

## Prominent Survey 1 Findings

Volunteer services is a prominent feature of the Village's programs that is extensively used by respondents who are older, or have lower income levels or are in their first year of membership.

Village membership has had a beneficial impact on the social engagement of the respondents by (1) increasing their pool of acquaintances, including those who can be counted upon, (2) enhancing their sense of community and (3) informing them of community services. These findings were strongest among respondents who are volunteers or have been members for more than 5 years

The health and well-being of the respondents is at a generally high level though there is an appreciable percentage of them who are dealing with the issues of aging, e.g., climbing stairs, debilitating illness. These conditions were found largely among respondents who are older or have lower income levels.

Several situations have been identified that could merit further study:

- (1) Slightly less than one half of the members found themselves during the last year in a period of vulnerability brought on by hospitalization, illness or bereavement
- (2) One-half of the members live alone
- (3) One-half of the members have not planned for their future care
- (4) More than two-thirds of the members do not feel their homes need modification for their future safety
- (5) The members' utilization of the Village's programs seems to be related to the tenure of their membership

To our dedicated Ashby Village community,

In mid-January of 2020 the first survey in a two-survey sequence was sent to 384 members of Ashby Village. The survey received a remarkable response rate of 51.8% providing 191 completed surveys. The average age, type of membership, volunteer involvement, city of residence and neighborhood group of the respondents closely matches that of the Village. Despite a significantly higher response rate from female members, we believe it is reasonable to claim that the survey results well-represent the opinions of the Village membership.

This survey represents the first of its kind at Ashby Village in terms of response rate, and our ability to share results back to the village in the interest of participatory research. We believe conducting surveys like this one is part of a key practice at Ashby Village to better understand our membership, listen to their experiences, and as a result, better serve the needs of the village. We hope the success of this project will encourage the continuation of related efforts in the future.

### **Key Findings**

Part one of the survey covered topics ranging from attitudes towards volunteer services, social engagement, health and well-being, and confidence about aging in place. Some of the information obtained serves to verify commonly-held beliefs about the Village's programs and membership, while other findings help shed light on areas of member experience about which AV previously had little quantitative insight.

A selection of main findings from the survey include:

- Volunteer utilization is a prominent feature of the Village's programs (60.1% of respondents used volunteer services in the past year, n=182).
- Volunteers are used extensively by respondents who are older or with lower incomes or in their first year of membership (see Figure 1, which includes a description of how to interpret figures like this in the main report).
- The social engagement of respondents is improved as a result of membership in the Village
- Respondents get to know more people, especially ones they can count on, and acquire a greater sense of community as a result of their membership.
- The health and well-being of the respondents is generally good (78.3% of the respondents rated their health Good, Very Good or Excellent, out of a total n=173).
- The satisfaction that respondents have with their lives is generally high (78.5% of the respondents rated this item as Satisfied or Very Satisfied, n=174).
- Older respondents or those with lower incomes tend toward lower ratings of health, well-being and satisfaction with life.
- About a third of the respondents indicated that they have more than a little trouble with their hearing.

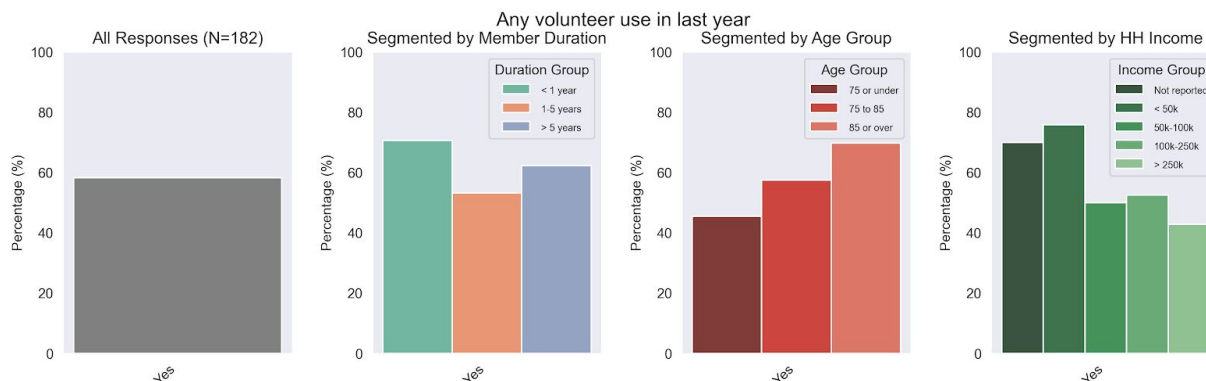


Figure 1: Summary of responses to "In the past YEAR, have any Ashby Village volunteers provided you with a service (as part of your membership)?" To interpret this figure, and others like it in the full report, note that the first chart (gray bars) shows the percentage of all respondents who chose each option (listed along the horizontal axis). The other three charts compare response rates by three key member segments: duration of membership, age, and household income. Differences within each member segment are visualized as differences in bar heights (e.g. respondents over 85 were the most likely age group to use volunteer services in the past year).

Some results indicate areas that might benefit from further study and possibly attention from Ashby Village, including:

- A little less than one-half of the respondents experienced a period of vulnerability in the past year caused by hospitalization, illness or bereavement
- About one-half of the respondents have not planned for their future care.
- More than two-thirds of the respondents do not feel their homes need modification for their safety.
- About one-half of the respondents live alone.
- The utilization of Village services and programs seems to vary according to the number of years of membership in the Village.

