

CSU CHANNEL ISLANDS

Rethinking Latinos' Underuse of Elder Caregiving Services: Culture or Inaccessibility

Sociology 499 Capstone Research
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Introduction

The effects of aging can take their toll both mentally and/or physically. As an individual gets older he or she may require continuous care either in or out of the home. Some seniors remain independent and capable of maintaining most of their own needs. CAREGIVERS Volunteers Assisting the Elderly (CAREGIVERS) is a nonprofit organization that provides nonmedical in-home assistance to the elderly population sixty years of age and older across Ventura County. They offer services inclusive of running errands, doing household chores and providing occasional transportation either for medical or social purposes. Aside from helping with physical tasks, CAREGIVERS realizes the need for their clients to make meaningful social connections. Volunteers are encouraged to form friendships with clients by phone, face to face visits, lunch dates and outings, etc.

Ventura County hosts a large population of elderly (age 65 and older) and very elderly (age 85 and older) individuals. The 2010 U.S. census revealed that 12.0% of Ventura County's population is over the age of 65. Additionally, 40.9% of Ventura County's overall population is made up of Latinos (U.S. Census Quick Facts 2012). Both of these figures are above statewide averages. In California, 11.7 % of the population is age 65 and older, and Latinos account for 38.1% of the population (U.S. Census Quick Facts 2012). According to information provided by CAREGIVERS staff, elderly Latinos account for a minute fraction of their clientele. CAREGIVERS staff believes the reason for this disparity is due to familism within the Latino culture. Familism involves placing the collective well-being of the family unit above ones individual interests, family unity and interdependence. This study will examine the utility of presuming a standard construct of Latino familism and elder caregiving practices. I maintain there is a need for Latino

friendly elder caregiving services. Previous research establishes that adherence to familial elder caregiving within Latino families differs and is influenced by levels of acculturation (Singer and Yang 2007; Chappell and Funk 2011). If this holds true then the aforementioned assumption offered by CAREGIVERS staff should be reconsidered from a more critical perspective. Has an entire population of potential eldercare clients been overlooked by this and other similar organizations? A broader understanding of Latinos diverse familial caregiving styles will be presented as well as suggestions to make this organization's services more inclusive of Latino clients.

Literature Review

A main principle within Latino families is familism. Attitudes associated with familism are loyalty, cohesiveness and powerful attachment and identification with the family. Eldercare is often kept within the family as opposed to seeking outside caregiving (Contreras and Lugo 2003; Herrera, Jerry, Palos, and Torres-Vigil, 2008). This expectation usually falls upon female family members. Some research finds the females are often the unmarried daughters of the elderly while other findings report females often caring for their own families as well as for a family elder. The gendered concept of caretaking can place a huge burden upon women of color (Chapel and Funk, 2011; Herrera et al. 2008). Certain research finds that Latina caregivers are often at a disadvantage compared to their white counterparts because they are more likely to be employed within low paying and unskilled occupations (Contreras and Lugo 2003; Bookman 2011). These women are less likely to earn an income that allows them to take time off for caregiving obligations; furthermore, their jobs may be easily filled in case of their absence in relation to caregiving obligations. Additionally, the pressure to uphold the

traditional values of familism can be overwhelming and stressful. Latino males may take on the role of financial caregiving while ignoring the physical aspects of it. Some males leave this responsibility entirely up to their female siblings especially when there is any kind of social or financial support from caregiving agencies (Contreras and Lugo 2003; Herrera et al. 2008).

Contreras and Lugo (2003) find that Latinos with high levels of exposure to U. S. culture are more individualistic. These outcomes disclose that more acculturated Latinos practice the obligatory caregiving attitudes associated with familism to a lesser extent with the exception of financial and emotional support (Contreras and Lugo, 2003). William Ted Donlons' qualitative study of Mexican American elders' perceptions of community-based care reveals that caregiving is often assumed and preferred by the older generation especially those born in Mexico (2011). Donlons' interviews also revealed resentment in the narratives of the older generation when their younger U.S. born children and grandchildren failed to fulfill their caregiving expectations (2011). Despite Donlons' findings, underutilization of in-home elder caregiving support services by Latinos is documented in several other studies (Bookman 2011; Herrera et al., Angel, Angel, Aranda and Miles 2004). As the previous works have presented; the experiences of caregivers and those receiving care are multi-dimensional and distinct in terms of culture and gender.

