \$39.1 million in support of this program (Corporation for National and Community Service, 2002). Given that this program is relatively inexpensive to support, and provides an excellent way to match the growing demand for long-term care with the opportunity for volunteer strategies to engage the growing number of old and near old to address this increasing service need, it is not surprising that the SCP has become the focus of increased attention by the Bush Administration ("Bush seeks," 2002).

With the large baby boom population approaching retirement, the SCP provides an opportunity for the well-intentioned seniors to give back to their communities. While only 44% of the adult population generally volunteers in a given year (Independent Sector, 2002), it is possible that by offering individuals new opportunities to serve their communities, larger numbers of baby boomers will participate in this type of service program. At the same time, with the

number of Americans over age 65 rapidly increasing from 4.2 million in 2000 to 8.9 million in 2030 (Administration on Aging, 2001) there soon will be a pressing need for policymakers to find alternative ways to serve frail older adults at home.

The U.S. House of Representatives has recently proposed legislation reauthorizing the Citizen Service Act of 2002 (H.R. 4854), to reduce existing restrictions placed on many of the Corporation's senior volunteer programs. Various versions of the bill have been promulgated expanding the eligibility of seniors to volunteer and reducing barriers to entry. The existing SCP eligibility requirements increasingly have hampered SCP directors, many of whom have had difficulty filling their Senior Companion "slots" because potential volunteers either: (a) were too young, (b) were of an income exceeding the 125% poverty guidelines or (c) wanted to serve fewer than 20 hours per week. If the Citizen Service Act of 2002 becomes law, it will become significantly easier to recruit and retain an expanded number of Senior Companions in the future. These additional volunteers will contribute to the long-term care workforce by further expanding the supply of independent living services to frail older adults living at home.

Endnote

¹Reasons for loss of eligibility between baseline and 3-month follow-up included: death (n=19); mental or physical incapacity (n=176); institutionalization (n=7); no longer receiving SCP services, no longer on the waiting list, or no longer receiving other agency services (n=498); and no phone or no valid phone number (n=81).

References

- Administration on Aging, U.S. Department of Health and Human Services. (2001). *A profile of older Americans: 2001*. Washington, D.C.: Author
- Bush seeks to expand ranks of Senior Corps volunteers (2002, April 10). *The Washington Post*, p. A6
- Citizen Service Act, H.R. 4854. (2002). Retrieved July 23, 2002 from <http://thomas.loc.gov>
- Corporation for National and Community Service. (2002, May). *Senior Companion Program Fact Sheet*. Retrieved July 23, 2002, from <http://www.cns.gov/news/factsheets.scp.pdf>
- Independent Sector. (2002, February 15). *As President Bush calls for new spirit of civic engagement, the value of volunteer time continues to climb*. Retrieved July 23, 2002 from <http://www.independentsector.org/media/voltime02PR.html>
- Kilpatrick, J., & Danzinger, S. (1996). *Better than money can buy: The new volunteers*. Winston Salem, NC: Innersearch Publishing, Inc.
- Morris, R., Caro, F.G., & Hansan, J.E. (1998). *Personal assistance: The future of home care*. Baltimore, MD: The John Hopkins University Press.
- National Academy Press. (2000). *Improving the quality of long-term care*. Retrieved July 23, 2002, from <http://books.nap.edu/books/0309064988/html/1.html>
- Wacker, R.R., Roberto, K.A., & Piper, L.E. (1998). *Community resources for older adults: Programs and services in an era of change*. Thousand Oaks, CA: Sage Publications.
- Weissman, M.M., & Bothwell, S. (1976). Assessment of social adjustment by patient self-report. *Archives of General Psychiatry*, 33, 1111-1115.

About the Authors

At the time of the article's original publication...

Donna Rabiner, Ph.D., senior health policy researcher at RTI International, served as project director for the Senior Companion Quality of Care Evaluation. She had spent 20 years conducting research on self-care practices, attitudes toward and use of health and long-term care services, and patient satisfaction among the older adult population.

Scott Scheffler, M.Ap.St., served as the lead statistician for the Senior Companion Quality of Care Evaluation. Scott was an expert in handling large data sets, complex survey designs and use of sampling weights in statistical models.

Elizabeth Koetse, B.A., served as co-investigator and research analyst for the Senior Companion Quality of Care Evaluation. Beth analyzed both qualitative and quantitative data for this study.

Jennifer Palermo, M.S., served as a co-investigator and research analyst for the Senior Companion Quality of Care Evaluation. She was preparing to become a graduate student in social work at the University of North Carolina at Chapel Hill.

Elizabeth Ponzi, B.A., served as a co-investigator and research analyst for the Senior Comparison Quality of Care Evaluation. She was preparing to become a graduate student in social work at the University of North Carolina at Chapel hill.

Sandra Burt, B.A., served as the lead RTI computer programmer for this study. Sandra wrote the code for telephone survey instruments, managed the initial data files, and ensured quality control during the data collection phase of all operations for the Senior Companion Quality of Care Evaluation.

Lynelle Hampton, B.A., served as the RTI interview supervisor who oversaw the hiring, training and work of all interview staff for the Senior Comparison Quality of Care Evaluation. She also oversaw the data entry quality control process for the study.

Table 1

Weighted Descriptive Data for Analytic Sample by Client Group

	SCP (N=21, 930)	WL (N=11, 180)	Other Agency (N=20, 993)
Baseline Characteristic	% or Mean (SD)	% or Mean (SD)	% or Mean (SD)
Sociodemographic Characteristics			
Age (in years)	80.7 (0.96)	79.2 (0.65)	76.8 (1.01)**
Gender (% female)	86.5%	84.4%	76.3%
Race (% white)	82.1%	75.2%	63.9%**
Ethnicity (% Hispanic)	3.0%	14.5%	3.3%
Education (% < high school)	42.2%	42.8%	27.8%
Geographic location (% rural)	46.2%	30.7%	33.6%
Social Support			
Marital status (% married)	10.0%	15.6%	22.1%
Marital status (% widowed)	68.8%	67.2%	62.4%
Living arrangement (% alone)	83.6%	66.2%	67.0%*
Health/Functional Status			
Self-reported health			
(% excellent/very good)	10.9%	16.9%	14.2%
ADL sub-scale (range 0-12)	10.9 (0.11)	10.2 (0.25)**	10.4 (0.27)
IADL sub-scale (range 0-12)	10.3 (0.23)	9.6 (0.31)	10.0 (0.38)
Functional status scale (0-26)	21.2 (0.35)	19.8 (0.53)*	20.5 (0.61)
Prevalent Conditions			
Diabetes (%)	24.2%	32.9%	42.4%
Stroke (%)	22.2%	27.4%	18.6%
Heart Disease (%)	50.0%	51.1%	36.2%
Psychological Characteristics			
Life satisfaction scale (0-11)	6.2 (0.29)	5.4 (0.24)	5.7 (0.38)
Depressive symptoms (0-9)	2.4 (0.09)	3.5 (0.19)**	2.9 (0.31)

Note: Comparisons reflect differences between each client group and the SCP client group.

*significant at $p < .05$

**significant at $p < .01$