All together, considerable benefit has accrued from the process that brought the Board, staff and members together to create a survey that has yielded important findings and identified areas for further study.

The full report includes a written narrative reviewing findings across all 96 questions, as well as accompanying tabular results and plots. Analysis of results from part 2 of the survey (which was launched mid-April and closed mid-May) is slated to begin in July.

Sincerely,

**Su-Yin Bickner**, Project Coordinator

**Jeremy Gordon**, Ashby Village Volunteer & PhD Student, UC Berkeley

**Don Hubbard**, Ashby Village Member & Volunteer

## **Ashby Village Member Survey (Part 1) – Report of Findings**

### **Methods**

In mid-January of 2020 the first survey in a two-survey sequence was sent (by email through SurveyMonkey and mailed to members receiving printed copies of our monthly newsletter) to 384 members of Ashby Village. There were three follow-up reminders sent on a weekly basis. In mid-February the return period was closed. A remarkable response rate of 51.8% provided 191 completed surveys. Some of the returned surveys contained missing data. The analysis involves all of the returned surveys, but care is given to tabulate only the data that is provided.

Demographic data was collected from the respondents in order to analyze various relationships that might exist among the items in the survey. A secondary reason for collecting demographic data is for comparisons to the Village as a whole. If the comparisons are favorable then the responses can be said to represent the collective thoughts of the entire membership.

In general, the comparisons are favorable (See Table 1). The average age, type of membership, volunteer involvement, city of residence and neighborhood group of the respondents closely matches that of the Village. There is a muddled comparison in the number of years of membership. Those whose membership is less than a year as well as those whose membership is greater than 5 years are relatively good matches. The years in between do not match as well. One item for which there is not a good match – gender. The respondents were women to a higher degree than what one would expect from the Village data.

Taking all of the comparisons into account it is reasonable to say that the responses found in the survey represent the opinions of the Village membership. Exceptions might be found in results that stem from the responses given by women.

### **Results**

#### **Volunteer Services**

The survey results indicate that the volunteer services of Ashby Village are used by 60.1% of the respondents (n=182) with notable satisfaction. The average ratings for four aspects of the services are at or above 4.3 out of 5. The aspects are: (1) Ease of requesting and receiving a volunteer - 4.5, (2) Time it takes to receive the service – 4.3, (3) Courtesy of the volunteer – 4.6 (4) Competence of the volunteer - 4.4.

The use of volunteer services is higher for older respondents or for those with lower incomes (See Figure 1). These relationships are what one would expect. A secondary characteristic of a relatively high utilization of volunteers is that all of the respondents designated as lower income have individual memberships.

An interesting finding is that even though the use of volunteers is not related to the number of years of membership, those respondents with less than a year of membership use volunteers at a higher-than-average rate. This fact lends credence to the often-made comment, people join Ashby Village for the services. It should be noted though, that those with a membership that is greater than 5 years use volunteer services at the same rate as all respondents.

The three member segments that use volunteer services to the highest degree - over 85 years old, less than one year a member, or less than \$50,000 income, account for 28.2% of the respondents (n=182) and 61.4% of those who use volunteer services (n= 109).

## **Social Engagement**

In the Social Engagement portion of the survey respondents were asked to rate thirteen statements as to whether a particular aspect of social engagement had improved since joining Ashby Village. The ratings were five levels of agreement with the statement – Strongly Agree, Agree, Undecided, Disagree, Strongly Disagree.

The distribution of responses indicates that the respondents approached the task with care and consideration. (See Table 2) There is not an overall trend in agreement with the statements nor is there a recurring response pattern. In some cases, the undecided response is dominant and in other cases there is a relatively even distribution of responses.

Some of the statements received notable agreement while in other cases there was a consensus of disagreement with the statement. There is an overall trend toward agreement with the notion that membership in the Village improved the social engagement of its members. Seven of the thirteen statements have higher percentages of agree or strongly agree responses compared to disagree or strongly disagree. The overall percentages of respondents (n=169) for all thirteen statements show 43.1% for agree or strongly agree compared to 31.6% for disagree or strongly disagree.

Four of the statements of social engagement have agree and strongly agree ratings that total more than 62%: (1) I know more people than I used to, (2) I feel that I belong and am a part of a community, (3) I have more people that I can count on if I need some extra help, (4) I know more about community services than I used to. These findings give credence to the often-made statement that members remain in Ashby Village for the sense of community. These findings are strongest among respondents with a greater number of years as a member or having a higher income level (see Figure 2 A, B, C, D). This relationship is not found for the statement related to the number of people one can count on.

The statement that received the lowest percentages for agree or strongly agree indicates that there is disagreement that being an Ashby Village member makes it easier to get to places that one needs or wants to go. This finding is consistently present among the three member segments (see Figure 2E).

There does not seem to be an age relationship in the social engagement responses.

