

Volunteer Caregiver Program

Outcomes Report

Key Findings

- AAA 1-B Volunteer Caregiver programs provide the equivalent of three weeks of respite and caregiving for care recipients and family caregivers
- 92% - 100% of surveyed caregivers report improved overall health
- 92% - 100% of surveyed caregivers reported decreased stress
- 98% of caregivers surveyed reported that the volunteer caregiver made a difference in their life
- 95% - 100% of care recipients reported that the support from volunteer caregivers has helped them remain living at home.
- Care recipients experience an 11% - 13% reduction in risk for elder abuse
- Volunteer Caregiver Programs fill gaps in their county's aging service delivery system
- 14% of participants are in danger or extreme distress when referred, and receive help to reduce or mitigate unmet needs
- On average VC program services cost 56% less to deliver than the private market rates for comparable services



PARTICIPATING AGENCIES

The Area Agency on Aging extends its appreciation to the following Volunteer Caregiver programs and staff for contributing to the findings of this report, and for their tireless work to recruit, train, and match volunteer caregivers with vulnerable older adults:

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TABLE OF CONTENTS

Introduction 3

Service Description4

Outcome Findings

 Service Quality and Value7

 Value for Money8

 Community Asset10

 Reduction of Risk11

 Clients in Danger12

 Caregiver Stress/burden13

Conclusions14

Recommendations15

Appendix A: Volunteer Caregiver and Private Market Comparison.....16

INTRODUCTION

The Volunteer Caregiver (VC) Program Outcomes Committee was established by the Area Agency on Aging 1-B (AAA 1-B) in collaboration with Volunteer Caregiver providers in Region 1-B to address the need to quantify the benefits and outcomes of these programs. The AAA 1-B believes that home and community-based services such as those offered through the VC program are valuable and offer a great benefit to our community. However, there is very little data that quantifies the impact of aging network services, especially for services delivered by volunteer caregivers. The identification and utilization of outcomes and indicators for most human service programs is an underdeveloped and maturing practice. However, their application in the field of aging is scant, and made more challenging due to the degenerative nature of chronic conditions which are at the root of most problems that beset the elderly.

The Committee included AAA 1-B staff and a working group of VC providers. The Committee identified the outcomes of the VC service on clients, caregivers and other stakeholder groups, identified indicators that can be used to measure identified outcomes, and developed strategies that will integrate the utilization of outcomes and indicators into the VC program and strengthen advocacy. Best practices from other programs and disciplines, as well as other leading aging outcome development efforts were reviewed, and serve as a basis for development of potential metrics, policies and applications.

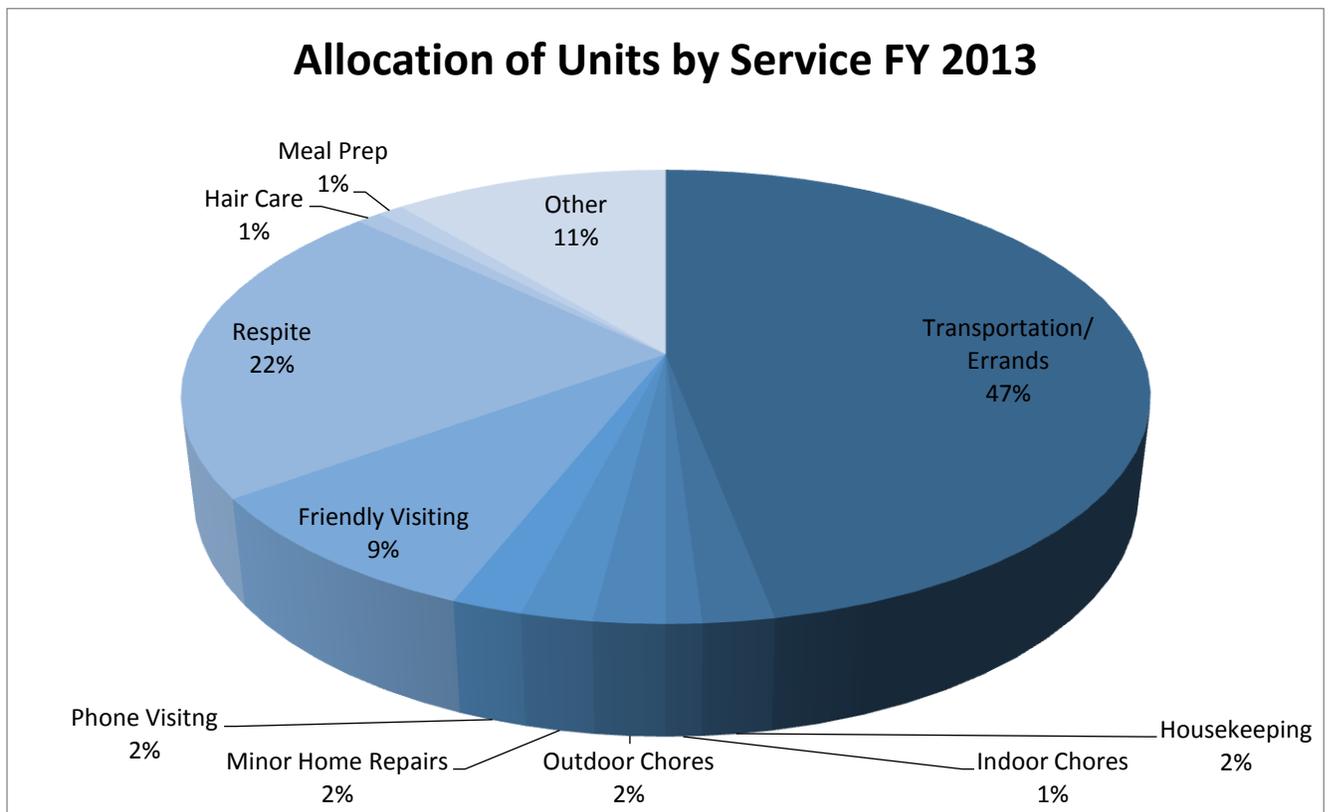
The methodology for determining program outcomes utilized budget data analysis, the review of formal surveys to both program participants and their caregivers, and the collection of narrative data from VC program providers.

