

Does the Senior Companion Respite Service Matter for the Health and Well-being of Caregivers?



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Authors

This study was conducted by researchers from JBS International, Inc.

Annie Georges, Ph.D., Senior Research Associate

Wenson Fung, Ph.D., Research Associate

Jenny Liang, B.A., Research Assistant

Jenée Smith, B.A., Research Assistant

Donald Pratt, Ph.D., Research Associate

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

Claudia Birmingham, M.A., Research Associate

Susan Gabbard, Ph.D., Vice President

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Executive Summary

In 2014 the Corporation for National and Community Service (CNCS) launched an evaluation to assess the impact of the Senior Companion Program (SCP) respite services on beneficiaries and participants to inform policy discussion and strengthen the SCP respite service program. The evaluation included a baseline and one follow-up of caregivers who sought SCP respite service between July and November 2015. There are two reports based on the data collected from the caregivers who participated in the evaluation. The first report described caregivers' demographic characteristics, health, and functional status of caregivers who sought SCP respite services as well as care recipients' health and functional status and use of additional support services. The second report had two primary objectives. The first objective was to describe the types of services caregivers received, how caregivers' expectations for respite services align with the respite services they received, and their satisfaction with respite services. The second objective was to provide preliminary descriptive results on the extent to which there was a change in caregivers' self-rated health and well-being following the start of respite services.

The final analysis sample consisted of 56 caregivers who completed both the baseline and follow-up surveys. The report used descriptive analysis to examine the type of services caregivers received, the number of hours the Senior Companion provided respite support, the alignment between expectations of respite services and the services received, and satisfaction with respite services. In addition, the analysis compared change in caregivers' self-rated health and well-being, and also compared Senior Corps caregivers to caregivers in the general population to help ascertain how change in health and well-being after receiving a year of respite support compared to other group of adult caregivers in the general population.

Two groups of caregivers were identified, those with high level need and those with moderate need for respite services. Caregivers with high level need reported high rankings for services to help them with 'personal time', 'household management', and 'manage requests and behavior'. Caregivers with moderate need reported high rankings for services in only one of the three categories: 'personal time', 'time for household management', or 'manage requests and behavior'. Almost half (46 percent) of caregivers had high level need when they sought respite support to help them with 'personal time', 'household management', and 'manage requests and behavior' of the care recipient. Within a year following respite support from SCP, most caregivers in the high level need group reported Senior Companion services helped them 'a lot or a great deal' with 'personal time' and 'household management.' A lower percentage reported the Senior Companion services helped them 'a lot or a great deal' with 'managing requests and behavior'. It is not surprising that the ranking for this type of support was lower compared to the other core services SCP provides. As currently structured, Senior Companion respite services do not include activities to support caregivers with managing requests and behavior in their caregiver role.

Both groups of caregivers were equally satisfied with their Senior Companion. A higher percentage of those in the high level need group reported SCP exceeded their expectations, whereas a higher percentage of those in the moderate need group reported SCP met their expectations. Caregivers' perception of their health and well-being improved. Almost half of caregivers who reported fair or poor health at baseline showed improvement at follow-up. Many caregivers also showed improvements in being socially connected, and reported fewer number of symptoms of depressive symptoms.

Overall, caregivers were satisfied with SCP respite services, and the services they received met or exceeded their expectations. Within one year of receiving respite services, caregivers perceived their health and well-being as having improved, they felt more socially connected, and reported fewer symptoms of depression.

Highlights of Results

Caregiver Expectations and Services Received

A higher proportion of caregivers ranked the Senior Companion services as having helped them 'a lot or a great deal' in finding 'personal time' and 'household management' compared to caregivers with moderate need.

- Approximately 58 to 74 percent of caregivers with high level need reported Senior Companion respite services helped them 'a lot' or 'a great deal' with both 'personal time' and 'household management', such as finding time for themselves and to visit friends and family, relax and have peace of mind, able to do chores around the house, go shopping for groceries, or go to doctor's appointments. Approximately 50 to 60 percent reported Senior Companion services helped them 'a lot or a great deal' to be involved in social or entertainment activities, manage requests or demands by their family or friend, time to pay bills or do paperwork, and enjoy time with their friend or relative.
- More than half (52 percent) of caregivers with moderate need reported the Senior Companion services helped them with 'household management' such as finding time to go grocery shopping, and 48 percent reported the services helped them find time do chores around the house.

Satisfaction with Respite Services

Most caregivers reported the Senior Companion Program met or exceeded their expectations, especially for those who were in the high level need group.

- Most of caregivers with high level need (92 percent) and moderate need (90 percent) reported they were satisfied with the respite services from their Senior Companion volunteer.

- The majority (63 percent) of caregivers with high level need reported the Senior Companion Program exceeded their expectations. By contrast, the majority of caregivers with moderate need (69 percent) reported the Senior Companion Program met their expectations.

Health and Well-being

Within one year following the start of respite support, caregivers perceived their health as having improved and a lower proportion of caregivers reported functional limitations. This was particularly the case for those who, prior to the start of respite support, rated their health as fair or poor. Approximately 40 percent of caregivers who rated their health as fair or poor prior to respite support subsequently rated their health as good at follow-up, indicating an improvement in overall perceived health. The proportion of caregivers who reported functional limitations also diminished. However, it is possible that these difficulties may have been temporary for some caregivers at the time of the baseline survey, and were no longer having these difficulties at follow-up.

An average loneliness score was calculated based on caregivers' responses to questions about their social and emotional connectedness. At follow-up, a higher proportion of caregivers had lower loneliness score, and a higher proportion reported fewer symptoms of depression. Approximately 50 percent had a change in the loneliness score, which suggested a reduction in perception of loneliness (in other words caregivers felt less social isolation) at follow-up; about 80 percent whose responses for the questions on emotional connectedness suggested they felt more emotionally connected at follow-up. Many caregivers also reported fewer symptoms of depression, with up to 42 percent of caregivers reporting fewer number of symptoms of depression at the follow-up survey.

Comparison to the General Population

Caregivers receiving respite services were compared to a sample of Health and Retirement Study (HRS) participants who were providing care to a family member or friend. A comparison of the average score in self-rated health showed Senior Corps caregivers had significantly lower average self-rated health than HRS caregivers at baseline. At follow-up, there were no significant differences in average score between the two groups. Over time, the HRS caregivers perceived their health had worsened, whereas the Senior Corps caregivers perceived their health remained unchanged. The average number of depressive symptoms was higher among Senior Corps caregivers compared to HRS caregivers. The differences in the number of symptoms remained unchanged between the two groups from baseline to follow-up.

Introduction

The Corporation for National and Community Service (CNCS) Senior Companion Program (SCP) provides opportunities to individuals age 55 and over to make a difference in their community by providing assistance and friendship to adults who have difficulty with daily living tasks. SCP engages its Senior Companion volunteers in delivering “supportive, individualized services to help adults with special needs maintain their dignity and independence.” By helping adults remain independent, Senior Companion volunteers also provide families with much-needed respite. Family caregivers receiving respite are thus able to continue in their capacity as caregivers for their loved one. The type of services in which SCP volunteers engage include transporting clients to medical appointments, helping to shop for food and necessities, providing companionship to offset isolation, and offering respite to family members and caregivers. The assistance Senior Companions provide is expected to help the physical and psychological health of frail elderly and disabled clients as well as help the physical and psychological well-being of family caregivers who receive respite services.

In 2014, CNCS launched an evaluation to examine how its Senior Companion Program supports caregivers’ health and well-being. The Caregiver Study is the second national evaluation of the SCP caregiver respite services. In the first national evaluation¹ which took place in 2013, the Senior Corps Independent Living Performance Measurement Survey was administered to caregivers who had been receiving respite services for at least one year at the time of the survey. The survey included ten performance measurement items covering caregivers’ perceptions of whether the respite services improved their self-efficacy and perceived social support. The survey did not collect information on caregivers’ characteristics or care recipients. Due to its cross-sectional nature, the survey did not measure whether and how respite services might be associated with a change in caregivers’ health and well-being.

The Caregiver Study was designed as a longitudinal study to address the limitations of the cross-sectional evaluation and advance CNCS’s ability to report on progress, assess the impact of national service on participants and beneficiaries, and strengthen the SCP respite service program. The Caregiver Study consisted of two rounds of data collection: a baseline and one follow-up. The baseline data collection was administered to caregivers prior to the start of respite services. The second round of data collection took place 9 to 12 months after the baseline survey. The Caregiver Study collected demographic and health information about caregivers, and (through the caregiver) information about the family member or friend (i.e., the care recipient), including the care recipient’s relationship to the caregiver, the care recipient’s health and functional limitations, and use of additional support services by the care recipient. By collecting

¹ Pratt, D., Lovegrove, P., Birmingham, C., Lombas, L., Vicinanza, N., Georges, A., & Gabbard, S, (2014). *SCP Independent Living Performance Measurement Survey: Process, Rationale, Results, and Recommendations*. North Bethesda, MD: JBS International, Inc.
http://www.nationalservice.gov/sites/default/files/evidenceexchange/FR_2014_SCP_IndLivPerfMeasSurvey.pdf

baseline and follow-up data, the Caregiver Study measured change in caregivers' health and well-being.

The Caregiver Study supports Goal 1 of the CNCS 2011–2015 Strategic Plan, which is to increase the impact of national service on community needs. This is measured in the output of the number of caregivers receiving respite services or independent living services; and the outcome as measured by the impact of national service on caregivers' health and well-being. The 2011–2015 Strategic Plan for CNCS underscores the commitment to build an evidence base, which is done by assessing the impact and effectiveness of Senior Corps programs at least every three years. In that vein, the goal of the Caregiver Study is to describe the caregivers' population as the beneficiaries of national service and measure changes in beneficiaries' outcomes over time.