## **Health and Well-being**

In the Health and Well-being section of the survey the respondents were asked to provide information on fourteen different aspects of their lives. Two of the aspects of living were overall assessments regarding the respondents' health and their satisfaction with life. The remaining aspects deal with specific matters such as mobility, hearing, sight, hospitalizations, and doing errands. Broadly speaking, the respondents (n=173) self-reported that they were in good health (78.3% of the respondents rated their health Good, Very Good or Excellent) and satisfied with their lives (78.5% of the respondents (n=174) rated this item as Satisfied or Very Satisfied). Regarding the specific matters of their lives there is very little impairment in carrying out the routine functions of living with an exception being that 33.6% of the respondents (n=173) have more than a little trouble with their hearing (see Table 3) almost all of whom are using hearing aids.

There does appear to be a reasonably small proportion of the respondents who do not fit the above description (see Table 3). For example, respondents have difficulty walking or climbing stairs (26.9% of 173 respondents), experienced a period of bereavement in the last twelve months (22.9% of 175 respondents), had a debilitating illness in the last 12 months (20.0%, of 172 respondents), have difficulty doing errands alone (18.5% of 175 respondents). A comparable percentage of the respondents (21.6% of 174 respondents) rate their health as fair or poor.

Three of the aspects of living affect 10% or fewer of the respondents – (1) Dressing or bathing, (2) Concentrating, remembering or making decisions and (3) Mobility. (See Table 3)

Using the respondents' ratings of their health as an organizing scheme there is a definite progression found in the responses to the other thirteen aspects of life. Those respondents who rated their health as Excellent had only a few scattered impairments selected and were generally very satisfied with their lives. For those respondents who rated their health as Very Good there were more cases of impairment with a few respondents reporting multiple cases. There was a mix of very satisfied and satisfied with their lives responses as well as a scattering of Neither Satisfied or Dissatisfied and a few Dissatisfied. For those respondents who rated their health as Good, the situation with the other thirteen aspects of life is much more complicated; there are many more reports of impairment and several cases of multiple impairments. The ratings on satisfaction with life are predominantly Satisfied with a few Dissatisfied and Very Dissatisfied. The trends observed in these three rating groups on health status are extended through the groups with lower ratings. The incidence of impairments reaches percentages in the 70-80% range and there are many instances of multiple impairments. (n=173)

The upshot of the above analysis is that the respondents' (n=173) ratings on their health are reliable indicators on the status of their overall health and well-being. As such, the ratings can

be used to study the member segment implications of the respondents' health and well-being. There does not seem to be any variation from the overall pattern of health status among the respondents of different durations of membership. In the age category older respondents have lower levels of excellent health and higher levels of fair health. Likewise, respondents with lower income levels have lower levels of excellent health and higher levels of fair health, while respondents with higher levels of income have the reverse ratings of health status (see Figure 3).

### **Hospitalization, Illness and Bereavement**

#### *A Separate Analysis of a Subset of the Health and Well-being Responses*

Respondents were asked to indicate if, in the last year, they had had an overnight hospital stay or a debilitating illness or a period of bereavement. These incidents were reported by 44.1% of the respondents (n=175). Two or more incidents were reported by 19.3% of the respondents (n=77) (see Table 4). There were 98 incidents in the last year. In addition, eight of the respondents who were hospitalized reported two or three occurrences and another respondent reported more than three occurrences.

Younger respondents reported a lower number of incidents as it would be expected (see Figure 4). In addition, this group had a lower percentage of multiple incidents. Considering income level, the lowest level has a slightly elevated incident rate, but the next level (\$50,000 - \$100,000) has an even higher rate. A more detailed analysis shows that this group has an extraordinarily high rate of periods of bereavement, 36.7% (n=81) of the respondents at this income level compared to 22.9% for all respondents (n=175).

It is interesting to note that respondents with less than one year of membership have a high rate of incidence. This finding in combination with other findings for this member segment suggests that the first year of membership is a dynamic situation worthy of more study.

No single type of incident contributes to the higher overall ratings of those respondents in their first year of membership. In every type of incidence there is a higher percentage than would be expected from the group's proportion of the respondents.

As reported above those respondents who reported an overnight stay in the hospital were asked the number of times they were hospitalized in the last year. There were incidents of hospitalization reported by 13.8% (n=24) of the total respondents (n=174). Of this group (n=24) one-time visits were 66.7%, while two or three visits were 29.2%, and more than three times was 4.2%. The average length of stay for one-time visits was 2.8 days though one respondent, not included in the average, stayed for 13 weeks. The average length of stay for 2 or 3 visits was 8.6 days - not differentiated for number of visits.

The respondents who reported having experienced any of the three incidents were asked if they sought assistance from Ashby Village. "Yes" responses were given by 14.3% of the respondents reporting an incident (n=77). The respondents who responded no, were asked why

not. The majority of the 67 replies (81.8%) was that they relied on someone else. A small portion (10.6%) were unaware that Ashby Village provided that help. A single respondent (1.5%) did not have time to plan. The remaining proportion (6.1%) did not select a reply.

### **Confidence Aging in Place**

In the section of the survey related to confidence about aging in place the respondents were asked about their future plans for care and the suitability of their residences as they age. Of the 172 respondents, half of the respondents have made plans for their care in the future. About one-third of the respondents felt that their residences would need modifications to improve their ability to live safely over the next five years.