The results of the aforementioned studies as well as others based on critical theory similarly call attention to the need for culturally nuanced service delivery in order to make these types of services more accessible to minorities. Critical social theory, critical race theory and public health critical race praxis focus on inequalities within society and social justice. These critical paradigms identify and assess both the reality of unequal arrangements as well as

the appropriate arrangements to resolve social disparities. Critical theorists assert that concepts such as colorblindness can be used in ways that perpetuate inequalities.

Colorblindness attributes racial disparities to socioeconomic factors or people's behaviors over other explanations. Race consciousness contests the notion of colorblindness by drawing awareness to racism and its relevance to inequalities. Critical race theory applied in public health and social service research highlights the ways that discrimination and racism, not race, contribute to differences detected between ethnic groups concerning these fields (Clay, Thrasher, Ford and Stewart 2012; Collins and Ford 2010; Freeman and Vasconcelos 2010; Eales, Keating and Rozanova 2012).

As earlier stated, many Latinos do adhere to the concept of familial obligation which can account for their lack of service utilization. However, existing research asserts that despite vast cultural diversity among the elderly, nonprofit and social service delivery toward this population is often conducted in a uniform manner. William A. Brown's examination of inclusive governance practices of nonprofit organizations determines that effective recruitment strategies are necessary in order to serve underrepresented individuals (2002). Furthermore Brown's findings indicate that most nonprofit board members must be sensitive to the varying needs of all constituents and that failure to do so can result in a lack of understanding and biased policies and programs (2002). If and when Latinos or their caregivers should pursue eldercare support outside of the home they often face obstacles in accessing services. Prior discrimination and negative experiences throughout a minority elderly person's life course may deter his or her willingness to seek out services (Clay et al. 2012; Collins and Ford 2010).

In addition, if a caregiver perceives that their family member may be subject to discrimination they are less likely to look for support or respite from caregiver organizations even when it is greatly needed (Clay et al. 2012). Other structural barriers encountered by Latinos are language barriers, lack of health insurance, poverty and lack of knowledge about services offered (Herrera et al. 2008). Many organizations do not take these barriers into consideration in terms of hiring culturally sensitive and bilingual staff, or when offering informational materials (Herrera et al. 2008; Singer and Yang 2007). If a potential client is greeted in a familiar language they are more likely to feel welcomed, otherwise it can be an overwhelming experience thus deterring an individual from further seeking services (Singer and Yang 2007).

In Donlons' interviews, many Latinos who appear to uphold the values of familism shared that they would be open to receiving caregiving support for their loved ones if they were better informed about the availability of and qualifications for existing services (Donlon 2011). In Herrera's study, over half of Latina/o caregivers shared that they would consider long term institutional caregiving facilities only as a last option for their elderly family member, yet over sixty percent said they were not aware of how to go about obtaining information in case the need should arise (Herrera et al. 2008). Every caregiver in that study expressed an interest in accessing in home caregiving services for their loved ones. The biggest task faced by those caregivers is the fear of not being able to leave their elderly family member home alone. Short trips to the store or other errands can turn into long and stressful events because the elderly family member must be brought along as well. In those cases the need for temporary respite services was greatly expressed (Herrera et al. 2008).

Overall the research suggests that Latino familism is practiced in various forms, and attitudes and practices surrounding this concept vary by gender and acculturation. Familial caregiving in Latino families has its strengths as it lessens the impact on social service organizations. On the other hand, Latinas are overwhelmingly taking on the responsibility of caring for the elderly even in cases where they truly need assistance. The changes and diversity taking shape within Latino family's elder caregiving styles also need to be considered within organizations that provide elder caregiving services.

Research and Design

Organization Background

CAREGIVERS Volunteers Helping the Elderly was founded in 1984 by Sister Patricia of the Sisters of Saint Joseph of Carondelet. Her mission was "to promote the health, well-being, dignity, and independence of frail, homebound elders through one-on-one relationships with trusted volunteers" (www.vccaregivers.org). This is made possible through the services of volunteers and funds secured through grants, foundations, individuals, and public agencies. CAREGIVERS strives to foster client independence by offering non-medical eldercare services that help to facilitate the aging process within the comfort of clients own homes.