The first report, *Senior Corps Longitudinal Evaluation Caregiver Study: A Profile of Senior Companion Caregiver Respite Clients*, described caregivers' demographic characteristics, health, and functional status of the caregivers who sought SCP respite services. The first report also described care recipients' health and functional status, as well as use of additional support services. The findings from the first report showed caregivers who sought SCP respite services were female with average household income under \$50,000, married, with some college or an associate's degree but did not attain a bachelor's degree, and almost one-third reported a family member who was a veteran or they were on active duty themselves. In most cases the care recipient was a spouse or a parent. The duration of the relationship between caregiver and recipient ranged from less than six months to more than five years, with more than two-thirds providing care to their spouse or parent for at least two years prior to seeking respite services. Although care recipients received other support services such as home care assistance, adult day care, meal services, and transportation services, the duration of these services was typically less than six months at the time caregivers sought respite services.

At the time caregivers sought respite services, less than one-third (31 percent) reported being in very good (31 percent) or good (29 percent) health, and 31 percent reported fair or poor health. Caregivers also reported functional limitations such as having difficulties getting up from a chair, walking one block, or doing basic physical activities. The survey included a shortened version of the Center for Epidemiologic Studies Depression Scale (CES-D), a widely-used measure of psychological distress, for symptoms of depression and anxiety. The nine-item short version of the CES-D was adopted from the Health and Retirement Study (HRS). Using the traditional method of scoring the CES-D items, almost half of caregivers reported at least three symptoms of depression prior to the start of respite services.

The second report had two primary objectives. The first objective was to describe the types of services caregivers received, how caregivers' expectations for respite services align with the

respite services they received, and their satisfaction with respite services. The specific research questions under the first objective are:

1. What service activities do Senior Companions provide to care recipients? What is the average number of hours of respite services that Senior Companions provide in a typical week?
2. How do caregivers' expectations for seeking respite services align with the type of respite services received?

The second objective was to provide preliminary descriptive results on the extent to which there was a change in caregivers' self-rated health and well-being following the start of respite services. Are there differences based on caregivers' expectations for seeking respite services and the types of services received?

In the sections that follow, the report describes the study's procedure, participants, and approach for the analysis. The report then presents the results, concludes with a summary and implication of the results.

Study Procedure

All caregivers who sought respite services between July and November 2015 were eligible to enroll in the study. Enrollment into the study consisted of two stages. In the first stage, Senior Companion Program grantees received technical assistance on how to enroll eligible caregivers into the study. Grantees received a packet with background about the study, who was eligible to participate, how to introduce the study to the caregivers, and answers to questions the caregivers might have about the study. In the second stage, project directors explained the study to eligible caregivers. During the enrollment period, anyone who was seeking respite for the first time received information about the study from the grantee. Those who agreed to participate received a survey packet which included a written summary of the study, consent form, the survey, and prepaid envelope to return their completed survey to JBS.² Caregivers received a \$20 honorarium for completing the survey. Grantees noted who received a survey and sent that information to JBS. If the survey was not returned, JBS contacted the caregiver to encourage them to complete the survey.

Participants

Grantees submitted contact information for 102 caregivers who were seeking respite services during the enrollment window, of which 77 completed and returned a baseline survey prior to receiving respite services, representing a 76 percent enrollment rate. Of the 77 surveys, five respondents were excluded from the analysis for the following reasons: 1) it was unclear whether

² The study's data manual, "Caregiver Study Users' Manual for First Follow Up", provides more details on the data collection administration procedures.

four of the respondents provided informed consent to participate; and 2) one respondent was a minor and no parental consent was obtained. The final baseline sample consisted of 72 caregivers who were eligible for the follow-up survey. Caregivers became eligible for the first follow-up survey between 9 and 12 months after completing the baseline survey (September–December 2016). Of the 72 caregivers who completed the baseline survey, four were deceased or unable to be contacted. Of the 68 remaining caregivers, 56 completed the follow-up survey, representing an 82 percent response rate. The final analysis sample consisted of 56 caregivers who completed both the baseline and follow-up surveys.

Chi-square tests were conducted to examine the differences between caregivers who did not complete the follow-up survey (non-responders; $N = 16$) and those who completed both baseline follow-up surveys (responder; $N = 56$). There were no significant differences between non-responders and responders in age, gender, race, ethnicity, education, household income, marital status, household structure, whether they have children, and self-rated health (p -values > 0.05).

Measures

The Senior Companion Caregiver Respite Survey was adopted from several sources including the Health and Retirement Study (HRS) developed by the University of Michigan, and published articles and instruments that surveyed caregivers.³ The survey's organization and content was reviewed by CNCS Office of Senior Corps, CNCS Office of Research and Evaluation, Field Working Group (FWG) comprised of SCP project directors, and Technical Working Group (TWG) comprised of experts in gerontology, longitudinal surveys and evaluation design, psychometrics and experts in the measurement of stress and depressive symptoms. Internal and external reviews were used to revise and modify the baseline and follow-up surveys. The survey was tested with five caregivers five months prior to study implementation, and was modified based on data collected during the pilot.⁴ The baseline survey was translated to Spanish. The accuracy of the translation was reviewed by native speakers of each language.

³ Sources include: (1) Montgomery, R. J. V., Rowe, J. M., Jacobs, J., & associates. (2010). Tailored CARE: Tailored Caregiver Assessment and Referral user manual (Version 3.0). Milwaukee: University of Wisconsin–Milwaukee Research Foundation. (2) Caregiver Intake form - Senior Community Outreach Services J. Perez; <http://www.ncbi.nlm.nih.gov/pubmed/10922346>. (3) Savundranayagam, M. Y., Montgomery, R. J. V., and K. Kosloski. 2010. "A dimensional analysis of caregiver burden among spouses and adult children." *The Gerontologist* 102: 1-11. Doi: 10.1093. (4) Office of Management and Budget, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity Federal Register, Notice October 30, 1997. (5) A Guide to Disability Statistics from the 2000 Decennial Census; <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1187&context=edicollect>; table 1.

⁴ The Office of Management and Budget (OMB) cleared the survey and data collection plan on June 24, 2015 (OMB control number: 3045-09173).

Approach to Analysis

Prior to analysis, all data were reviewed for out-of-range responses, coding, skip edits, missing values, and consistency. The *Senior Corps Longitudinal Evaluation Caregiver Study Follow-up Data Collection Users' Manual* provides additional details on data preparation. The report used descriptive analysis to examine the type of services caregivers received, the number of hours the Senior Companion provided respite support, the alignment between expectations of respite services and the services received, and satisfaction with respite services. In addition, the analysis compared change in caregivers' self-rated health and well-being. Chi-square tests were used to determine whether significant differences exist between baseline and follow-up. All chi-square tests were conducted without missing values. The analysis also compared Senior Corps caregivers to caregivers in the general population to help ascertain how change in health and well-being after receiving a year of respite support compared to a similar group of adult caregivers in the general population. The comparison of change in self-rated health, and symptoms of depression between Senior Corps caregivers and the HRS used independent samples *t*-tests to test for differences in self-rated health between the two groups.

Results

The first objective was to describe the types of services caregivers received, including hours of respite services, how caregivers' expectations for respite support compare to the actual respite support they received, and their satisfaction with respite services.

Type of Activities

Caregivers reported their care recipient received multiple types of services from their Senior Companion. As shown in Table 1, almost all caregivers (98 percent) reported the Senior Companion provided companionship, followed by helping with errands (33 percent).

Table 1 Type of Respite Services Received from Senior Companions

	Received this service		Did not receive this service	
	N	Percent	N	Percent
Provided companionship	54	98.2	1	1.8
Helped with errands	17	33.3	34	66.7
Delivered meals/meals-on-wheels	9	17.3	43	82.7
Assisted with transportation	10	19.2	42	80.8
Shopped	9	17.3	43	82.7
Helped prepare food, get groceries, or do chores	11	19.6	45	80.4
Helped with personal care	4	7.1	52	92.9

Alignment of Caregivers' Need for Respite with Actual Services Received

A higher proportion of caregivers with high level need reported the Senior Companion respite support helped them with their caregiving role compared to caregivers with moderate need. Prior to the start of respite services, caregivers ranked 12 reasons why they wanted SCP respite support. Each reason was ranked on a five-point scale from one ('not at all') to five ('a great deal'). The 12 reasons for seeking respite service reflected three categories of need or expectations:

Personal Time

- Find time for self
- Find time to relax
- Find time to visit friends and family
- Find time for social activities
- Enjoy time with care recipient

Household Management

- Find time to go to doctor's appointments
- Find time to do chores around the house
- Find time to go grocery shopping
- Find time to pay bills or do paperwork

Manage Requests and Behaviors

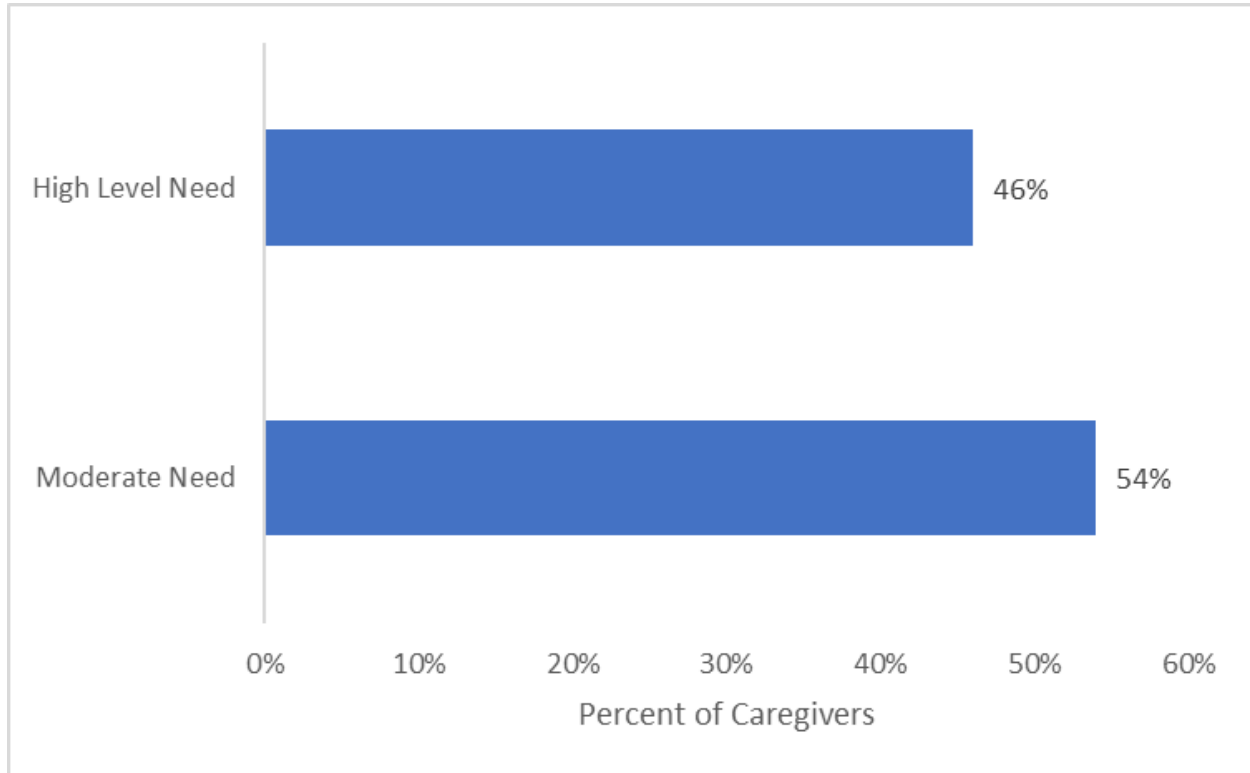
- Manage the number of requests and demands by care recipient
- Manage requests and behavior with family
- Handle behavior of care recipient that is difficult to manage