Those respondents who have made plans for their care in the future are counting on some combination of the three options given them: (1) Long Care Term Insurance, (2) Counting on Family and Friends and (3) Being able to pay privately for what is needed. One-fifth of the respondents are relying on Long Term Care Insurance alone and one-sixth of the respondents are relying on their own ability to pay for their services without relying on any other resource. One-tenth of the respondents are relying solely on family and friends. Overall, of the 89 respondents who have made plans for their future care, 59.6% of them have Long Term Care Insurance, 56.2% of them can afford to pay privately for what is needed and 47.2% counting on family and friends. It is interesting to compare these percentages to the larger group of 172 respondents, where only 30.7% have Long Term Care Insurance, 28.9% can afford to privately pay for their needs, and 26.0% are counting on family and friends (see Table 5).

Those respondents who have not made plans for their care in the future tend to be younger than 75 years old or in their first year as a member of Ashby Village. There does not seem to be a relationship of the respondents' income level to their making plans for their future care (See Figure 5).

Respondents who feel that modifications need to be made to their residences in the next five years in order to live safely were asked to choose from the following options: (1) Improved access into or within the home, such as a ramp or chairlift, (2) Safety modifications, such as grab bars, handrails, non-slip tile, (3) Emergency response system. The highest single need was in the area of safety modifications, while the other two areas were about equally important at a lower level. Multiple choices were made by 9.2% of the respondents (n=172) (see Table 6).

An analysis of those respondents who did not feel the need to modify their home for their safety in the next five years reveals that there is no apparent relationship in age, income level, or member duration (see Figure 6).

Respondents were asked to indicate how their membership in Ashby Village affected their ability to address their future needs. In the area of planning for their future care 40.9% of the respondents (n=173) agreed that their Ashby Village membership has increased their ability



(0.6% disagreed). In the area of getting help to live in their current residence 21.5% of 175 respondents agreed that their membership has increased their ability (1.7% disagreed).

### **Areas for Further Study**

In some of the data reported above there were situations that suggested further study to determine underlying conditions and possible Village responses:

- (1) In the past year nearly a half of the respondents had experienced an overnight hospitalization, a debilitating illness or a period of bereavement. Ashby Village was asked by the respondents for support during these situations by 14.3%, while 70.1% of them found support from family and friends.
- (2) About a half of the respondents have not made plans for their future care even though some of the response options were of an informal nature.
- (3) More than two-thirds of the respondents feel that their residences will not need any modifications for their future safety in the next five years. Perhaps many of the respondents have already made those modifications or the five-year timeframe provides for flexibility.
- (4) About a half of the respondents live alone, which is not uncommon for the population of Ashby Village. Further study is recommended to assess members' access to a Personal Emergency Response System, or other recourse for emergencies.
- (5) The utilization of many of the Village's programs and services seems to vary according to the duration of a respondent's membership. Respondents in their first year of membership are actively engaged in some of the services, while respondents with more than five years of membership express an appreciation for some of the benefits of membership.

### **Conclusion**

All together, considerable benefit has accrued from the process that brought the Board, staff and members together to create a survey that has yielded important findings and identified areas for further study.

**Appendix**  
Tables and Figures

**Table 1: Demographic Comparisons**

Group	Characteristic	Village (n=384)	Respondents (n=170)
Gender	Female	72.0	82.1
	Male	28.0	17.3
	Other		0.6
Member/Volunteer	Member	68.4	64.9
	Member-Volunteer	31.6	35.1
Membership Type	Individual	60.8	65.7
	Household	39.2	34.3
	Average Age	79.7	79.3
City Residence	Albany	3.4	4.0
	Berkeley	62.9	60.9
	El Cerrito	7.0	5.2
	Emeryville	5.7	6.9
	Kensington	5.2	5.7
	Oakland	9.7	12.1
	Richmond	6.0	5.2

**Table 1: Demographic Comparisons (Continued)**

Group	Characteristic	Village (n=384)	Respondents (n=170)
Neighborhood Group	Clarewood	15.9	12.8*
	Emery Bunch	6.0	8.9*
	Hamlet	17.0	14.2*
	North Berkeley	20.6	24.3*
	Northtowns	18.3	13.5*
	Outlandish	10.4	14.2*
	The Midlands	11.7	12.2*
	Do not know		13.5
Years a Member	Less than a year	23.6	21.5
	1 to 2 years	11.0	19.2
	2 to 3 years	12.6	5.2
	3 to 4 years	6.6	13.4
	4 to 5 years	6.8	9.3
	More than 5 years	39.4	31.4