SERVICE DESCRIPTION

The Volunteer Caregiver (VC) program is an interfaith initiative led by faith-based and community organizations that provide respite to caregivers and other supports to older adults 60 years or older in their own home. Services are offered to older adults of all religious denominations and those without religious affiliations. Participating organizations are responsible for the management, recruitment, screening (including criminal background checks), training, and matching of volunteers with older adults who are in need of a companion, assistance with tasks, or transportation. In-home respite through the VC program provides at minimum the following services in the absence of a primary caregiver: companionship, supervision, assistance with light chores, homemaking, errand running, and meal preparation. Assistance cannot include hands-on personal care, such as bathing, medication administration, or major transferring of individuals.

SERVICE UNITS

The VC program quantifies service in units, where one unit usually equates to one hour of service. For FY 2013, the VC program budgeted for a total of 36,171 units to 601 individuals. The chart below displays how the units were dispersed among the various services offered.



PARTICIPANT PROFILE

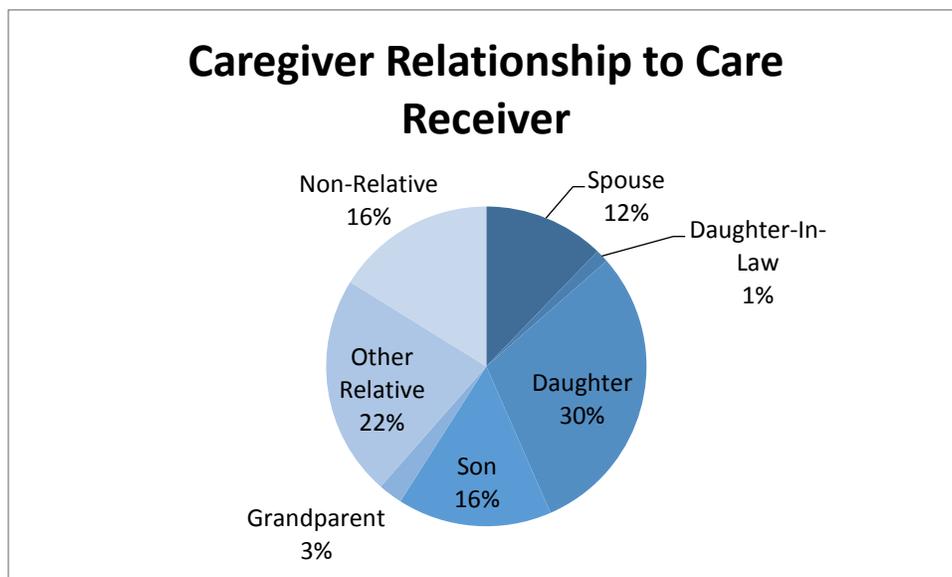
Participants who were care receivers in the VC program for FY 2013 had the following characteristics:

- Participants were predominately African American (5.9%) or Caucasian (92.0%).
- 46.7% were in poverty¹, and 13.2% of participants in poverty were minorities.