The ranking across the 12 items identified three groups of caregivers being served by SCP: 1) caregivers whose needs or expectations were high, 2) those with essential needs or expectations, and 3) those with moderate needs or expectations. Caregivers whose needs were high reported high rankings for the items under all three categories of need: 'personal time', 'household management', and 'manage requests and behavior'. Caregivers whose needs were identified as essential reported high rankings for the items in only one of the three categories: 'personal time', 'time for household management', or 'manage requests and behavior'. Caregivers whose needs were identified as moderate did not report high ranking in any of the three categories as high. Subsequent analysis revealed little difference between the essential and moderate need groups, and thus, they were combined into one group.

As shown in Figure 1, of the 56 caregivers who completed both baseline and follow-up surveys, almost half (46 percent) had high level need for such services. The baseline data analysis showed that most caregivers had been a primary care provider to their spouse or family member for an average of at least two years prior to seeking respite support. In addition, most had sought other

support services for the care recipient in the six months prior to applying for respite support. Also, most caregivers reported medical conditions and functional limitations of their own⁵.

Figure 1 Proportion of Caregivers with High Level Need and Moderate Need



At the follow-up survey, caregivers reported how much Senior Companion respite services helped them. Their responses from the follow-up survey were compared to their initial expectations for seeking Senior Companion respite services. Caregivers with high level need reported the highest rankings for respite services relative to their initial expectations. Specifically, caregivers with high level need reported respite services helped them find the support they need for 'personal time' and 'household management' in greater proportions than caregivers with moderate need.

Figure 2 shows how both groups of caregivers ranked the respite services that would help them find personal time. Approximately 50 to 76 percent of caregivers with high level need (Figure 2, top panel) reported Senior Companion respite services helped them 'a lot' or 'a great deal' with 'personal time', such as finding time for themselves and to visit friends and family, and finding time to relax and have peace of mind (Figure 2, top panel). Compared to caregivers with high level need, about 46 to 50 percent of caregivers with moderate need reported high rankings ('a

⁵ Georges, A., Uppal, H., Fung, W., Pratt, D., Birmingham, C., Sum, C., Smith, J. & Gabbard, S. (2016). Senior Corps Longitudinal Evaluation Caregiver Study: A Profile of Senior Companion Caregiver Respite Clients. North Bethesda, MD: JBS International, Inc..

lot or a great deal’) for three of the five types of respite services to support ‘personal time’ (Figure 2, bottom panel). By contrast, caregivers with high level need gave high rankings to all five types of these services.

Figure 2 Ranking of Services to Support Personal Time, High Level Need and Moderate Need

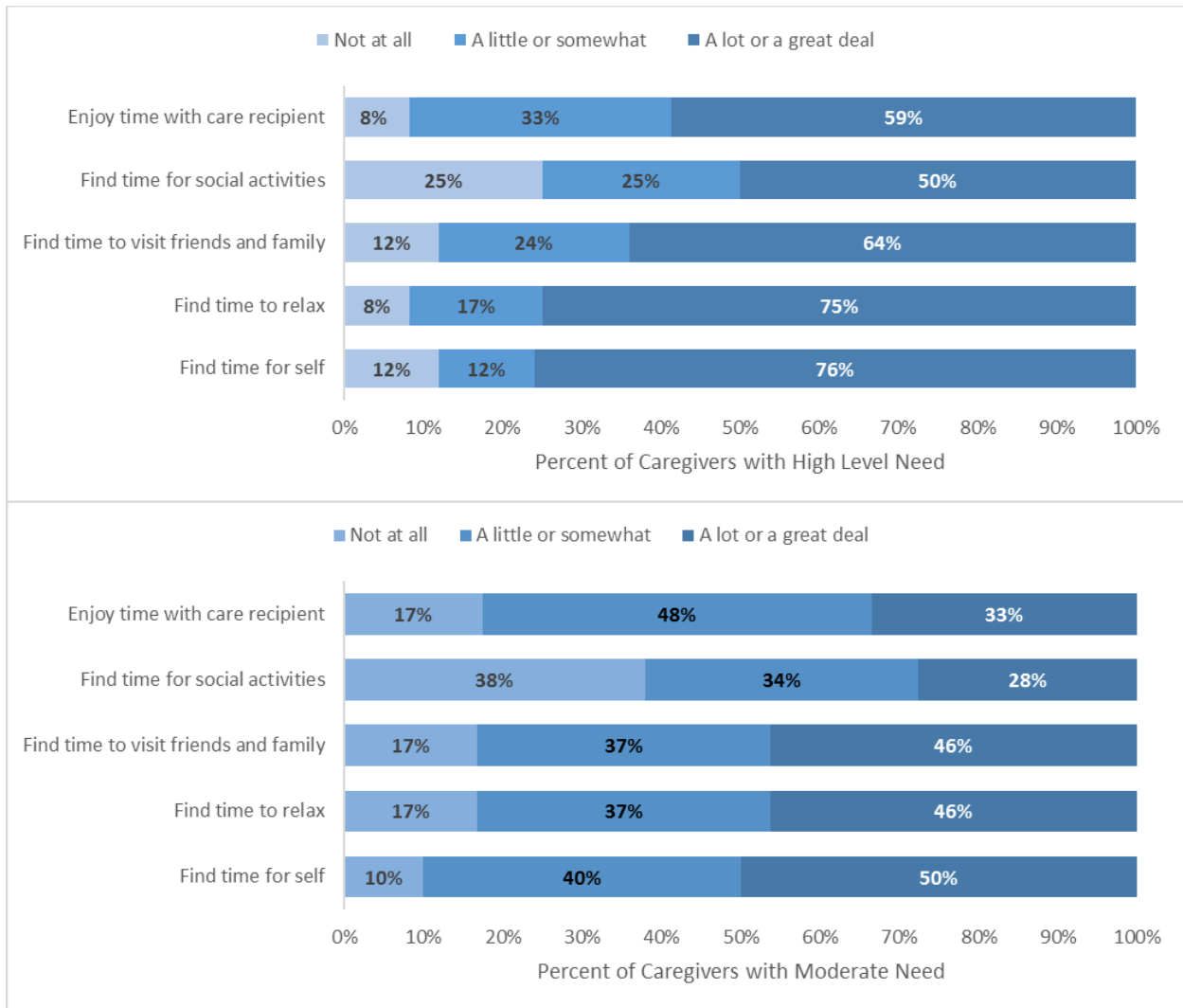
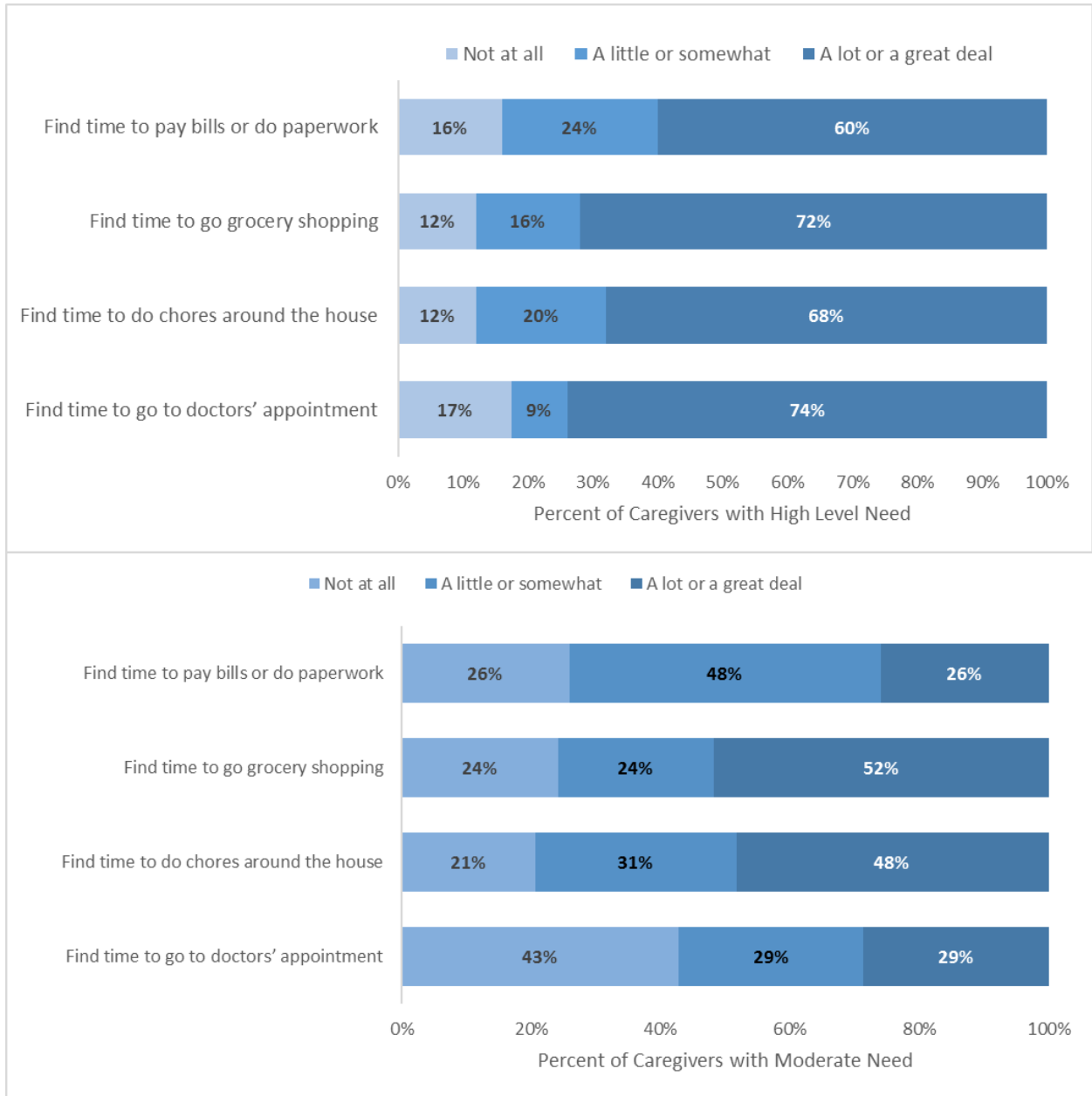