\*Percent of those who knew their Neighborhood Group

Figure 1: Percentages of Volunteer Use by Age, Years a Member and Income Level

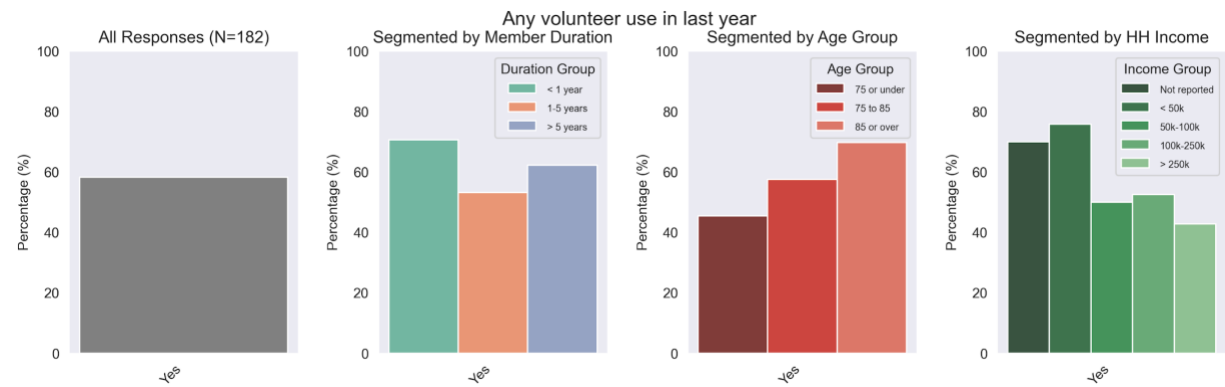
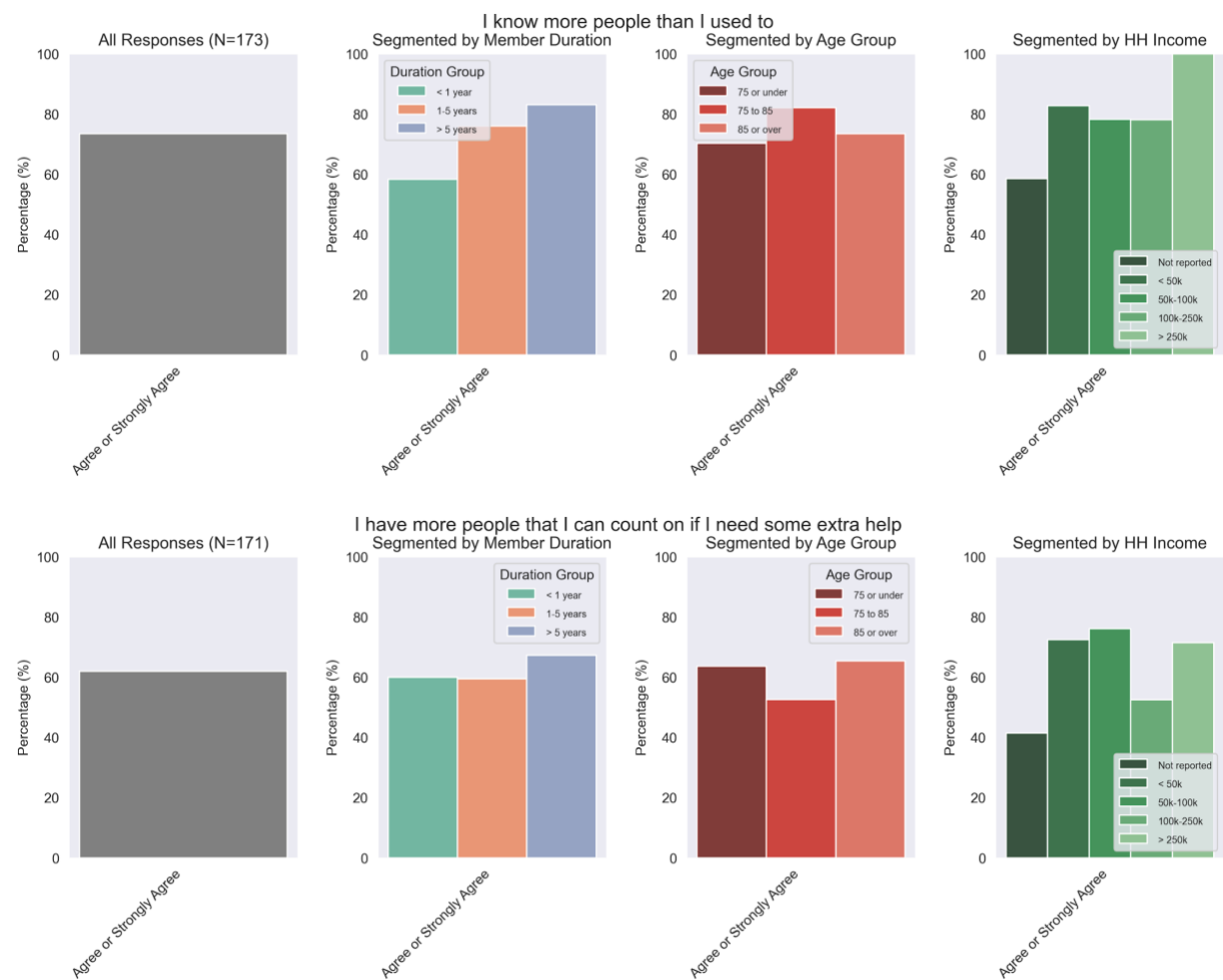


Figure 2 A-E: Percentages of Strongly Agree or Agree Ratings for Five Statements of Social Engagement by Age, Years a Member and Income Level



