

Data presented in this report to the Monadnock Collaborative from the UNH Institute on Disability comprise the biannual evaluation findings on the Caregiver Connections project. Information within was compiled from caregiver assessments, Refer 7 and Gateways reports for the four counties, and community organizing activities and information.

### Profile of Caregiver

Descriptive analyses completed to date comprise a research sample of 123 family caregivers. Among the four counties of western NH, caregivers have been assessed and served by the ServiceLink Resource Centers as shown in Table 1. Note that 78% of consumers have received both an initial and a follow-up assessment. Demographic information including gender, age, and marital status is shown in Table 2.

Table 1. Caregivers Served and Follow-up Rate by County

	Initial	Follow-up	
	N	N	Rate (%)
Coos	48	39	81
Grafton	21	18	86
Monadnock*	39	27	69
Sullivan*	15	12	80
<b>Total</b>	<b>123</b>	<b>96</b>	<b>78</b>

\*numbers unchanged since last 6-month report

Table 2. Caregiver Demographics

Gender		
Male	28	%
Female	72	%
Age		
Range	29-97	yr
Average	63	Yr
Marital Status		
Married or dom. partner	76	%
Single	11	%
Divorced	6	%
Widowed	7	%

Caregivers residing in the four counties vary in the length of time they have been giving care: 17% for less than 1 year; 29% for 1-2 years; 27% for 3-5 years; and 27% for more than 5 years. Each week, caregivers say they spend an average of 106 hours providing care. More than half (54%) receive no paid help with their care recipients. Of those who receive paid help, 63% receive less than 10 hours per week.

Half (50%) of the caregivers in the sample are the adult children of care recipients (daughters, 37%, sons, 13%). Spouses or partners (41%) are the next largest group of family caregivers. Granddaughters (3%) and friends or neighbors (2%) are also represented. Caregivers and care recipients live together in 77% of the research cases to date. More than one third (37%) of caregivers maintain jobs outside the home: 54% of these work full-time, and 46% work part-time. A summary of caregivers' reported annual income appears in Table 3.

Table 3. Caregiver Annual Income

Annual Income Range		
\$0 – 14,999	26	%
\$15,000 – 29,999	29	%
\$30,000 – 59,999	21	%
\$60,000 or more	9	%
Not answered	15	%

Caregivers responded to survey items asking whether or not they provided specific types of assistance to their care recipients. The vast majority of caregivers in the sample provide most of the services mentioned, including personal care, housekeeping, transportation, shopping, and safety supervision. Details are shown in Table 4. Caregivers also shared what kinds of concerns they have for their care recipients. Among the sample of participants to date, caregivers were most worried that their care recipient would wander or suffer falls. Further information is provided in Table 5.

Table 4. Type of Assistance Provided by Caregivers

Assistance Provided	Rate of Provision
Personal care	97%
Housekeeping	99%
Transportation	99%
Shopping	99%
Safety supervision	95%
Money management	31%

Table 5. Caregiver Concerns for Care Recipient

Type of Concern	Prevalence of Concern
Falls	73%
Forgetfulness	46%
Incontinence	45%
Wandering	81%
Feeling down or blue	18%
Aggression	13%

### Individual Services

Provision of services provided by Caregiver Specialists, as extracted from the Refer 7 database, is depicted in Table 6. Expenditures by caregivers of allotted Title IIIe matching funds are compiled from Gateways annual reports. The descriptive analyses shown in Tables 6 and 7 cover the six months ending December 31, 2011.

Table 6. Support, Counseling, and Information & Referral offered to Caregivers in Western NH

	Units delivered	Units defined	# of recipients
Caregiver Support – home visit	134	Hours	87
Caregiver Support – other, in-person	49	Hours	66
Caregiver Support – telephone, remote	235	Hours	316
Information & Referral to Caregivers	147	1 contact	128

Table 7. Use of Title IIIe funds among Caregivers in Western NH

	Units delivered	Units defined	# of recipients
Informal Paid Respite Care	2270.75	Hours	46
Vendor Companion Care	156.5	Hours	6
Vendor Personal Care	476.97	Hours	18
Funded Adult Day	185.97	6 hours	6
Funded Facility Stay	5.27	24 hours	2
Paid Chore Services	5	Hours	1
Vendor Homemaker Services	79.33	Hours	3
Purchase of Health-related Consumables	196	1 item	7
Environmental & Home Modifications	2	1 job	2
Paid Transportation	1	1 trip	1
Emergency Response, paid subscription	3	1 month	2
Other Funded Contingency Needs / Equip.	4	1 item	2

### Caregiver Well-Being

Caregivers responded to one item asking them to rate their overall physical health and one item asking them to rate their general satisfaction with life. Satisfaction was rated from 1 = *Very dissatisfied* to 4 = *Very satisfied* while Health was ranked from 1 = *Poor* to 5 = *Excellent*. The satisfaction ratings are summarized in Table 9, and self-rated health responses appear in Table 8. The 90 individuals who rated their satisfaction and health at initial assessment and again six months later responded with no significant difference at the two survey times, so only the initial figures are reported.