Currently, CAREGIVERS provides services to approximately 500 elderly individuals in Ventura County. The program requires that all members be at least 60 years of age or older, and must reside within one of the six cities served: Camarillo, Fillmore, Oxnard, Port Hueneme, Santa Paula and Ventura. The caregiving labor is provided by 300 volunteers comprised of community members, in addition, there are also clients assisting other clients in

need. This means that clients who are able and want to be of service can volunteer as phone friends making friendly check-in phone calls to fellow clients. The services this organization presently offers include companionship; either face-to-face or via phone calls, help with household chores, running errands and occasional transportation. Per CAREGIVERS request, a marketing and impact report was prepared for presentation to current and would-be stakeholders (See Appendix A). This report will be used by CAREGIVERS to highlight the effect this organization has had upon the community, for volunteer recruitment, and to encourage financial support from corporations and donors. Two surveys were also designed for future research to identify the complete CAREGIVERS experience of both clients and volunteers. The information for this research was compiled through firsthand and secondhand data analysis. Access to clients and client records was granted by CAREGIVERS management. All five members of the CSU Channel Islands Sociology research team met with CAREGIVERS staff to discuss the project and each student signed a confidentiality agreement.

Interviews

The interview component required that the research team develop an informal prompt made up of open ended questions (See Appendix B). Interviewees included three CAREGIVERS staff members, three volunteers, three clients, and two collaborative agency representatives. Every person interviewed was informed beforehand that all participation was voluntary. Interviews were conducted at various locations most convenient to the participants including a CAREGIVERS lunch meeting, client homes, a restaurant and over the phone. Some of these interviews were recorded with the permission of participants. The duration of each interview ranged from approximately 15 minutes to an hour. Questions pertained to the organization,

personal CAREGIVERS experience, beliefs concerning care giving, family and ethnicity. For the purpose of this individual research, two elderly Latinas were also interviewed. These interviews were conducted at a senior center located in the city of Oxnard, in a largely Latino neighborhood in Spanish. In addition, 75 client questionnaires were examined to gain further client insight. The questionnaires covered services most used, client experiences, and any other comments or concerns. The qualitative responses from the interviews and the questionnaires were used throughout the marketing/impact report and as support individual student research topics.

Client Data

Existing client information and demographic data was obtained from CAREGIVERS personal online database, File Maker Pro. A convenience sample of fifty client profiles was drawn from the existing data set. All data collected was input and analyzed using the Statistical Package for the Social Sciences (SPSS) by research group members (SPSS 2009). According to CAREGIVERS data of their 500 clients, 81% are Caucasian, 13% are Latino/Hispanic, and 6% of clients are of other ethnicities. Additionally, 61% are low income, 80% are disabled, 20% are veterans and 79% are female. Of the 50 client sample, Caucasians account for 92%, 4% are Latino/Hispanic, and 4% are of other ethnicities. Low income clients account for 76% of the sample; females for 74% and 2% are veterans (Table 1).

Table 1: Caregivers Demographics of Persons Served

| CLIENT DEMOGRAPHICS | Client population (n = 500) | Client Sample (n = 50) |
|----------------------------|------------------------------------|-------------------------------|
| Caucasian | 81% (n = 405) | 92% (n = 46) |
| Latino/Hispanic | 13% (n = 65) | 4% (n = 2) |
| Other ethnicity | 6% (n = 30) | 4% (n = 2) |
| Low income | 61% (n = 305) | 76% (n = 38) |
| Disabled | 80% (n = 400) | 70% (n = 35) |
| Female | 79% (n = 395) | 74% (n = 37) |
| Veteran | 20% (n = 100) | 2% (n = 1) |

Source: (Caregivers File Maker Pro) & (SPSS)

Survey Design

A central tool that will be utilized in the future to quantitatively assess both CAREGIVERS client and volunteer needs and experiences is a survey (See Appendixes C, D and E). The survey design was intended to consist of direct, comprehensible questions. In addition it was designed to remain as short as possible without compromising its ability to successfully meet and report CAREGIVERS objectives. The final survey design should require approximately 5 minutes completion time depending on the extent of the individual's disclosure.