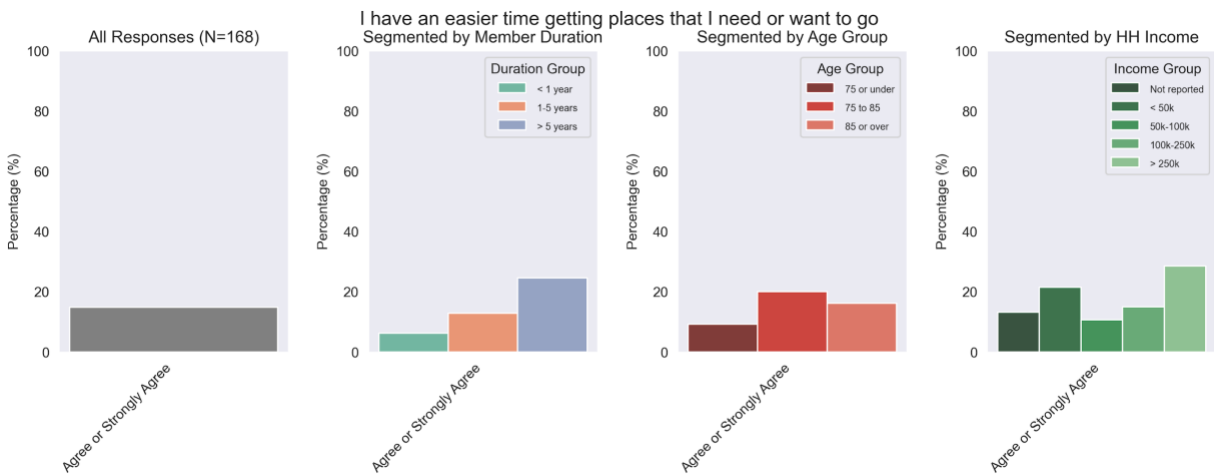
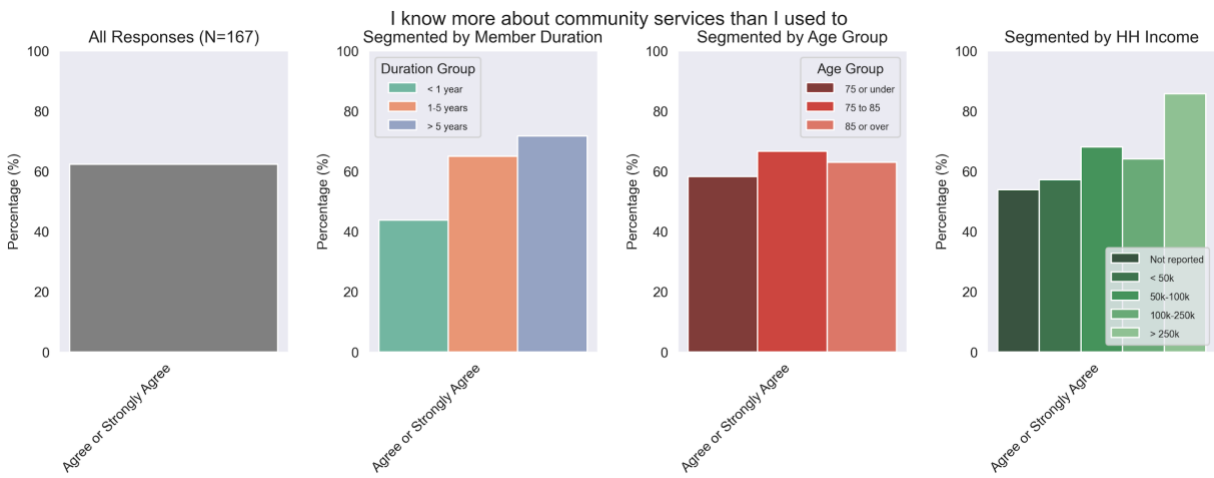
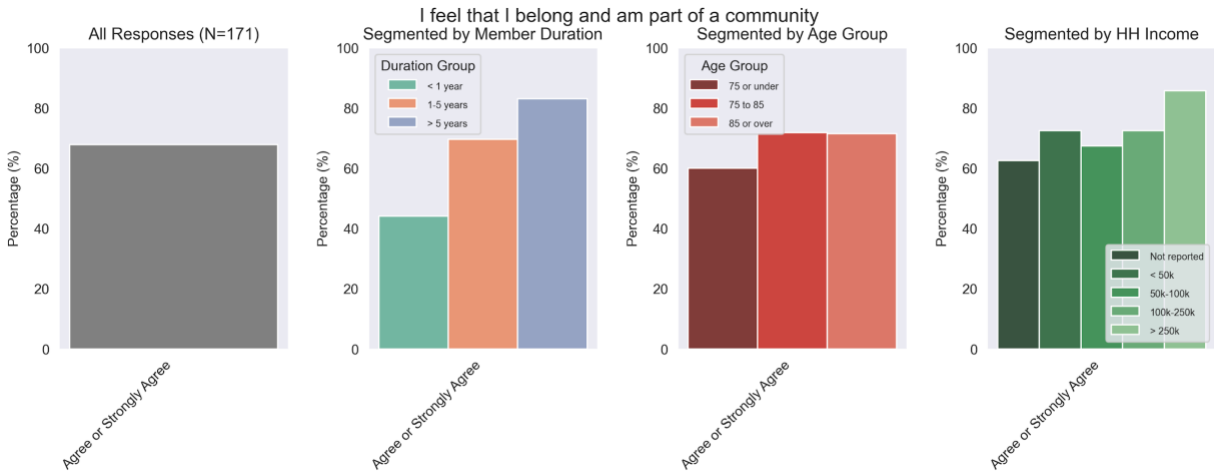