The state of Michigan's 2013 FY NAPIS report documents the following characteristics of primary caregivers who were receiving respite through the Volunteer Caregiving program²:

- 10% traveled over one hour to provide care.
- 62% cited that there were "no other family members willing or able" to assist in providing care.
- 43% were employed full or part-time.
- 30% rated their health as "fair" or "poor."
- 31% provided hands-on care.
- 81% had been caregiving for over a year.

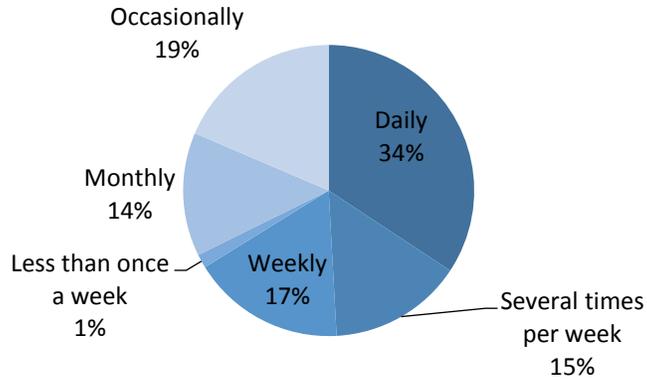
The family caregivers who benefit from the respite provided by the volunteers who assist in caring for their loved ones are a diverse group and their responsibilities extend across the full range of caregiving functions and demands on their time and abilities, as indicated in the following charts.



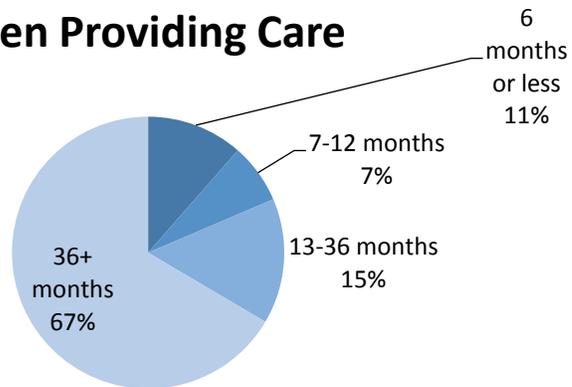
¹Poverty refers to income levels that are 100 percent of the federal poverty level guidelines (Individual income of \$11,670) or less.

² 2013 NAPIS Report

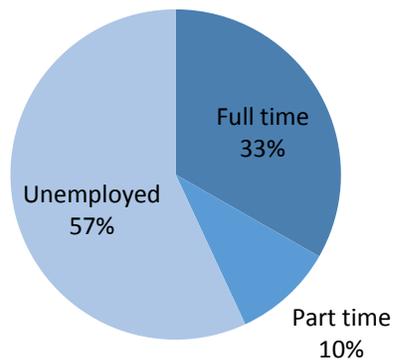
Frequency of Care Provided by Caregiver



Duration of Time Caregiver has been Providing Care



Caregiver Employment Status



OUTCOME FINDINGS

SERVICE QUALITY AND VALUE

The Volunteer Caregiver programs provide high quality and cost effective respite services for family caregivers that make an important contribution toward assisting disabled care recipients to maintain living independently in their own home. A sample of provider survey results from care recipients and caregivers demonstrates these points:

- Care recipients responding to recent participant satisfaction surveys reported they were satisfied with their volunteer (Livingston and Oakland County 100%; Macomb County 96.7%). An analysis found that of those who were dissatisfied, they either needed a repair project that was beyond the capabilities of the volunteer, or there were limitations on the capacity of their volunteer to assist with all of the recipient's shopping and errand running needs.
- 100% of care recipients surveyed ($n=16$) indicated they would recommend this agency program to others.
- 100% of care recipients surveyed ($n=16$) indicated they are satisfied with the services received.

The value to both groups was evident by their assessment of the program's outcomes:

- 100% say transportation has increased their ability to get to places they need to go (Macomb County)
- 100% say transportation has improved their wellbeing (Macomb County)
- 100% of Livingston and Washtenaw Counties and 92% of Macomb County caregivers surveyed agreed that their level of stress has decreased
- 100% of surveyed caregivers in Livingston County, 92% in Macomb County and 83% of surveyed caregivers in Washtenaw County agreed that their overall health has improved
- 98% of caregivers surveyed report that the presence of a volunteer caregiver has made a difference in their lives (Oakland County)
- 95% - 100% of care recipients reported that the support from volunteer caregivers has helped them remain living at home (Macomb and Livingston Counties respectively)

Care Recipient and Family Caregiver Quotes

"I love my volunteer. She is a blessing in my life."

"Because of my volunteers, I learned how to use the computer. They also made me a list of my medications and doctors."

"It really helps getting services from you because of limited family help, so grateful."

"Very very good, wonderful organization. Do not know where I would be without them."