Results

This individual research will rely on qualitative interview data to focus on the familial caregiving ideas of elderly Latinas and on the barriers Latinos may face in accessing eldercare services. Maria and Celia were both born in México and immigrated to the U.S. in their early adult lives. Both are regular guests at a senior center located in Oxnard. These women were

interviewed separately. Maria is a widowed mother of six adult children, three of which are female. Maria lives alone in a one bedroom public housing unit. Furthermore the street on which she resides is specifically for elderly residents on public housing. Celia is Marias' neighbor; she lives in a two bedroom unit with her husband and her adult son. She has four adult children, one is deceased. The senior center is just a few doors down from both of the interviewees' residences. During the interviews the women were asked about their opinions on elder caregiving and whether or not this practice should remain within the family.

Celia - *"It would be nice if the family would take care of their parents.*

When I was younger I took care of my mother, we had to put her in a home when she got really bad because I had to work and I took care of my grandchildren too. It was almost a good thing that she couldn't talk anymore and she was not very alert because she would have begged me to bring her home."

Maria - *"I want my children to take care of me but I don't want to bother them with everything. For now I can still take the bus, I can walk pretty well and I can see with my glasses. I stay active with these games we play and exercises that they teach us. When I get older I may need more help. My children have their own lives, (laughing) well I imagine they will take turns babysitting me."*

These responses coincide with some of the literature studies on Latino familism, there is a strong belief that eldercare belongs in the family, however, family circumstances do not always allow for this to occur (Contreras and Lugo 2003; Donlan, 2011; Herrera et al. 2008). Celia's

response focused on her caregiving experience with her own mother while Maria's response focused on herself as an aging woman. This offers a dual perspective from a caregiver and an individual who may soon need care. Maria is also concerned about becoming a burden to her own children and she is proud of her independence. The women were then asked if they are aware of services such as the ones provided by CAREGIVERS.

Maria - *"No. or I don't know maybe, where is there one of those places?"*

After being informed about non-medical in-home eldercare services she replied *"I don't want anyone taking care of me until they really have to, and I don't want strangers in my house and putting their hands on me."*

Maria is not informed about eldercare services; she associates this with medical care. On the other hand Celia is a bit more informed about this topic because from her own experience she knows that caregiving is more than medical care.

Celia - *"Yes a nurse came to speak to us a few weeks ago and she talked about something like that, also I know a woman whose daughter was paid to help her and a nurse visited her at home too. That is a good thing because that was like her job. If you take care of your parent it gets hard if you also work. And when I took care of my mother it was harder than caring for a baby, and I worked too."*

Additionally, Celia offers the perspective of a working Latina who is expected and wants to care for her elderly parent despite her own hardships, ultimately the burden became too much.

Interviewer - *"Did you want to take care of your mother?"*

Celia - *Yes, I wanted to do that for her. She also wanted me to, that is why it broke my heart to put her in a home because nobody wants to leave their parents in the hands of strangers.*

Lastly, the women were asked if they think that Latinos take better care of the family and of their elders.

Celia - *“Well that’s what everybody says and I’ve seen that, but I’ve also seen some terrible things that children have done to their parents. You think when your children grow up that they will care for you because it’s their turn but sometimes they are disrespectful and unappreciative. You should try to keep the family together and teach the kids to be respectful just as we were taught. Sometimes people do that and sometimes they don’t. I think mostly they do.”*

Maria - *“Yes I think so, our families are more united and we have always cared for our parents and our grandparents. My kids visit me and they check in on me and my husband, sometime more than others. It is an ugly thing to think that just because one is on this side of the line that people would stop doing that.”*

Celias response reveals her awareness of some Latino children’s lack of respect and care for their elders. Both Celia and Marias concern concurs with Donlons’ assertion that México born elders are more likely to expect elder caregiving to remain in the family more than U.S. born younger generations (2011). Additionally, Celia’s comment about family caregiving views changing in the U.S. in comparison to México are maintained by Contreras and Lugo (2003)

“with increased exposure to and acculturation to U.S. culture, certain familistic values may be abandoned or adhered to at a lesser degree.”