Table 8. Self-rated Physical Health

	Initial
1 Poor	2%
2 Fair	32%
3 Good	47%
4 Very good	19%
5 Excellent	0

Table 9. Self-rated Satisfaction with Life

	Initial
1 Very dissatisfied	2%
2 Dissatisfied	20%
3 Satisfied	55%
4 Very satisfied	23%

### Community Organizing

This report signifies the first time Community Organizing data has been analyzed. Information regarding the details of meetings convened or attended by Community Organizers is submitted to the evaluators quarterly to describe participants and their organizations or affiliations, locations, and outcomes in each of the four counties. The results shared in this report do not include caregiver-specific trainings, such as Powerful Tools, or caregiver support groups, newsletters or other mailings.

The evaluation seeks to depict how the Community Organizers were able to build on the work done in the Asset Mapping process earlier in the project in order to raise awareness and garner a broad base of support for NH caregivers. The locations targeted and contacts made during the Asset Mapping work of Susan Staples are not contained within the figures given in this section.

From November, 2010, through the beginning of February, 2012, Community Organizers have convened or presented at 100 events spread over 22 towns in the Western Counties of NH – events attended by some 789 professionals, providers, and community members. Figures 1 and 2 show the number of events and attendees broken down by fiscal quarter. Figure 3 on page 6 shows the number of attendees by town.

The 100 events tallied included three types of outreach. The first was a gathering initiated by a Community Organizer in which the attendees would not otherwise have been likely to come together around caregiver issues. The second was a gathering or meeting of an existing group, such as a Rotary Club, at which the Community Organizer educated, shared information, or discussed topics related to family caregiving. The third type of event was a one-on-one (or two-on-one) networking undertaken by a Community Organizer. Figure 4 on page 7 shows the percentages of the different event types.

Figure 1. Number of Events Held by Fiscal Quarter

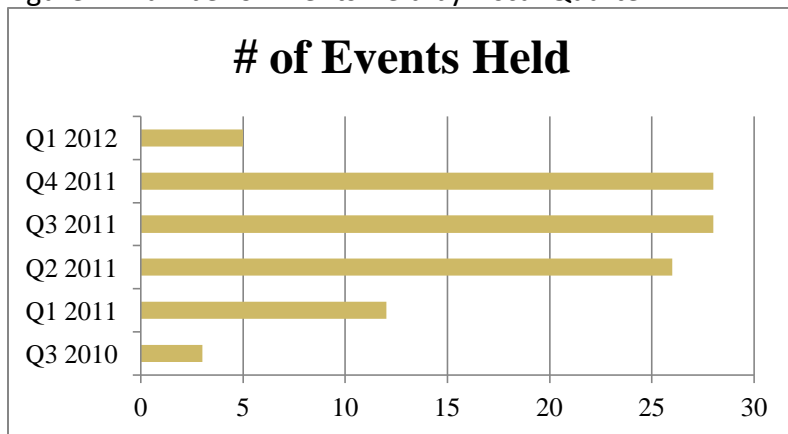
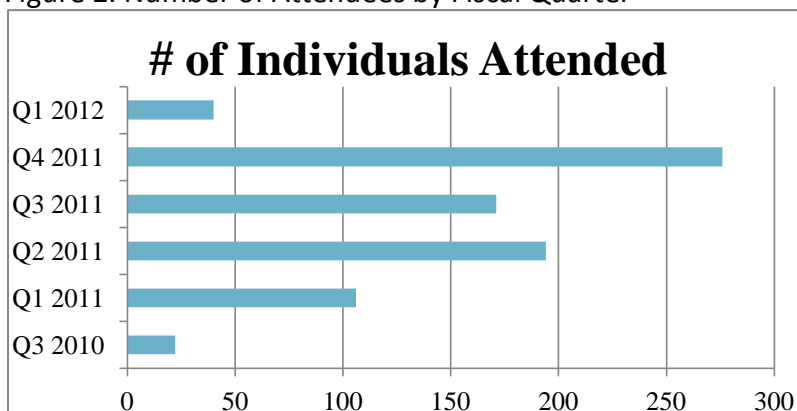