VALUE FOR MONEY

This section quantifies and compares the cost of services provided under the VC service definition with private market rates for services comparable in scope and duration.

In the VC program each service unit represents one hour and the average unit cost is \$9.08 for programs in operation one year or longer. To remain consistent when determining private market costs for services, hourly rates were researched and utilized for both outdoor chores/yard work and minor home repair. Hair care rates were established based upon the average nationwide cost of a female hair cut. For all other services provided, the rate of \$19.80/hour was used. This figure is based upon a shopper survey of local private home care agencies conducted in 2013³ by the AAA 1-B which studied personal care and homemaking outcomes.

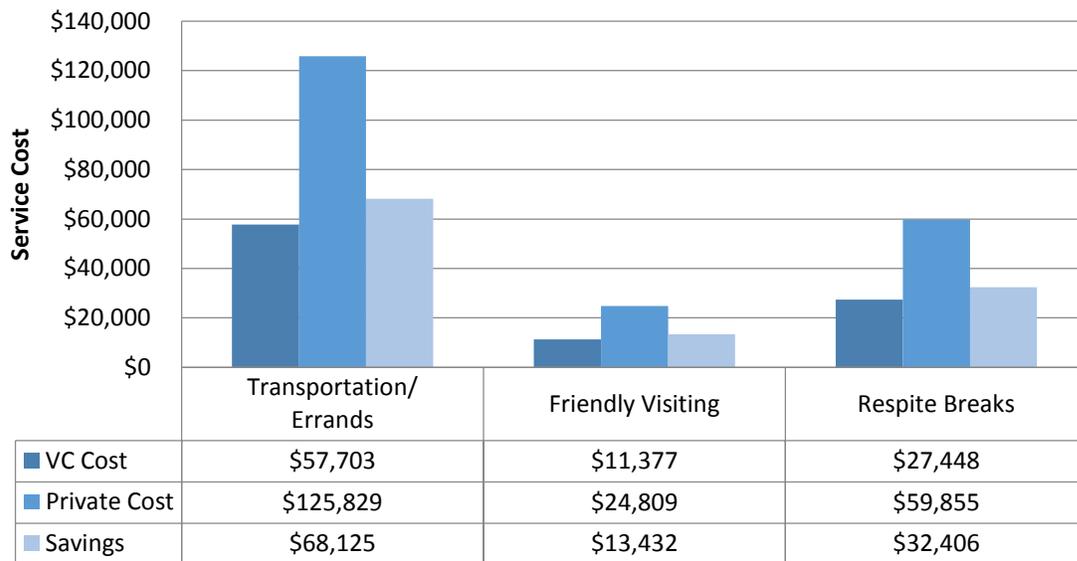
Volunteer Caregiver Unit Costs for Programs in Operation for more than One Year*							
	Care Recipients	Budgeted Units	Unit Cost	Unit Rate	State/Fed	Local	Total Budget
Livingston	40	2000	\$ 24.49	\$ 8.74	\$ 17,486	\$ 31,500	\$ 48,986
Macomb	265	22000	\$ 6.75	\$ 3.05	\$ 67,112	\$ 81,478	\$ 148,590
Monroe	100	4000	\$ 10.23	\$ 6.12	\$ 24,486	\$ 16,422	\$ 40,908
Washtenaw	18	1681	\$ 18.46	\$ 14.57	\$ 24,486	\$ 6,547	\$ 31,033
Totals	423	29681			\$ 133,570	\$ 135,947	\$ 269,517
Aggregate Total			\$ 9.08	\$ 4.50			
<i>* Based on proposed FY 2013 budgets</i>							

On average the VC program services cost 56% less to deliver than the private market rates for comparable services. Based upon FY 2013 service levels obtained by surveying VC program providers this equates to an annual savings of \$139,110. This represents a savings in the cost of delivering services to the average care recipient of approximately \$230 per year.