Figure 3: Health Status by Age, Years a Member and Income Level

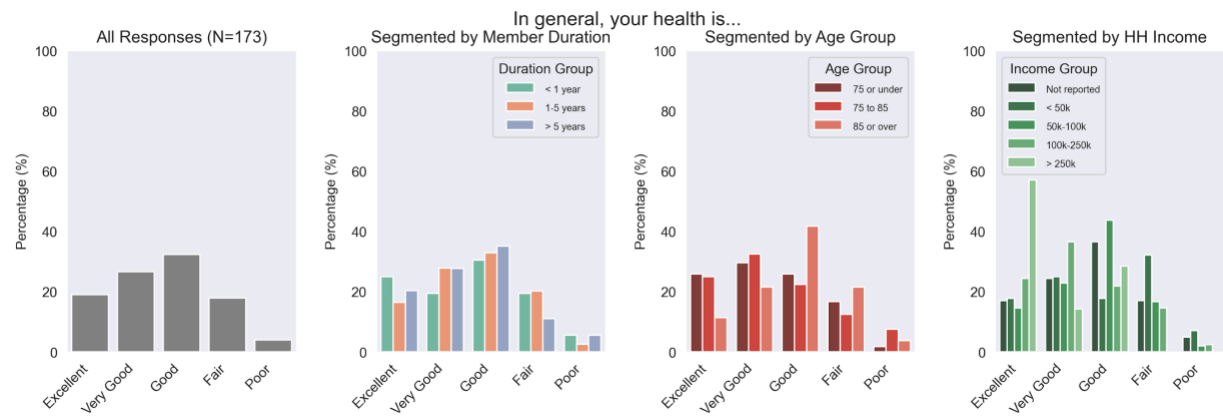
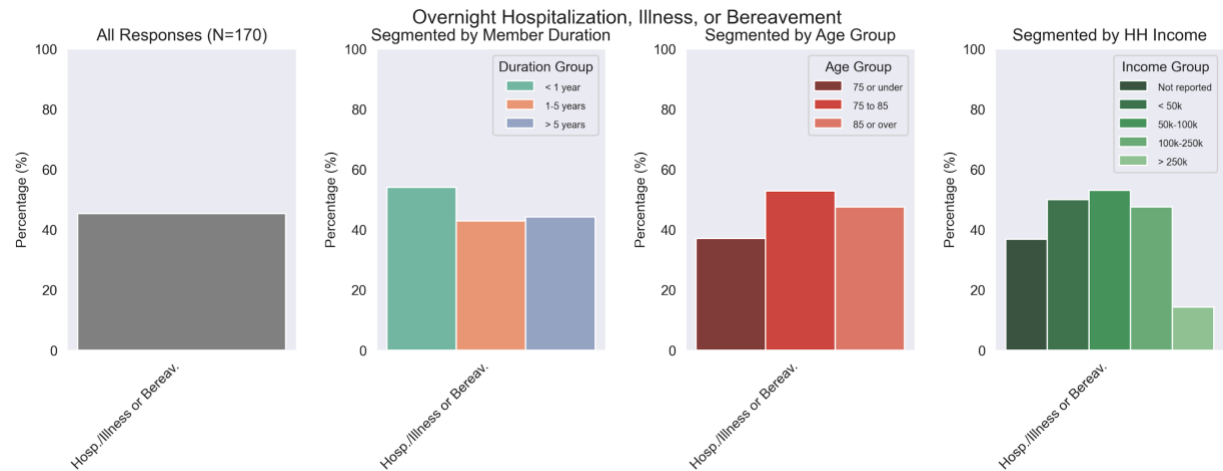
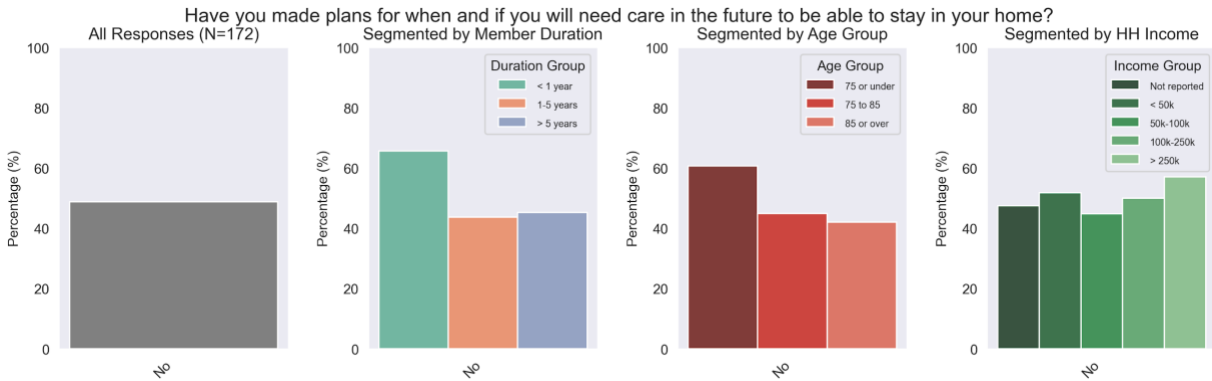