Figure 2. Number of Attendees by Fiscal Quarter



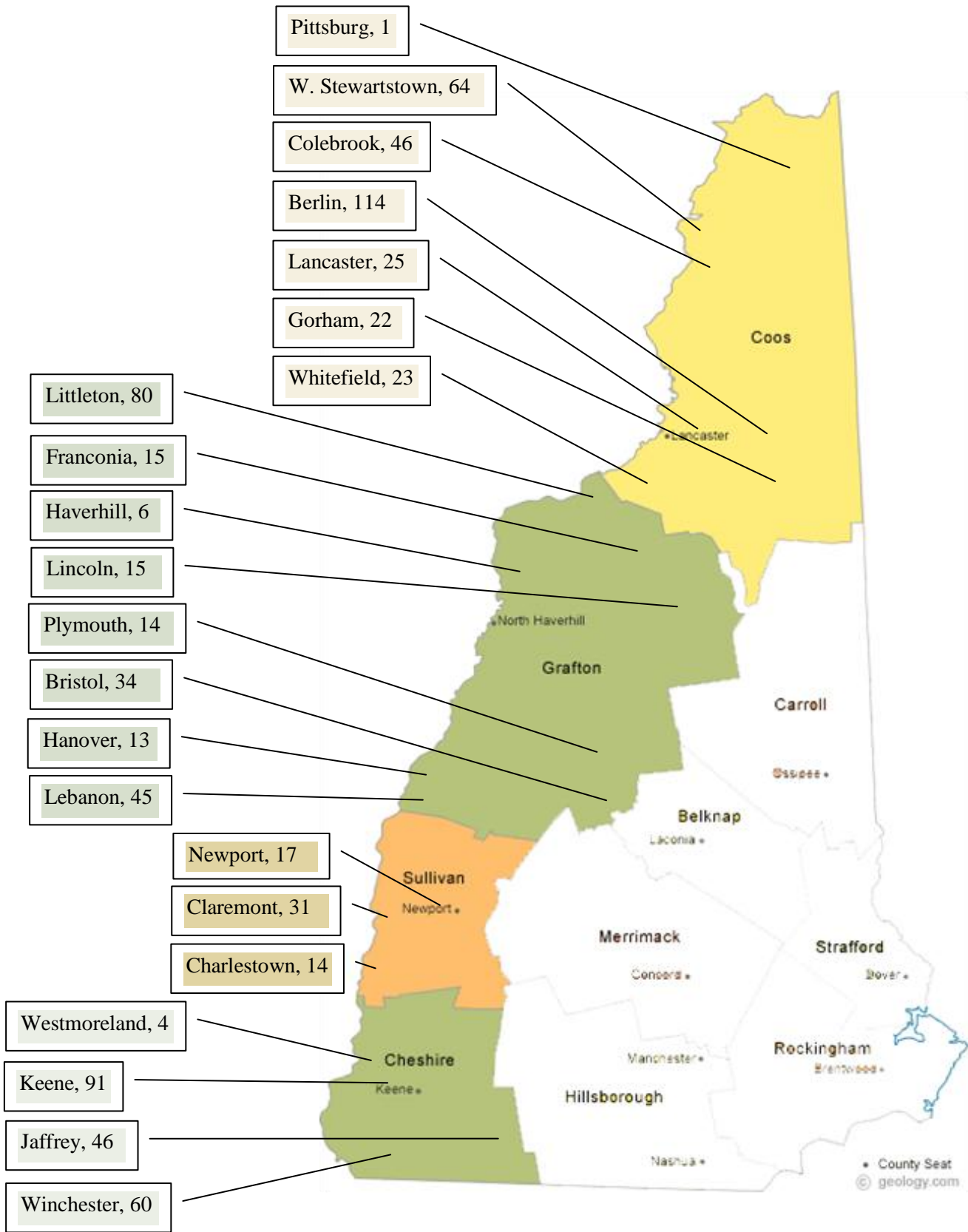
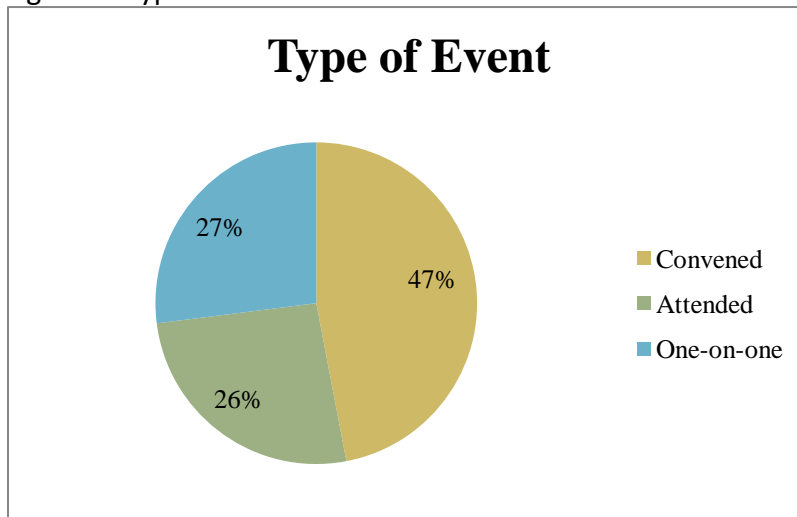