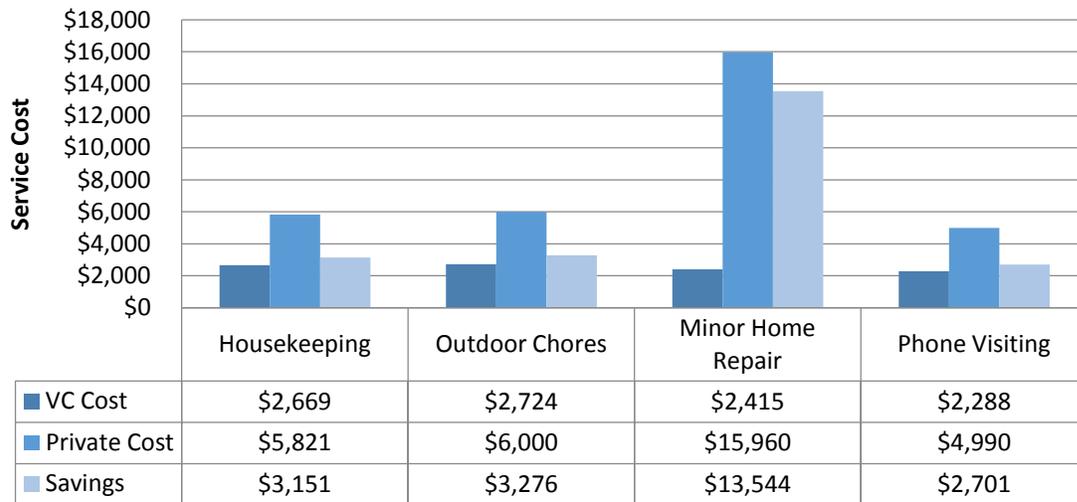
The following three tables compare the cost of service in the VC program with the cost of purchasing equitable services on the private market. For ease of analysis, services have been grouped into three categories: high volume services that deliver 1000+ units per year including transportation/errands, friendly visiting and respite breaks; medium volume services that provide 101-999 units per year including housekeeping, outdoor chores, minor home repair and phone visiting; and low volume services providing 1-100 units per year including indoor chores, hair care and meal preparation.

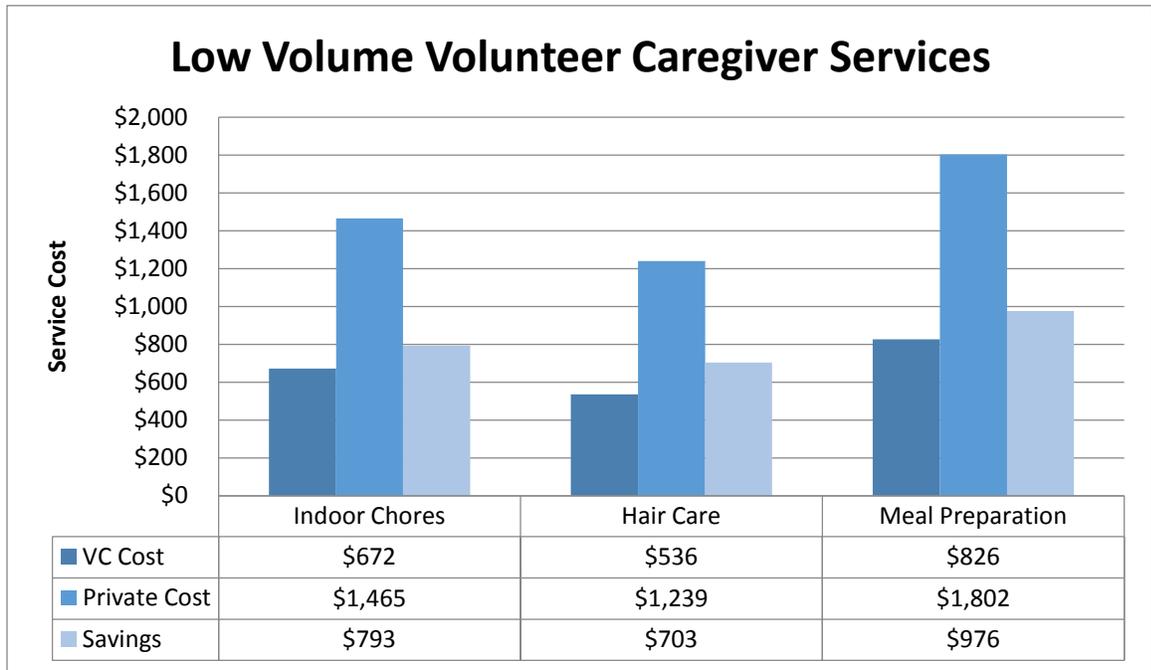
³ <http://www.aaa1b.org/wp-content/uploads/2010/07/Personal-Care-Homemaking-Outcomes-Final-Report.pdf>
Pg. 12

High Volume Volunteer Caregiver Services



Medium Volume Volunteer Caregiver Services





For a complete analysis comparing VC program and private market costs see Appendix A.

COMMUNITY ASSET THAT FILLS GAPS IN SERVICE

The presence of a Volunteer Caregiver service in a community provides a flexible service component that has the flexibility to fill in service gaps to meet the needs of their senior residents. Under this definition, volunteer caregivers provide a litany of assistive services including but not limited to respite, housekeeping, chores, yard work, friendly visiting, errands and transportation. This flexibility to customize services helps the program remain nimble and responsive to the needs of their communities.