A staff member at CAREGIVERS was also interviewed. The conversation pertained to cultural ideas about elder care and CAREGIVERS service accessibility for a diverse elderly population.

Interviewer - *Do you see any racial patterns as far as who uses CAREGIVERS services?*

CAREGIVERS Staff Member - *“I definitely see that. Its predominantly white people who use these services, I would say that we do have a small percentage of others but yes mostly, its whites.*

Interviewer - *Why do you think that is?*

CAREGIVERS Staff Member - *“Well to tell you the truth Latinos are all about family and they take care of their own it’s a beautiful culture and white people are different.”*

Interviewer - *So would you say that white people don’t take care of their own?*

CAREGIVERS Staff Member - *“You know it really is a shame because it’s got to be something in the way that people are raising their kids. I definitely think Latinos do a great job at keeping their elderly comfortable more so than others from what I’ve seen.”*

This response agrees with those of Maria and Celia about Latino family unity and childrearing styles thought to produce caring respectful children. In turn those children will care for the elderly family members as adults.

Interviewer - *What could CAREGIVERS do to make its services more reachable to ethnicities other than white?*

CAREGIVERS Staff Member - *"See one thing about CAREGIVERS is that we don't see color at all. We treat everybody the same. I always taught my kids that no matter what color a person is we treat everybody with the same respect we would want. That's the same way we treat the clients."*

Interviewer- *How many CAREGIVERS staff members are Spanish and English bilingual.*

CAREGIVERS Staff Member – *Well as far as bilingual in the sense that we can speak it none of us are. Brittany may know a little to get by but that's about it.*

Interviewer - But is there anything that CAREGIVERS could perhaps do to diversify its clientele?

CAREGIVERS Staff Member- *"Yes I think we could and we should reach out more to others especially Latinos. There's Spanish radio, there may be more Latino audiences there so yeah we can do more."*

The interviewee is aware that there is a disparity in service utilization and outreach to the Latino population. This staff member's reply exemplifies the notion of colorblindness in social service delivery that is contested by critical theorists. Critical gerontology maintains that by

treating all clients' needs similarly; social service agencies and nonprofit organizations may fail to meet the needs of a diverse clientele by ignoring diverse service needs (Clay et al. 2012; Freeman and Vasconcelos 2010; Eales et al. 2012). Another area aging agency representative was also interviewed to gain insight into a comparable elder caregiving organization.

Interviewer - *From your experience what ethnicity is more likely to use elder caregiving services?*

Aging Agency Representative - *"Well I would say Caucasians from what I've seen and from the data yes it is definitely noticeable. "*

Interviewer - *Why is that?*

Aging Agency Representative - *"Well Latinos have more close knit culture. Whites have that too but there's definitely a difference. "*

Interviewer - *Are white Americans more individualistic than Latinos?*

Aging Agency Representative - *"Yes and no. There is a difference in the way families rear their children. White American families push their kids to dream big and that usually involves going away to college. Latinos, have big dreams for their children as well, they push education but they also push close knit family values. How can you accomplish that? You expect the kids to pursue their education in close proximity to the family. A lot of Latino families don't allow their children to leave home; they go to college but are still expected to live at home. So that plays a huge role whether or not you distance yourself and then you form this idea of independence and for white young adults this means being on their own,*

and for Latinos it means hey I'm independent but the family is still a central focus."

Once again, the impression that Latino families raise their children in a particular way and that they will certainly take care of one another is evident. This interviewee was then asked if the underuse of CAREGIVERS services by the Latino elderly population is a concern.

Aging Agency Representative - *"Well our agency does serve more Latinos than CAREGIVERS does and about half of our staff is bilingual. I think we do a pretty good job at that but we've been around longer and we're also a larger organization than they are."*

When asked how CAREGIVERS and other similar agencies can become more inclusive of diverse populations her response reflects more concern for the impact this could have on organizations rather than on extending service accessibility to an underserved population.