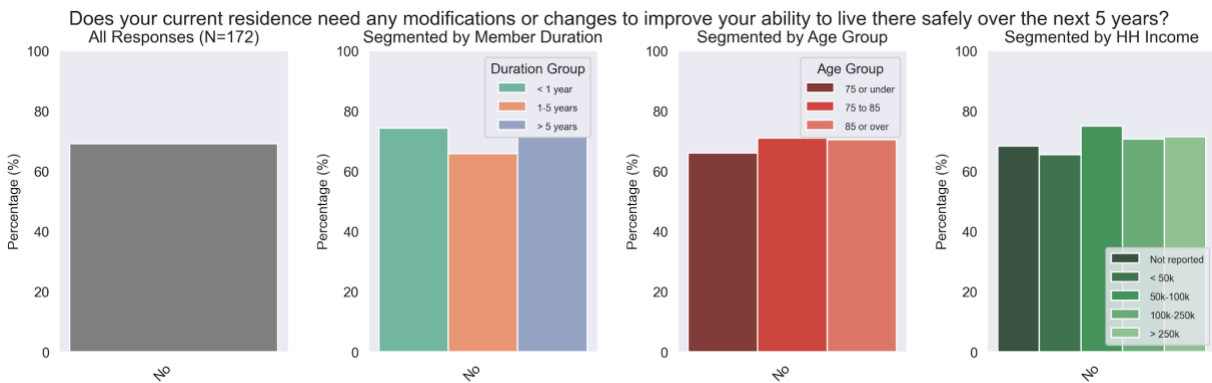
Figure 4: Percentages of Respondents Reporting Hospitalization, Debilitating Illness or Bereavement by Age, Years a Member and Income Level



**Figure 5: Percentages of Respondents Who Have Not Made Plans for their Care in the Future By Age, Years a Member, and Income Level**



**Figure 6: Percentages of Respondents Who do not feel that their Homes will need Modification for their Safety by Age, Years a Member and Income Level**



**Table 2: Average Ratings of Agreement on Statements of Social Engagement (n=169)**

Since joining Ashby Village ...	Strongly Agree	Agree	Un-decided	Disagree	Strongly Disagree
I know more people than I used to	29.5	43.9	11.6	11.0	4.0
I feel that I belong and am part of a community	23.1	45.6	21.3	6.5	3.6
I talk to more people than I used to	16.1	38.1	20.8	19.1	5.4
I get together socially with friends or neighbors more often than I used to	7.6	29.8	28.7	22.8	11.1
I have more people that I can count on if I need some extra help	18.1	43.9	22.8	10.5	4.7
I leave my home more than I used to	7.7	16.1	25.6	39.3	11.3
I participate in activities and events more than I used to	10.7	38.5	17.2	27.8	5.8
I feel more connected with other people than I used to	8.9	37.3	27.2	19.5	7.1
I feel happier than I used to	8.2	9.5	47.5	29.1	5.7
I am less lonely than I used to be	4.7	18.2	40.1	30.1	6.5
I know more about community services than I used to	8.4	53.9	21.0	12.6	4.2
I have an easier time getting to places that I need or want to go	4.7	10.1	31.5	45.2	7.7
I volunteer more often than I used to	11.4	16.2	21.0	48.7	10.8
Overall	12.2	30.9	25.9	24.8	6.8



**Table 3: Percentages of Responses to Items on Health and Well-being (n=174)**

In general, your health is....

Excellent	Very Good	Good	Fair	Poor
19.3	26.3	32.7	17.5	4.1

Item	No	Yes
Do you have serious difficulty walking or climbing stairs?	75.1	26.9
Do you have difficulty dressing or bathing?	93.6	6.4
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	90.7	9.3
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?	81.5	18.5
During the past 12 months, were there any times when you delayed or did not get medical care you felt you needed— such as seeing a doctor, a specialist, or other health professional?	85.7	14.3
During the past 12 months, were you a patient in a hospital overnight or longer?	86.9	13.1
During the past 12 months did you experience a debilitating illness?	80.0	20.0
During the past 12 months did you experience a period of bereavement?	77.1	22.9

**Table 3: Percentages of Responses to Items on Health and Well-being (continued) (n=174)**

Without the use of mobility aids, accommodations, or adaptations, how is your mobility?

My mobility is excellent	My mobility is good	I have a little trouble with mobility	I have moderate trouble with mobility	I have a lot of trouble with mobility	I am immobile
37.6	28.3	23.7	0.6	9.2	0.6

Without the use of hearing aids or other listening devices, how is your hearing?

My hearing is excellent	My hearing is good	I have a little trouble hearing	I have moderate trouble hearing	I have a lot of trouble hearing	I am deaf
12.9	29.4	24.1	20.0	12.4	1.2

In general, how satisfied are you with your life?

Very Satisfied	Satisfied	Neither Satisfied nor Dissatisfied	Dissatisfied	Very Dissatisfied
31.5	47.0	11.3	8.9	1.2

**Table 4: Percentages of Respondents Reporting Overnight Hospitalization, Debilitating Illness or Period of Bereavement (n=175)**

Overnight Stay in Hospital	13.1
Debilitating Illness	20.0
Period of Bereavement	22.9
Any One of the Above Incidents	44.1
Two or More of the Above Incidents	19.3

**Table 5: Percentages of Respondents' Options Selected as Plans for their Future Care (n=172)**

Long Term Care Insurance	30.7
Counting on Family and Friends	24.3
Can Afford to Privately Pay	28.9
Any One of the Above Options	51.5
Two or More of the Above Options	25.5

**Table 6: Percentages of Respondents' Choices of Modifications Needed in their Homes for their Safety (n=172)**

Improving Access such as Ramps or Chairlift	9.9
Safety Modifications such as Grab Bars or Handrails	15.8
Emergency Response System	10.5
Any One of the Above Improvements	31.5
Two or More of the Above Improvements	9.2