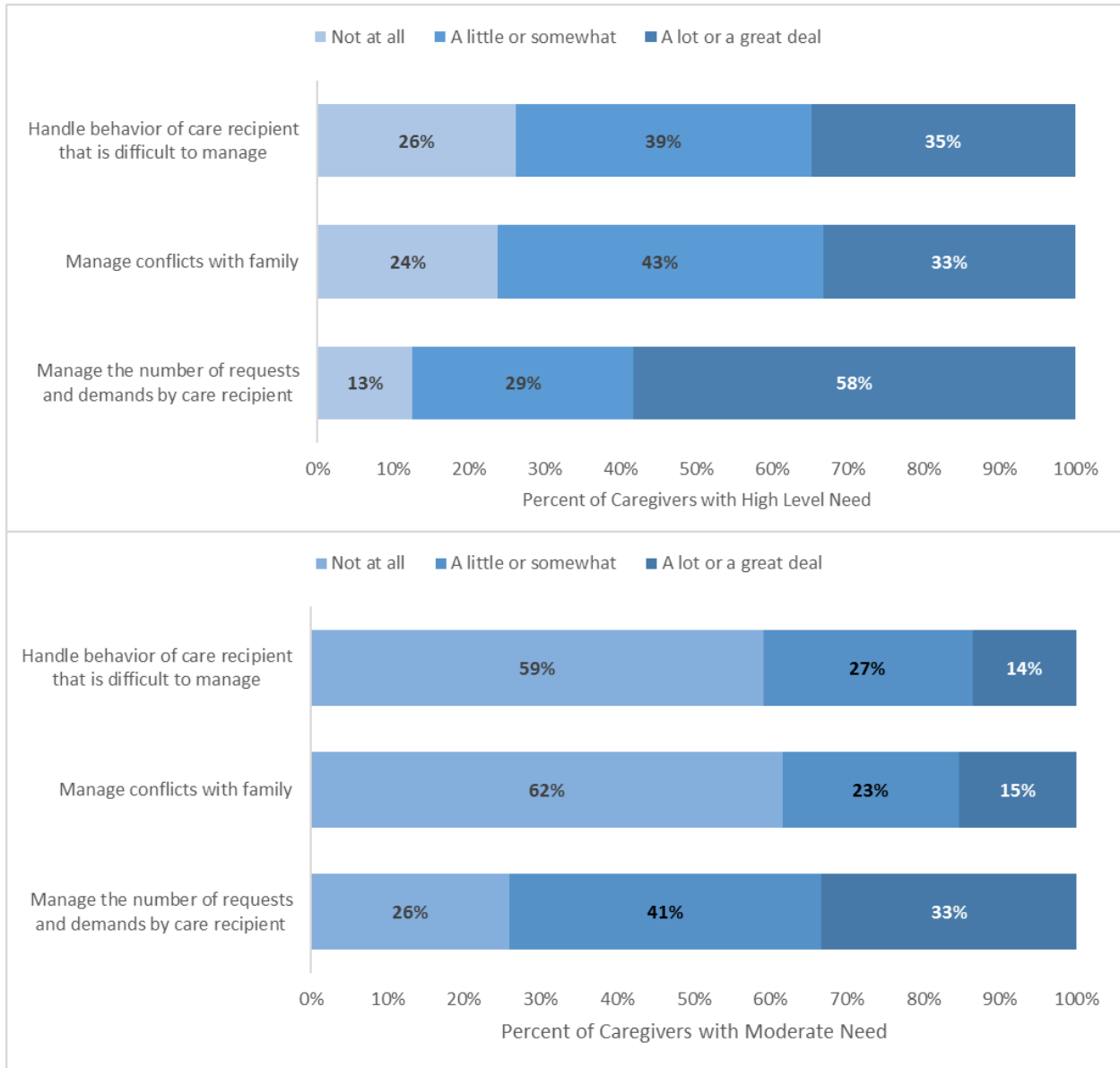
Figure 3 shows between 60 to 74 percent of caregivers with high level need reported the Senior Companion respite services helped them ‘a lot or a great deal’ with ‘household management’ such as being able to do chores around the house, go shopping for groceries, and go to doctor’s appointments (Figure 3, top panel). More than half (52 percent) of caregivers with moderate need reported respite services helped them find time to go grocery shopping ‘a lot or a great deal’, and 48 percent reported the services helped them find time to do chores around the house. Less than one-third of caregivers with moderate need reported the Senior Companion helped them find time to pay bills, do paperwork or go to a doctor’s appointment (figure 3, bottom panel).

Figure 3 Ranking of Services to Support Household Management, High Level Need and Moderate Need



Not as many caregivers gave high rankings for respite services to support them in managing requests and difficult behavior from the care recipient compared to other areas of need. As shown in Figure 4, 58 percent of caregivers with high level need reported the Senior Companion services helped them ‘a lot or a great deal’ to manage requests or demands from their family member or friend; 35 percent reported the Senior Companion helped them ‘a lot or great deal’ to handle behavior of the care recipient that is difficult to manage (Figure 4, top panel). As was the case among caregivers with high level need, a lower proportion of caregivers with moderate need gave high rankings for respite services to support them in managing requests and difficult behavior from the care recipient compared to other areas of need. About 33 percent reported respite services helped them manage the number of requests and demands by the care recipient; less than one-fifth reported respite support helped them handle a behavior of the care recipient (Figure 4, bottom panel). It remained the case that a higher proportion of caregivers with high level need reported the support services to manage requests and behavior were helpful compared to caregivers with moderate need.

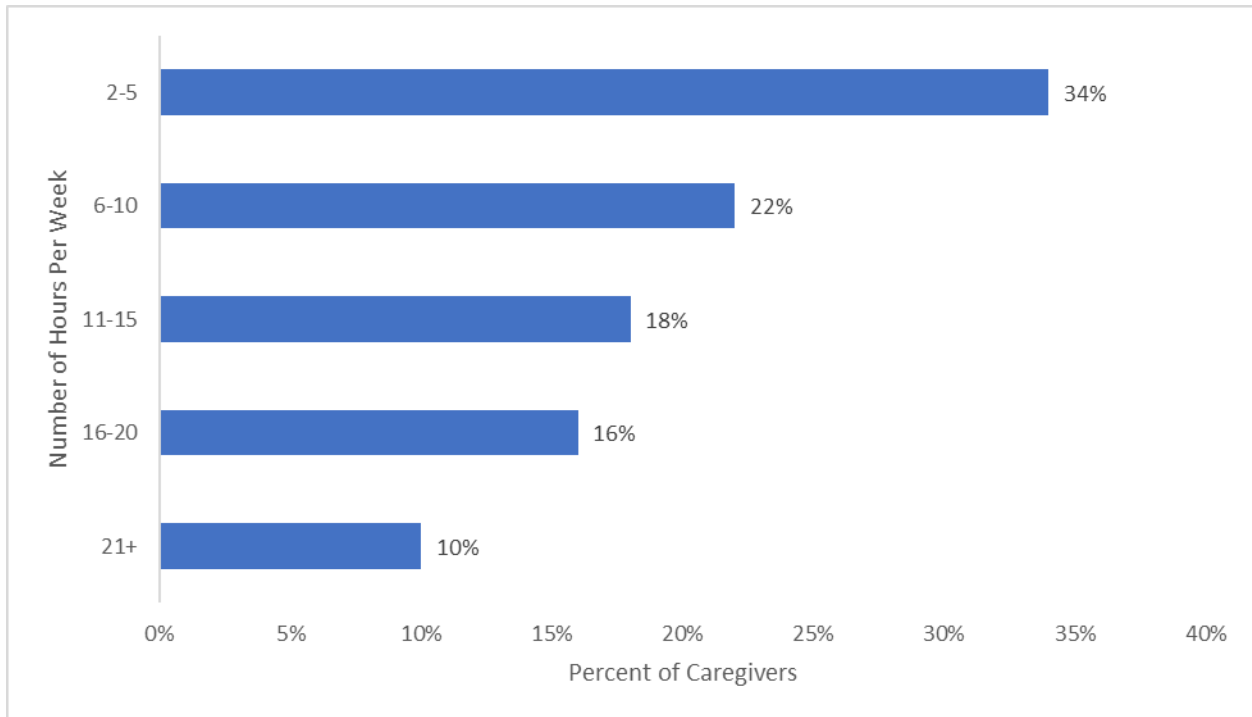
Figure 4 Ranking of Services to Support Managing Requests and Behavior, High Level Need and Moderate Need



Hours of Respite Services

Caregivers reported their care recipients received an average of 11 hours per week of services from Senior Companion volunteers. Figure 5 shows the average number of hours per week received from Senior Companions. The number of hours per week ranged from two to 30. Approximately 34 percent of caregivers reported two to five hours per week of respite services, 22 percent reported six to ten hours, 18 percent reported 11 to 15 hours, 16 percent reported to 20 hours, and 10 percent reported over 21 hours.