Aging Agency Representative - *"Another thing to worry about is that if those populations who do not usually use these services were to approach programs such as ours and CAREGIVERS for services all at once we just would not be able to manage, so yes I think it is a good thing that they care for one another within the family."*

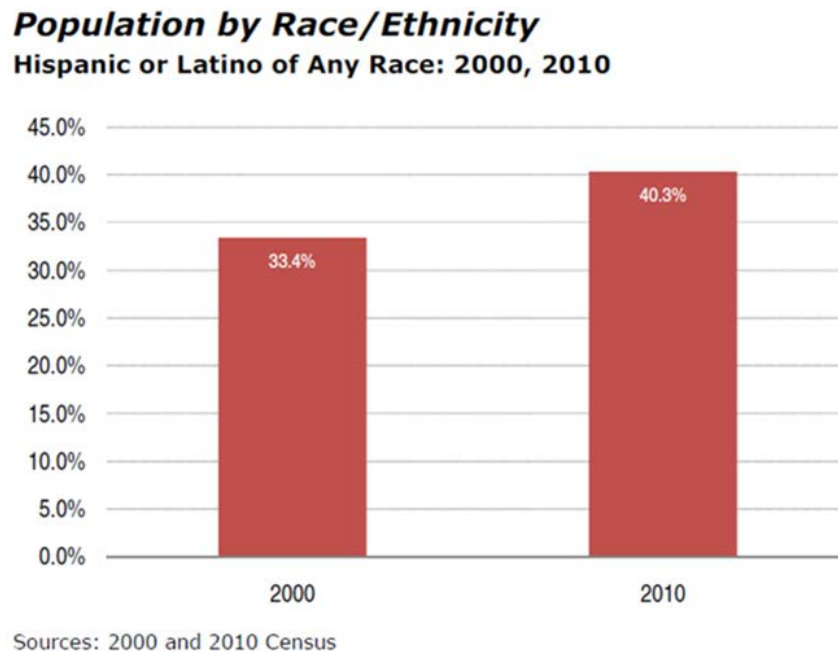
During this interview, this aging agency representative also shared her concern for what she has begun to observe within the elder caregiving organization where she is employed.

Aging Agency Representative - *"What we are seeing now is a growing need not only for services that cater to Spanish speaking clients, but now we are getting mixteco and tagalog speaking elderly individuals in need of*

services. Can we realistically serve them? No. we don't have the staff with those linguistic capabilities and that's not just for eldercare agencies but that goes for most social services agencies."

This response is in accordance with the most recent U.S. census bureau projections which indicate that racial and ethnic diversity is expected to largely increase across the country by 2050. By 2042, minorities who currently account for a third of the national population are expected to become the majority. The non-Hispanic, white population is projected to be only slightly larger in 2050 (203.3 million) than it was in 2008 (199.8 million). In contrast, projections concerning the Hispanic population show that this population will nearly triple, from 46.7 million in 2008 to 132.8 million by the year 2050. The elderly population is expected to increase as well. For instance, in 2030, all of the baby boomers will be age 65 and older. This age group is expected to grow to 88.5 million in 2050, which is more than double the figure in 2008 (38.7 million). Likewise, the age 85 and older populace is anticipated to more than triple, from 5.4 million to 19 million by 2050. Between 2000 and 2010 the Latino population in Ventura County increased from 33.4% to 40.3% (See figure 1). The U.S. Census Bureau defines the Hispanic or Latino origin category as any person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture/origin.

Figure 1: Ventura County Increase in Hispanic/Latino Population



Discussion

The interview narratives all reflect that there is a supposition that Latinos take better care of their elders due to cohesive family dynamics and a differential childrearing style based on respect of elders. This logic is found not only in the responses of non-Latino interviewees but also in those of two elderly Latinas. The preference for receiving eldercare from family members is evident yet; the responses also indicate that this is not always practicable due to other obligations. In fact, Marias account reveals the pressure of cultural eldercare expectations and the guilt that can arouse when practicing those expectations becomes impossible. The women lack sufficient information to seek out eldercare services, however, they both shared that up until this time they do not need these services. If the need for CAREGIVERS services were to arise, accessibility could be a problem as both women do not

speak English. Additionally, the interview participants who work in the eldercare field have preconceived notions about Latinos superior caregiving capacity. They justified the lack of outreach and accessibility within their organizations with the idea that underuse of eldercare services by Latinos is consequential of familism within the Latino culture. The elderly Latinas' narratives are in line with these ideas about family unity and familial eldercare. Concurrently, their responses also reveal that despite these beliefs, practicing them can become unmanageable as Celia expressed. In that case eldercare within Latino families can be just as burdensome as in any other family. Further research would be best approached from a multi-dimensional family perspective. It would be useful to interview more elderly Latinos ranging in age, birthplace origin, family size, and including perspectives of both elderly males and females. Interviews with their children and grandchildren could disclose any generational changes or continuities in attitudes and practices relating to familism and eldercare.