Figure 3. Number of Attendees at Community Organizing Events by Town and County

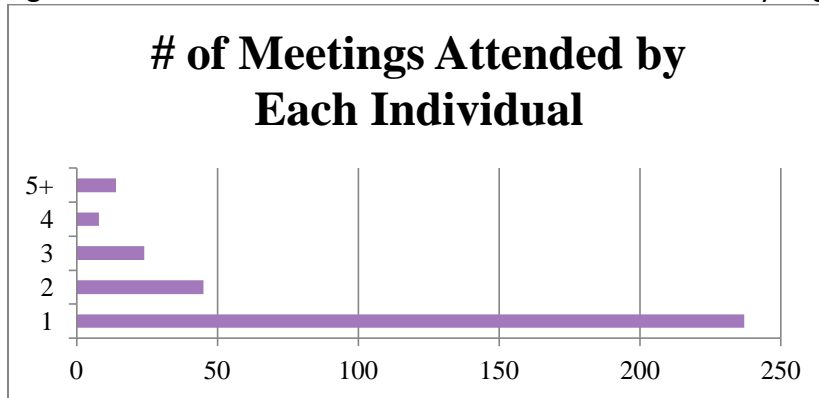
Among the 100 events the Community Organizers have accomplished to date, less than one-third (27%) involved visitations to extant groups, and almost half (47%) were meetings that Community Organizers convened through networking and building on the outcomes of the Asset Mapping activities. A significant achievement of the Community Organizers' efforts has been the formation of several "new" local networking groups that meet regularly to build resources and capacity that will benefit caregivers. To date, 11 such groups have held two or more meetings. Perhaps the most active of these, the Respiatality Center Group in Littleton (Grafton County) has met 10 times. Similarly, Winchester Networking Group (Monadnock Region), has met 7 times since its inception.

Figure 4. Type of Events Attended or Convened



Individuals who attended one or more Caregiver Connections Community Organizing events represent at least 104 organizations, including churches, medical providers, local government, volunteer organizations, service providers, businesses, civic groups, and more. Figure 5 shows the attendance patterns of event participants. To consider Community Organizing efforts successful, two trends must take hold. First, increasing numbers of citizens must be educated or made aware of the field or topic around which they are hoped to organize. Second, a proportion of the community members must mobilize and become the vehicles of sustainable change. The data in Figure 4 suggests that both elements of successful Community Organizing are operating via Caregiver Connections. Awareness has been raised for the largest proportion of individuals (237), while nearly 100 have been at 2 or more events. Fourteen individuals have been present at 5 or more (up to 11) Community Organizing events in their local regions.

Figure 5. Number of Attendees at One or More Community Organizing Events



### Summary

To date, Caregiver Connections has gathered data on 123 caregivers. Of this sample, three-fourths of the caregivers are female, half are caring for aging parents, and most have been providing care for 1 to 5 years. The average age of the caregivers is 63 years, and their average daily provision of care is 15 hours. Caregivers in the sample report that they are “satisfied” with life, and they tend to self-rate their physical health as either “fair” or “good.”

In the past six months, 153 caregivers were visited in-person by Caregiver Specialists, and 316 were counseled or supported by phone. Title IIIe matching funds allowed caregivers to receive 4230 hours of services, including respite care, personal care, adult day, and more. With the vast majority of caregivers worrying about their loved ones falling and/or wandering, these services provide essential assistance and relief.

As part of strengthening and broadening available supports for caregivers, community organizing activities of Caregiver Connections included 73 instances of drawing individuals together across 22 NH towns. In addition, Caregiver Connections staff raised awareness of caregiver issues at 27 community events. In all more than 780 citizens have been reached, and 11 groups have begun regular meetings to achieve common goals that will help caregivers in local communities.

In the next six months, data will continue to be collected, entered, and analyzed in the areas of direct support to caregivers, information and referral, services provided through Title IIIe Flex Funds, and activities of community organizing. It is through such work that Caregiver Connections is able document the fulfillment of its mission to unite communities in support of family caregivers.