Figure 5 Number of Hours Per Week of Respite Services

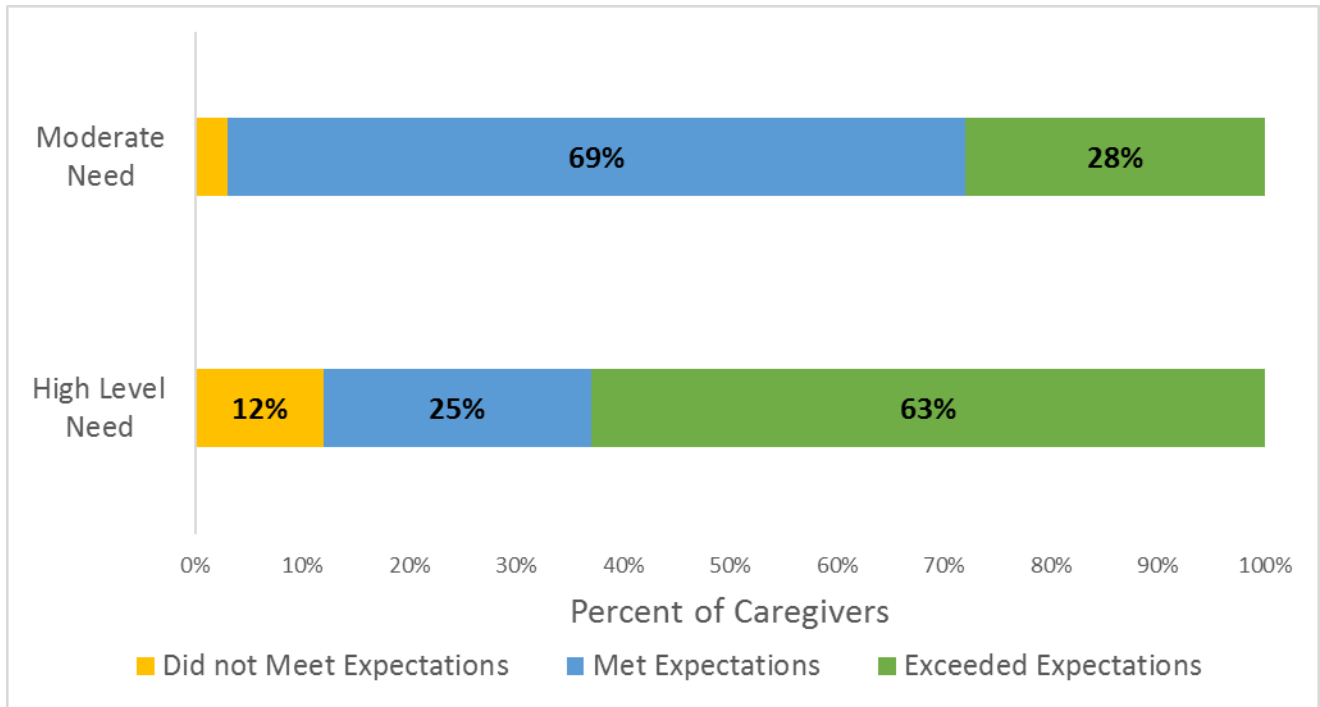


There were no differences between caregivers with high level need and those with moderate need in the average number of hours of respite service their care recipients received. Caregivers with high level need reported their care recipients received an average of 12 hours per week, with a range of 2 to 25 hours; whereby caregivers with moderate need reported an average of 10 hours with a range of 2 to 30 hours.

Satisfaction and Caregivers' Expectations

Caregivers were asked to report their level of satisfaction with respite services. Almost all caregivers with high level need (92 percent) and moderate need (90 percent) reported they were satisfied with their Senior Companion. Caregivers were also asked the degree to which the Senior Companion Program met their expectations. Most caregivers reported the Senior Companion Program met or exceeded their expectations, especially for those who were in most need of respite care (high level need group). As shown in Figure 6, the majority (63 percent) of caregivers with high level need reported the Senior Companion Program exceeded their expectations compared to 28 percent of caregivers with moderate need. Many caregivers with moderate need (69 percent) reported the Senior Companion Program met their expectations compared to 25 percent of caregivers with high level need (Figure 6).

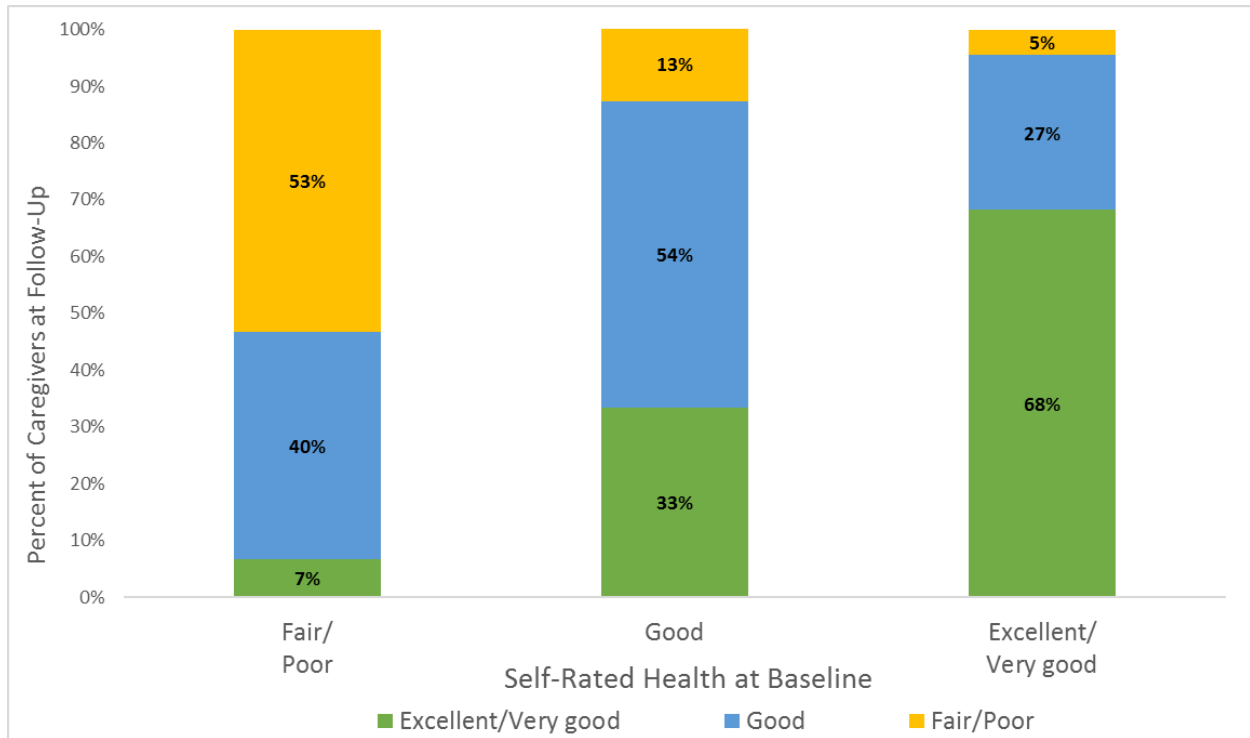
Figure 6 Degree to Which Senior Companion Program Met Expectations



Health and Well-being

The second objective was to provide preliminary descriptive results on the extent to which there was a change in caregivers' self-rated health and well-being. Figure 7 shows how caregivers rated their health at baseline and follow-up. More than half rated their health the same at baseline and follow-up. More than one-third of caregivers reported their self-rated health improved at follow-up, especially among those with poorer rating of their health at the time they sought respite support. Specifically, 47 percent of caregivers who rated their health as fair or poor at baseline subsequently rated their health as good or very good/excellent at follow-up. One-third of those who rated their health as good at baseline subsequently rated their health as very good/excellent at follow-up (Figure 7). A smaller proportion of caregivers felt their health worsened. For example, 13 percent of caregivers who rated their health as good at baseline rated their health as fair or poor at follow-up; and 5 percent of caregivers who rated their health as very good/excellent at baseline rated their health as fair or poor at follow-up (Figure 7).