Examples of service gaps that are filled by VC program volunteers include:

- Providing assistance to individuals who may be on wait lists for publicly funded programs
- Utilizing youth groups including the Boy Scouts to stretch their resources and assist more seniors with services such as fall and spring yard clean up
- Transportation that crosses county lines
- Heavy housecleaning
- Minor home repair
- In-home hair care
- Yard clean up
- After hours transportation
- Door through door transportation and assistance

Number of Volunteer Caregivers by County 2013

County	# of Volunteers
Livingston	38
Macomb	507
Monroe	27
Washtenaw	8
Oakland	65
Total	645

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- unloading packages
 - Transportation of pets to veterinary appointments
 - Purchase of products such as toiletries
 - Deliver fresh vegetables from community gardens

Not only do these services provide the tangible assistance to older home owners, they help maintain yards and homes to the benefit of neighborhoods. They also provide opportunities for civic engagement, volunteerism and intergenerational or peer to peer helping relationships.

*The flexibility of VC programs allows the **unmet needs** of care recipients, which are needs that often cannot be met by the community's social safety net programs, to **become needs that are met**, and which no longer threaten an individual's health, safety, and independence.*

REDUCTION OF RISK FOR ELDER ABUSE

The introduction of a volunteer caregiver into the lives of care recipients reduces their risk of elder abuse by between 11% and 13% according to two well known elder abuse screening tests. While in the client's home, volunteer caregivers may notice warning signs of abuse or neglect. Abuse and exploitation of older adults is one of the nation's fastest growing crimes, and Governor Snyder, in his Special Message on Aging to the Michigan legislature, reported that from 2013 to 2014 Adult Protective Services saw referrals increase approximately 31%.⁴

The Centers for Disease Control and Prevention (CDC) indicates there are both risk factors that increase the likelihood of abuse as well as protective factors that lessen the potential risk of elder abuse. Risk factors include lack of social or formal support, while protective factors include having numerous close relationships with varying people, and involvement with community resources, services, and organizations that aid the older adult population⁵.

- Scales that detect or measure elder abuse risk include the risk factors cited above by the CDC. The 27-item Indicators of Abuse (IA) Screen divides risk based on caregiver and care receiver characteristics.⁶ Inexperienced caregivers, social isolation, and minimal social support are all listed as risks. The involvement of a trained volunteer caregiver by default reduces these risk factors, leading to a risk reduction of roughly 11% based on this scale.
- The Hwalek-Sengstock Elder Abuse Screening Test is a 15-item scale which assesses having someone who visits and helps with shopping and doctor appointments as

⁴ Governor Snyder's Special Message on Aging 2014

⁵ CDC. (2014). Elder abuse: Risk and protective factors. Retrieved from:

<http://www.cdc.gov/violenceprevention/elderabuse/riskprotectivefactors.html>

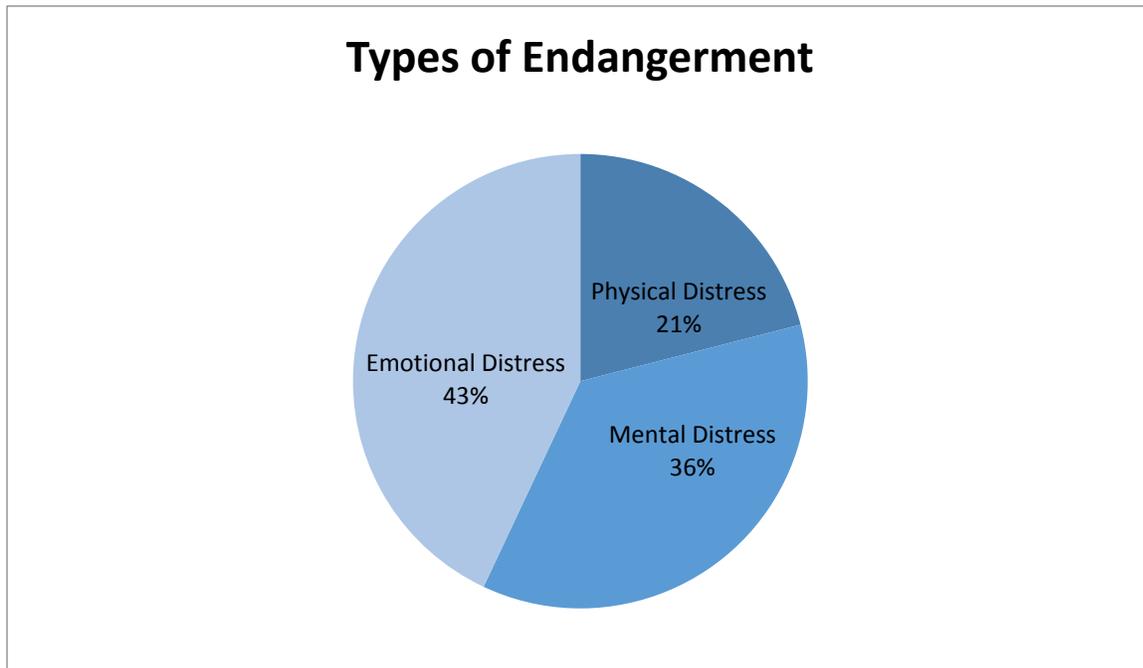
⁶ The Gerontological Society of America. Reprinted by permission of the publisher. Reis, M., & Nahmiash, D. (1998). Validation of the indicators of abuse (IOA) screen. *The Gerontologist*, 38(4), 471-480, Figure 4.