Figure 7 Self-rated Health at Baseline and Follow-up

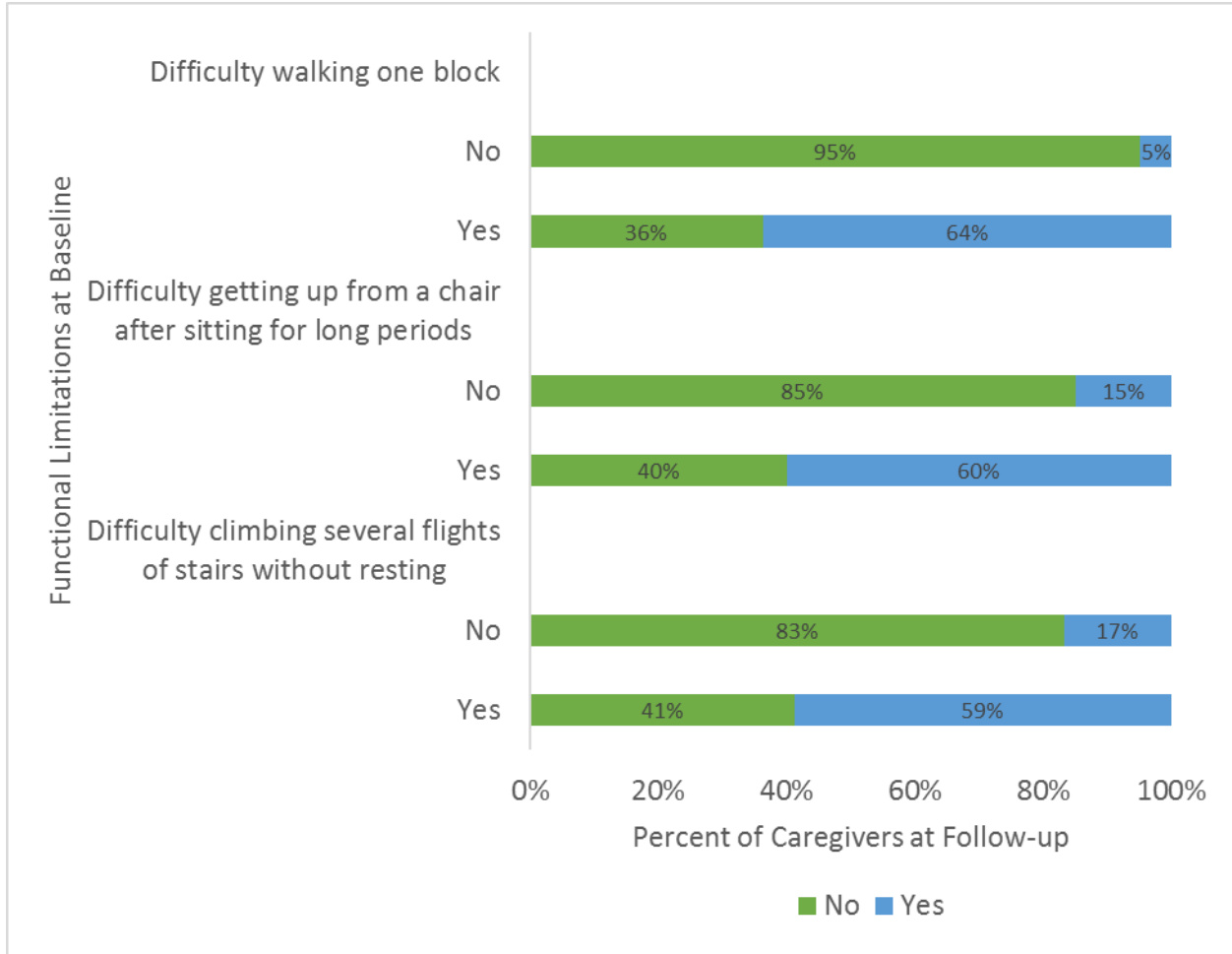


Functional limitations such as difficulty walking one block, getting up from a chair after sitting for prolonged periods, and climbing several flights of stairs without resting were measured prior to the start of respite service and again at follow-up. The survey measured three types of functional limitations: difficulty walking one block, getting up from a chair after sitting for long periods, and climbing several flights of stairs without resting. Each item was dichotomized to create a sum score to represent the number of limitations reported. About 41 percent of caregivers reported at least one limitation. These caregivers had an average of two limitations at baseline and 1.8 limitations at follow-up, which suggests an improvement in mobility. Figure 8 shows the change in the proportion of caregivers reporting each of the three functional limitations items separately. Most did not experience any change in their functional limitations; caregivers who had no functional limitations at baseline also reported no such limitations at follow. Similarly, caregivers who reported functional limitations at baseline, tended to report the presence of these same limitations at follow-up. For example, as shown in Figure 8, 83 to 95 percent of caregivers did not report any functional limitations at either baseline or follow-up; 59 to 64 percent of caregivers reported some functional limitations at both baseline and follow-up.

Consistent with an overall average decline in number of functional limitations, some caregivers who, at baseline, reported a functional limitation, no longer experienced it at follow-up. Returning to Figure 8, more than one-third (36 percent) of caregivers reported they had difficulty walking one block at baseline but not at follow-up; 40 percent reported they had difficulty getting up from a chair after sitting for prolonged periods at baseline but not at follow-up, and

finally, 41 percent reported they had difficulty climbing several flights of stairs without resting at baseline but not at follow-up. The decrease in the proportion of caregivers experiencing functional limitations could be because the limitations may have been temporary and caregivers recovered at the time of follow-up survey.

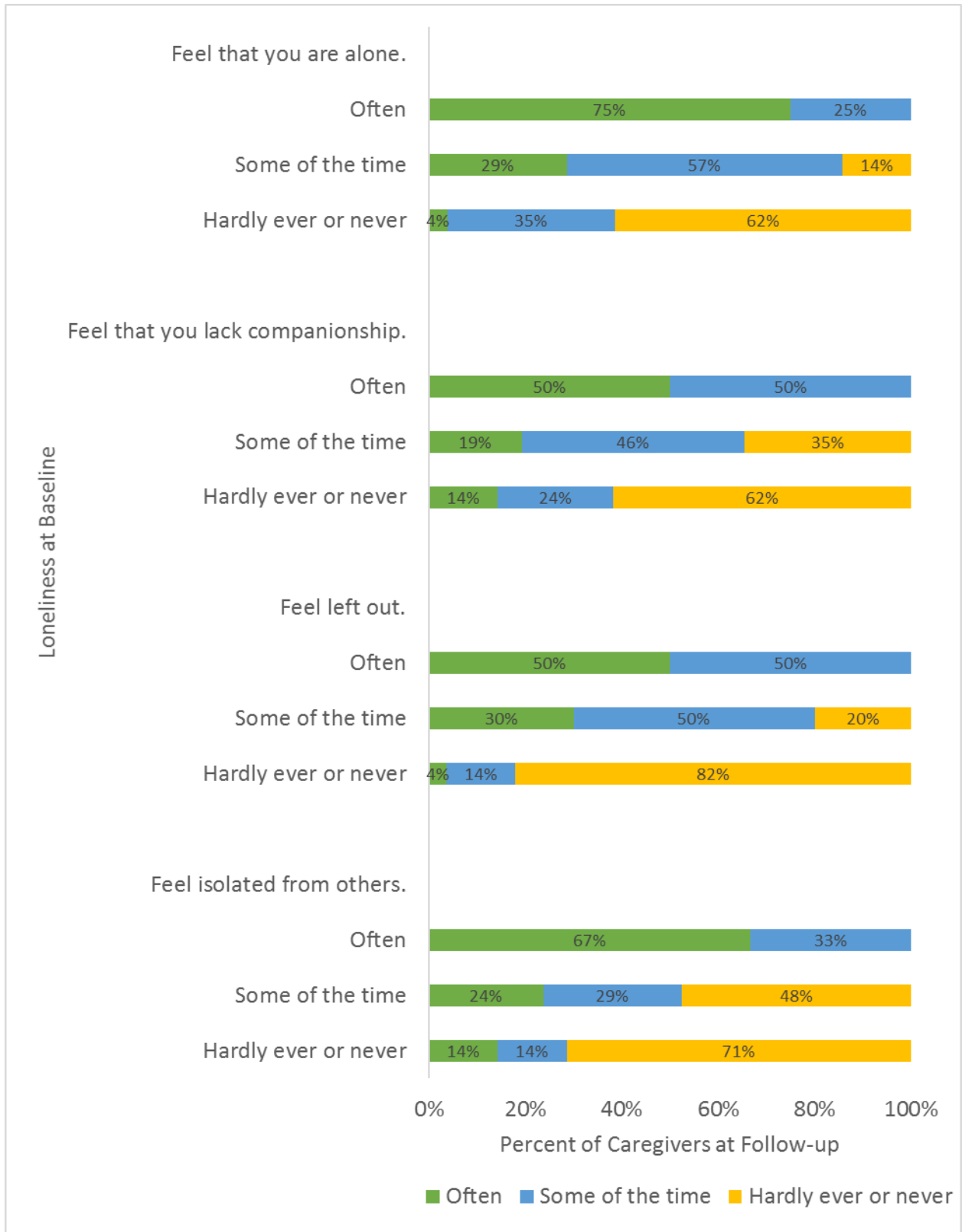
Figure 8 Change in Functional Limitations at Baseline and Follow-up



Caregivers reported their perceived social and emotional connectedness at both baseline and follow-up. There were six questions on perceived social and emotional connectedness: felt alone, lacked companionship, felt left out, isolated from others, felt close to others, or felt they could turn to others. Each item was on a scale of one (‘hardly ever or never’) to three (‘often’). The six items were summed to obtain a scale of loneliness, where higher number indicated caregivers reported higher level of loneliness. The average score changed from 9.2 to 9.9, suggesting an increase in loneliness. Further analysis was conducted as the average score may mask nuances of change in perceived social and emotional connectedness (loneliness). The analysis of the change from baseline to follow-up revealed that 52 percent of caregivers reported increased loneliness, a quarter (25 percent) reported decreased loneliness, and almost a quarter (23 percent) reported no change in loneliness. Figures 9 and 10 show change in caregivers' perceived level of social and