protective factors, and lists feelings of sadness and loneliness as a risk factor.⁷ Introduction of protective factors and reductions of the risk factors through volunteer caregiver involvement in the lives of care recipients reduces the risk of elder abuse by approximately 13% according to this scale.

CLIENTS IN DANGER

At least once per month the VC programs find that a referred care recipient is in imminent danger, or extreme distress when first contacted by the VC program. Physical distress includes bodily injuries such as falls; mental distress includes cognitive issues such as disorientation and other impairments, and emotional distress includes issues such as depression, anxiety or issues of bereavement. Interventions used to assist care recipients in distress include calling for emergency medical assistance and transportation, making referrals to Adult Protective Services in instances of abuse or neglect, utilizing local police to complete a well-being check, or contacting the care recipient's emergency contact to report a dangerous situation with their loved one.

Program providers reported of the clients found in danger, 21% were in physical distress, 36% were found in mental distress and 43% were found in emotional distress.



⁷ Neale, AV, M Hwalek, MC Sengstock, RO Scott, & C Stahl. "Validation of the Hwalek-Sengstock Elder Abuse Screening Test." *Journal of Applied Gerontology*, 10 (4): 417-429 (1991).

REDUCING CAREGIVER STRESS AND BURDEN

AAA 1-B Volunteer Caregiver program surveys have found that between 25% and 100% of caregivers reported improved and/or decreased stress. This outcome is important since 35% of caregivers nationally who provide care to someone 50 plus have a high level of burden, as measured by the Level of Burden Index developed by the National Alliance for Caregiving⁸.

The absence of supportive services like the VC program can lead to grim results. In a separate study conducted by the Michigan Office of Services to the Aging (OSA) in 2012, Michigan residents 60 plus who were family care providers experienced the following difficulties as a result of caring for a loved one:⁹

- 42% experienced emotional worries or stress
- 38% had to make personal adjustments
- 34% reported stress and illness
- 29% had developmental burden experienced through inconvenience and labor intensive support
- 22% reported financial strain
- 20% reported physical strain from lifting, etc.
- 13% reported taking time off work to provide care

Thirteen percent of the same sample of family caregivers aged 60 and older also reported that they cared for two individuals, and 9% cared for three or more individuals at the same time. This suggests that 22% of these caregivers may have a more acute need for respite.¹⁰

⁸ National Alliance for Caregiving. (2009). Caregiving in the U.S.: A focused look at those caring for someone age 50 and older.

⁹ Silver Key Coalition White Paper. Retrieved from http://silverkeycoalition.com/yahoo_site_admin/assets/docs/Silver_Key_Coalition_White_Paper.4874521.pdf

CONCLUSIONS

The AAA 1-B is concerned about growing pressure to reduce public funding for Older Americans Act and Older Michigianians Act services due to the growing federal deficit, lost revenues to local governments, reduced local senior millage funds related to the decline in property values and planned reductions in the personal property tax, and increasing competition for limited public resources from other health and human service systems. Advocacy efforts to protect and enhance older adult services depend on our ability to demonstrate irrefutably that these programs: are high quality; cost effective; and produce desirable outcomes for consumers, family caregivers, funders and the community at large. All public expenditures are being put under increasing scrutiny to assess their value and the return on investment that they offer society.

The AAA 1-B believes that supports offered to older adults with disabling conditions through the Volunteer Caregiver programs are valuable and offer care recipients, their caregivers and other family members, the community and taxpayers a high level of return on the investment of public resources. This report documents that the region's network of Volunteer Caregiving providers meet and in most cases exceed the expectations of government supported programs.

- The programs produce positive desired outcomes for care recipients and their caregivers.
- The programs provide exceptional quality support to individuals with a disability and family caregivers, and produce quality performance results that far exceed what can be found in most industries and organizations.
- The programs represent a high value to payers by performing various services at costs that are far below what is available in the private market.
- The programs leverage additional public and private resources, both in cash and the value of labor donated by volunteers.