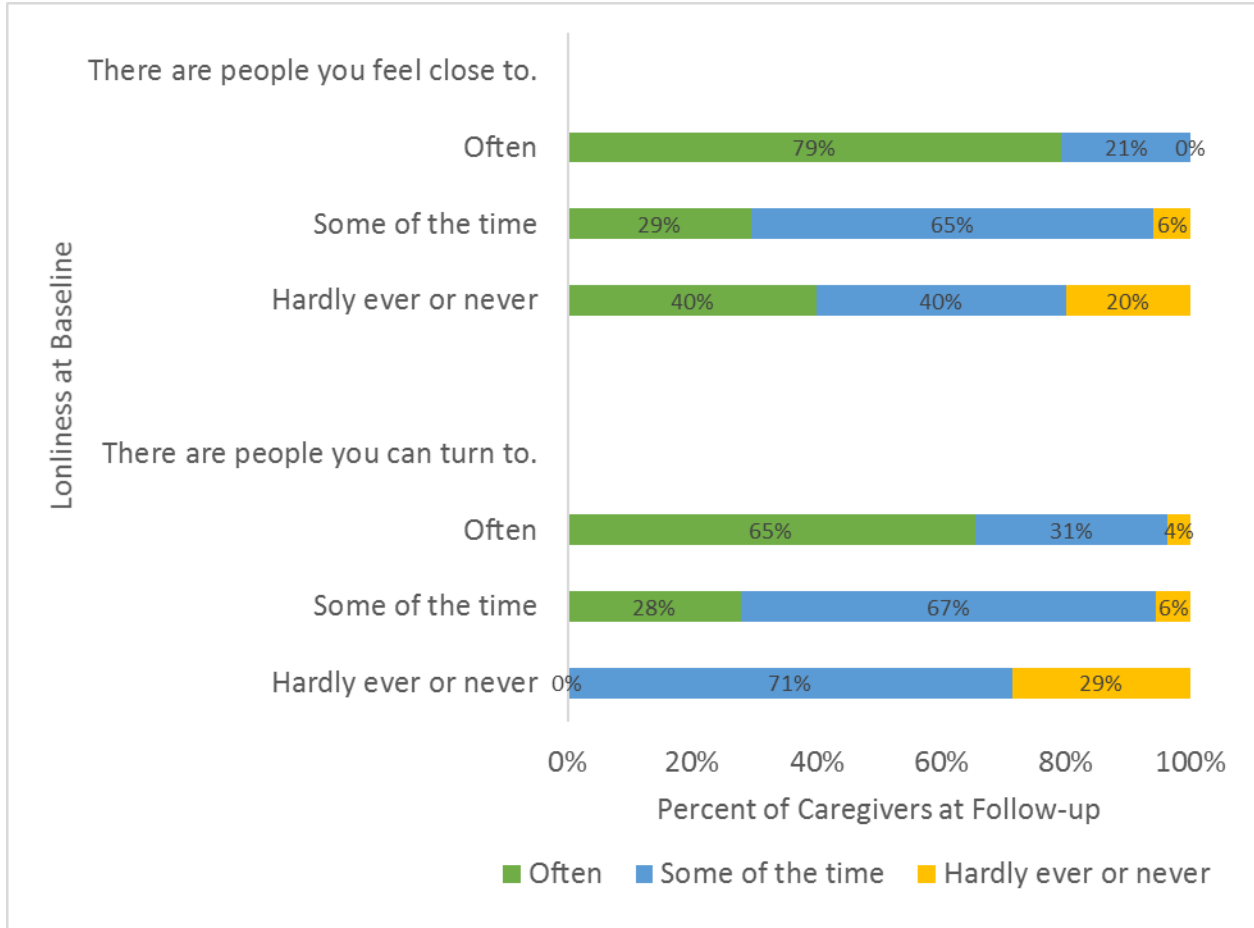
emotional connectedness (loneliness) for each of the six individual items. Most caregivers perceived their level of social and emotional connectedness the same at baseline and follow-up. Almost two-thirds (62 percent) reported they 'hardly ever or never' felt alone or lacked companionship; 71 percent reported they 'hardly ever or never' felt isolated from others; and 82 percent reported they 'hardly ever or never' felt left out (Figure 9). Some caregivers reported improvements in social connectedness between baseline and first follow-up. For example, 25 percent of caregivers who reported they felt alone 'often' at the baseline reported improvements at follow-up, and 33 percent of caregivers who reported they felt isolated from others 'often' at baseline reported improvement at baseline (Figure 9).

Figure 9 Change in Caregivers' Perception of Social and Emotional Connectedness



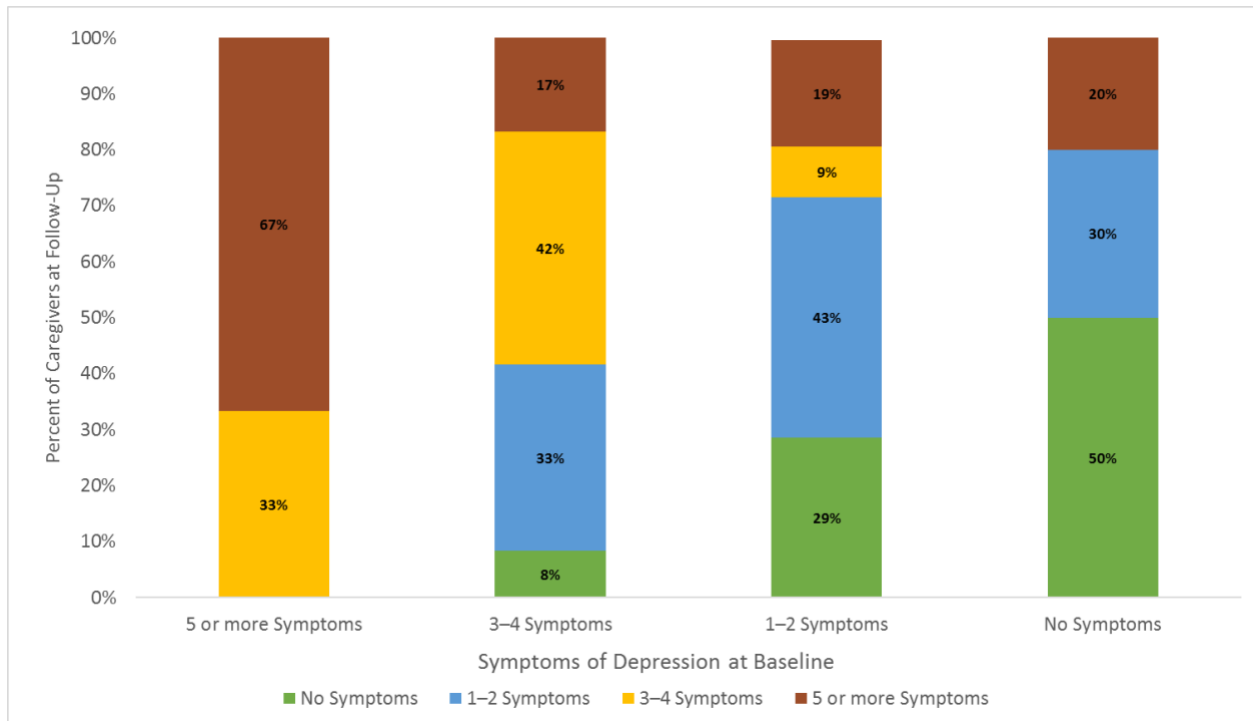
Most caregivers reported improvements in emotional connectedness between baseline and first follow-up. For example, 80 percent of caregivers' who reported they felt that they 'hardly ever or never' felt they were close to people reported improvements at follow-up. (Figure 10).

Figure 10 Change in Caregivers' Perception of Social and Emotional Connectedness



Symptoms of depression are indicative of health and well-being. The survey used the nine-item version of the Center for Epidemiologic Studies Depression (CES-D) scale from the Health and Retirement Study (HRS) to measure psychosocial distress (a measure of symptoms of depression or anxiety). Caregivers were asked whether they experienced any of the nine symptoms in the past week. The average number of symptoms changed from 3.1 to 3.2. A more detailed analysis of the change in the number of symptoms from baseline to follow-up revealed that one third (33 percent) of caregivers reported more symptoms, 40 percent reported fewer symptoms, and over a quarter (27 percent) reported no change in the number of symptoms. Figure 11 shows the change in the number of symptoms reported from baseline to follow-up. Among caregivers who reported three or four symptoms at baseline, 33 percent reported one to two symptoms at follow-up, and 8 percent reported no symptoms at follow-up. Among those who reported five or more symptoms at baseline, 33 percent reported fewer symptoms at follow-up. Some caregivers reported more symptoms at the follow-up. Among those who reported no symptoms at baseline, 30 percent reported one or two symptoms at follow-up, and 20 percent reported five or more symptoms at follow-up.

Figure 11 Number of Symptoms of Depression at Baseline and First Follow-up



The overall sample size limits a comparative analysis of the change in health and well-being by the caregivers' level of need for respite services. However, given that almost half of caregivers had high level need for respite support, the results on change in health for caregivers with high level need may parallel those presented for the overall sample. For instance, caregivers with high level need reported poorer health and functional limitations at baseline. It is likely that their

needs for respite services could have been driven more by their own health and functional limitations rather than the health or functional limitations of the care recipient.

Comparison to the General Population

The analysis compared Senior Corps caregivers to caregivers in the general population.⁶ This analysis is helpful to ascertain how the Senior Corps caregivers' change in health and well-being after receiving a year of respite support compared to a similar group of adults in the general population. The comparison of change in self-rated health, and symptoms of depression between Senior Corps caregivers and the HRS used independent samples *t*-tests to test for differences in the change in average self-rated health. There are some limitations to the comparative analysis. The HRS sample had a longer gap during which the change in health and well-being is measured. The HRS sample was surveyed after two-years and the Senior Corps sample was surveyed after one year. However, the comparison does show overall differences in health and well-being outcomes for Senior Corps caregivers relative to the general population

Self-rated Health and Symptoms of Depression

The original responses for the self-rated health item (1 = Excellent to 5 = Poor) were collapsed into three categories, then the responses were reverse coded so that higher scores indicated better health (1 = Fair or poor, 2 = Good, and 3 = Excellent or very good). The top panel of Table 2 shows the average score in self-rated health at baseline and follow-up for caregivers in both the HRS and Senior Corps samples. At baseline, Senior Corps caregivers had worse health than HRS caregivers (*p*-value = 0.0468). At follow-up, there were no significant differences in self-rated health between Senior Corps and HRS caregivers (*p*-value = 0.5309). The analysis also examined the change in the average score in self-rated health within each sample. Among the Senior Corps sample, the average score in self-rated health was not significantly different from baseline to follow-up (*p*-value = 0.5688), whereas among the HRS sample, there was a

⁶ Many of the questions were adopted from the Health and Retirement Study (HRS), making it possible to compare the health and well-being of caregivers receiving Senior Companion respite services to a representative sample in the general population obtained from the HRS. The sample identified from the HRS consisted of survey participants who responded 'yes' that they "provided unpaid care to a relative or a friend 18 years or older to help them take care of themselves," completed the survey on their own, and received the HRS supplemental questionnaire on caregiving. For the comparison from "baseline" and "follow-up," the 2012 (baseline) and 2014 (follow-up) waves of the HRS were used. The final HRS sample consisted of 370 participants. Chi-square tests were conducted to determine whether there were significant differences between the HRS and Senior Corps caregivers. Appendix A2 compares the demographics of Senior Corps caregivers to the sample of HRS respondents. Senior Corps caregivers differed significantly from HRS caregivers in gender, race, ethnicity, education, household income, and whether they have children. There were no statistically significant differences between Senior Corps and HRS caregivers in age, marital status, or living arrangement. Independent samples *t*-tests were conducted to examine the average self-rated health (higher score indicated better health) and average number of symptoms of depression (higher score indicated more symptoms) between HRS and Senior Corps caregivers. Paired samples *t*-tests were conducted to examine the average self-rated health and average number of symptoms of depression from baseline to follow-up within the HRS and Senior Corps.

significant decrease in the average score in self-rated health from baseline to follow-up (p -value = 0.0104).