The services provided through Volunteer Caregiver programs fill gaps in the region's comprehensive and coordinated service delivery system, and address many unique unmet needs of older adults in a very cost-effective manner. For individuals and families who benefit from this program, many of their unmet needs are successfully addressed, and become needs that are met and no longer pose a threat to the individual's independence.

RECOMMENDATIONS

1. Congress should increase, and not cut, funding for the Older Americans Act National Family Caregiver Support Program (Title III-E) because of the program's: growing demand; meaningful contribution to the continued independence of vulnerable older Michigianians; proven positive outcomes; impact of federal funding reductions; and outstanding value to taxpayers.

2. Each Volunteer Caregiver program should systematically collect, analyze, and report data that measures the program impact on at least two long term optional program outcomes that are the same for all AAA 1-B VC programs. Among the potential program outcomes that could be selected for measurement are:

- Stress and burden reduction to family caregivers
- Change in health status of family caregivers
- Change in impact of caregiving on caregiver's employment, including missed work and change in hours/earnings
- Care recipient perception that caregiving received is a determining factor in their continued independent living
- Care recipient utilization of health care services such as emergency room, hospital admission and/or nursing home visitation, as measured by a pre and post enrollment assessment of utilization

3. Each Volunteer Caregiver program should systematically collect, analyze, and report data that measures the Value for Money aspects of the program. Among the potential Value for Money aspects that could be selected for measurement are:

- The cash equivalent value of donated volunteer labor and goods/services
- The savings achieved from providing services through the Volunteer Caregiver program when compared with the cost of the care recipient purchasing received services at private market rates.

4. The AAA 1-B should pilot the creation of a Volunteer Caregiver Program Performance and Outcomes Dashboard, to test the feasibility of maintaining a dashboard and assess its value to achieving Volunteer Caregiver programs.

Volunteer Caregiver and Private Market Cost Comparison

APPENDIX A:

Service	# of units	Average Cost Per Unit	Average Cost of Service	Private Market Rate	Private Market Value of Service	Cost Savings
Transportation/ Errands ¹⁰	6,355	\$9.08	\$57,703.40	\$19.80 ¹¹	\$125,829	\$68,125.60
Housekeeping	294	\$9.08	\$2,669.52	\$19.80	\$5,821	\$3,151.68
Indoor Chores	74	\$9.08	\$671.92	\$19.80	\$1,465	\$793.28
Outdoor Chores/ Yard work	300	\$9.08	\$2,724	\$20.00	\$6,000	\$3,276.00
Minor Home Repairs	266	\$9.08	\$2,415.28	\$60.00 ¹²	\$15,960	\$13,544.72
Friendly Visiting	1,253	\$9.08	\$11,377.24	\$19.80	\$24,809	\$13,432.16
Phone Visiting	252	\$9.08	\$2,288.16	\$19.80	\$4,990	\$2,701.44
Respite Breaks	3,023	\$9.08	\$27,448.84	\$19.80	\$59,855	\$32,406.56
Hair Care	59	\$9.08	\$535.72	\$21.00 ¹³	\$1,239	\$703.28
Meal Preparation	91	\$9.08	\$826.28	\$19.80	\$1,802	\$975.52
Other	1,523	\$9.08	\$13,838.84	Unknown	Unknown	\$0
Total	13,490		\$108,660.36		\$247,770	
Total Cost Savings over Private Market Rate:						\$139,110.24

- Average cost per unit for VC programs in operation for more than 1 year: \$9.08/unit. This figure was used to estimate costs savings over private market rates for the total number of units provided in 2013 for both programs operating greater than and less than 1 year given the assumption that programs operating less than 1 year will realize cost savings based upon experience and efficiencies over time.
- Per the 2013 AAA 1-B Personal Care and Homemaking study, it was found that on average private market rate for homemaking services cost \$19.80 per hour and Personal Care costs on average \$22 per hour.

¹⁰ Errands are included in Homemaking service definition.

¹¹ <http://www.aaa1b.org/wp-content/uploads/2010/07/Personal-Care-Homemaking-Outcomes-Final-Report.pdf> pg. 12

¹² <http://home.costhelper.com/handyman.html> Expect to pay about **\$30-\$50** an hour for an independent handyman in rural or less expensive areas and **\$40-\$60** an hour in more urban locations or regions with a higher cost of living.

¹³ According to a report by American Salon, the average women's haircut in the United States costs about \$21 for a cut in a salon with fewer than 6 chairs, up to \$44 for a salon with more than 13 chairs.

http://www.nytimes.com/2004/11/21/fashion/21HAIR.html?_r=0