The bottom panel of Table 2 shows the average number of symptoms of depression at baseline and follow-up. The average number of symptoms of depression was higher among Senior Corps caregivers compared to HRS caregivers at both baseline and follow-up. The differences in health and symptoms of depression could be due to differences in background and demographics characteristics between Senior Corps caregivers and the caregivers in the HRS. Due to the sample size, a matched sample could not be constructed for the Senior Corps sample.

Table 2 Differences in Self-rated Health and Symptoms of Depression, Senior Corps and HRS Caregivers

	Senior Corps Caregivers	HRS Caregivers	Senior Corps vs. HRS <i>p</i> -value
Self-rated health			
Baseline	2.1	2.4	0.0468
Follow-up	2.2	2.3	0.5309
Symptoms of Depression			
Baseline	2.5	1.3	0.0023
Follow-up	2.7	1.3	0.0004

Summary and Implication

The main objectives were to describe the types of services caregivers received, how caregivers’ expectations for respite support compared to the respite support they received, and their satisfaction with respite services. The report provided preliminary descriptive results on the extent to which there was a change in caregivers’ self-rated health and well-being.

Almost all caregivers reported the Senior Companion provided companionship, and about a third reported the Senior Companion helped with errands. Almost half (46 percent) of caregivers were identified as having high need for respite services, more than half (54 percent) had moderate need for respite services. A higher proportion of caregivers with high level need ranked the Senior Companion services as having helped them ‘a lot or a great deal’ with personal time and household management. For example, the majority of caregivers with high level need reported their Senior Companion helped them ‘a lot or a great deal’ to find time for themselves and to visit friends and family, relax and have peace of mind, find time to do chores around the house, go shopping for groceries, and go to doctor’s appointments. Although caregivers with moderate need reported the Senior Companion helped them with ‘household management’, a smaller percentage of them reported the respite support helped them ‘a lot or a great deal’ with ‘household management’ or ‘personal time’ compared to caregivers with high level need. Both groups of caregivers had low rankings for services around managing requests and behavior. It is

not surprising that the ranking for this type of support was lower compared to the other core services to support caregivers. Senior Companion respite services do not include activities to support caregivers with managing requests or behaviors in their caregiver role. In terms of satisfaction with Senior Companion services, both groups of caregivers were satisfied with the services their care recipients received, with a higher proportion of caregivers with high level need reporting the services exceed their expectations.

The results did not show any significant differences in the allocation of hours based on the caregivers' need for respite support. Since a higher proportion of caregivers with high level need reported their Senior Companion helped them 'a lot or a great deal' compared to caregivers with moderate need, this shows it would be useful for SCP to better identify caregivers with high level need, perhaps with a standardized intake process across grantees. SCP could use the standardized intake process to allocate more volunteer service-hours to caregivers with high level need. Providing more support to those with high level need might mediate the negative health and well-being associated with caregiving.

The results showed about half of caregivers who reported their health as 'fair or poor' health at baseline reported their health as 'good' or 'excellent/very good' health at follow-up. There was a modest reduction in the proportion of caregivers who reported functional limitations at follow-up. About 40 percent of caregivers with functional limitations at baseline reported fewer limitations at follow-up. A high proportion of caregivers felt they were socially and emotionally connected to others. Approximately 50 percent of caregivers reported feeling less lonely (i.e., more socially connected), and up to 80 percent reported they were emotionally connected to others. Many caregivers reported fewer symptoms of depression, with up to 42 percent of caregivers reporting fewer number of symptoms of depression at follow-up.

Comparison of Senior Corps caregivers with the general population showed Senior Corps caregivers had lower household income. Caregivers in low income households that seek respite services are likely to have a high level need for this support, and are at greater risk of health disparities, which makes Senior Corps caregivers likely to have greater health problems regardless of their caregiving role. Comparing Senior Corps caregivers with HRS caregivers showed that Senior Corps caregivers reported worse self-rated health than HRS participants at baseline, but at follow-up there was no significant difference in self-rated health; self-rated health among HRS caregivers decreased overall, whereas Senior Corps caregivers' health remained unchanged from baseline to follow-up.

Overall, caregivers were satisfied with their Senior Companions, and the services they received met or exceeded their expectations. Within one year of receiving respite services, caregivers perceived an improvement in their health, felt they were more socially connected, and reported fewer symptoms of depression.

Limitations and Future Research

The analysis is based on a small sample of caregivers who sought SCP respite support between July and November 2015. As such, the results cannot be generalized to the population of caregivers receiving SCP respite support. The study did not establish causality between respite services and caregivers' health and well-being. However, the findings suggest potential ways that respite services may have facilitated change in caregivers' perceptions of their health and well-being. Specifically, Senior Companion volunteers helped caregivers gain more time for rest, exercise, and shopping which could have improved their overall health. Senior Companion volunteers eased caregivers' burdens, which could have also improved caregivers' health. Senior Companion volunteers allowed caregivers to take better care of themselves, which could have improved their health and well-being.

This study provides deeper insights on caregivers in their first year of receiving respite support from Senior Companion volunteers, which future research could address. For example, future research could investigate which characteristics caregivers perceive make great Senior Companion volunteers for respite support? Additional questions that could be addressed in a future evaluation include: What are the areas of additional training Senior Companion volunteers should receive to strengthen respite services? How do caregivers perceive training of Senior Companions in areas to provide support with managing requests and behaviors of the care recipients? What type of support could be valuable to caregivers that they are not receiving? Do caregivers have any insight as to the areas in which the Senior Companion volunteer could improve?

Appendix

Appendix A1: Ranking of Services Received among Caregivers with High Level and Moderate Need

How much the Senior Companion services help you	High Level Need				Moderate Need			
	N	Percent Not at all	Percent A little or somewhat	Percent A lot or a great deal	N	Percent Not at all	Percent A little or somewhat	Percent A lot or a great deal
Personal Time								
Find time for self	25	12.0	12.0	76.0	30	10.0	40.0	50.0
Find time to relax	24	8.3	16.7	75.0	30	16.7	36.7	46.7
Find time to visit friends and family	25	12.0	24.0	64.0	30	16.7	36.7	46.7
Find time for social activities	24	25.0	25.0	50.0	29	37.9	34.5	27.6
Enjoy time with care recipient	24	8.3	33.3	58.3	29	17.2	48.3	34.5
Household Management								
Find time to go to doctor's appointments	23	17.4	8.7	73.9	28	42.9	28.6	28.0
Find time to do chores around the house	25	12.0	20.0	68.0	29	20.7	31.0	48.3
Find time to go grocery shopping	25	12.0	16.0	72.0	29	24.1	24.1	51.7
Find time to pay bills or do paperwork	25	16.0	24.0	60.0	27	25.9	48.2	25.9
Manage Requests and Behavior								
Manage the number of requests and demands by care recipient	24	12.5	29.2	58.3	27	25.9	40.7	33.3
Manage requests and behavior with family	21	23.8	42.9	33.3	26	61.5	23.1	15.4
Handle behavior of care recipient that is difficult to manage	23	26.1	39.1	34.8	22	59.1	27.3	13.6

Appendix A2 Comparison of Demographics between Senior Corps Caregivers and Caregivers in the HRS

	N	Percent SCP Caregivers	N	Percent HRS Caregivers	<i>p</i> - value
Age (Mean and Std Error of Mean)	55	65.5 (1.48)	344	64.2 (0.43)	0.3946
Gender					
Male	8	14.3	108	37.7	0.0009
Female	48	85.7	236	62.3	0.0009
Race					
White/Caucasian	33	61.1	258	87.4	<.0001
Black/African American	18	33.3	65	8.4	<.0001
Other	3	5.6	21	4.2	0.6608
Ethnicity					
Not Hispanic	37	75.5	311	94.8	<.0001
Hispanic	12	24.5	32	5.2	<.0001
Marital status					
Married/partner	34	61.8	218	66.1	0.5487
Separated/divorced	8	14.5	58	17.0	0.6612
Widowed	7	12.7	50	9.9	0.5143
Never married/other	6	10.9	18	7.0	0.3466
Children					
No children	12	22.2	31	10.4	0.0234
Have children	42	77.8	309	89.6	0.0234
Education					
Less than high school	3	5.4	21	3.3	0.4412
High school or GED	11	19.6	183	45.8	0.0005
Less than BA (some college or Associate's degree)	23	41.1	35	9.4	<.0001
BA degree or higher	19	33.9	105	41.5	0.3045
Living arrangement					
Live alone	9	16.1	85	22.0	0.3285
Live with others	47	83.9	284	78.0	0.3285
Income					
Less than \$20,000	15	32.6	54	12.6	<.0001
\$20,000–\$49,999	15	32.6	97	28.6	0.1232
\$50,000–\$79,999	11	23.9	68	21.5	0.2364
\$80,000–\$149,999	5	10.9	92	37.4	0.0109

Note. Percent of HRS caregivers are weighted percentages.



Corporation for National and Community Service

250 E Street, SW

Washington, DC 20525

TEL: (202) 606-5000

TTY: (800) 833-3722

info@cns.gov

NationalService.gov