Conclusion

Providing adequate service delivery to all populations is becoming a challenge in Ventura County. From the U.S. Census data it is clear that the Latino population is expected to grow overall in size and to account for a larger portion of the ageing population. Interview data discloses that CAREGIVERS and other similar organizations are not prepared to adequately and equally serve a diverse elderly clientele. As posited in critical research, color consciousness is a vital component of equally accessible nonprofit service delivery for diverse populations. The incorporation of culturally aware and bilingual staff, volunteers and outreach to the Latino community could begin to address the racial disparity in the use of eldercare services. One way this can be accomplished is by spreading awareness of these services through Spanish and

English bilingual advertisements in senior centers, medical clinics, radio stations and businesses that cater to high volumes of Latinos.

In their appeal for community volunteers and funding, it would also be practical for CAREGIVERS and related organizations to tap into support that is available for organizations dedicated to meeting the challenge of enhancing client diversity and equality within their services. This is crucial for building a resilient network of Ventura County nonprofits that will be ready to meet diverse client demands from now on. As this study finds, assumptions regarding ideas about Latino familism are too general. Despite the desire to care for elders within the family this can conflict with other obligations, therefore, the necessity for Latino friendly eldercare services does exist.

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Appendix A



Marketing & Impact Report

Appendix A Continued

History

In 1982, the Interfaith Council on Aging and the Robert Wood Johnson Foundation funded 25 experimental nonprofit agencies across Ventura County. Each agency was given a three year grant of \$150,000 to develop a volunteer caregiver organization. CAREGIVERS: Volunteers Assisting the Elderly was one of those organizations, and is one of only six of the original group still in operation. Sister Patricia Callahan and the Sisters of St. Joseph of Carondelet operated the organization for the first 20 years. Other religious entities, such as First United Methodist of Ventura and the Sisters of Holy Cross, also collaborated to make this organization successful. CAREGIVERS was founded with an interfaith concept. As Sister Pat explains, the interfaith approach is to "...follow different traditions which are important and add to our knowledge and to respect those traditions." The organization's mission is to "promote the health, well-being, dignity, and independence of frail, homebound elders through one-on-one relationships with trusted volunteers" (www.vccaregivers.org). In addition, Sister Pat had a vision of life-long dignity "...for both person served and the volunteer."

Until 1994, the organization was operated solely by volunteers. At that time, CAREGIVERS was turned into an independent board with paid staff members. Currently, CAREGIVERS provides services to approximately 500 elderly individuals in Ventura County. The program requires that all members be at least 60 years of age or older, and must reside within one of the six cities served: Camarillo, Fillmore, Oxnard, Port Hueneme, Santa Paula and Ventura. The care giving labor is provided by 300 volunteers comprised of community members. In addition, there are also some CAREGIVERS clients who are able to assist other clients in need.

Appendix A Continued

The services the organization presently offers include companionship, either face-to-face or via phone calls, help with household chores, running errands and occasional transportation. CAREGIVERS provides necessary non-medical, in-home support services and transportation for homebound, frail elders. These services prevent premature placement into board and care facilities, making it possible for the old to continue to live in the comfort and security of their own homes.

Demographics: National, State, and Local

“In 2050, the number of Americans aged 65 and older is projected to be 88.5 million, more than double its projected population of 40.2 million in 2010” (Vincent and Velkoff, 2010, 25). As the elderly population increases in number, it is important to anticipate current and future needs based on current and projected demographic data. According to the 2010 U.S. Census there are 57,085,908 persons aged 60 and over living in the United States, representing 18.5% of the population and a 24.3% increase from 2000. The state of California makes up 10.6% of that population, with 6,078,711 elderly. In Ventura County alone, we have 138,621 people aged 60 and older, one of the highest elderly populations in the United States, 13,100 of whom are considered low income. Greater longevity and its social significance must be considered in current and future policy planning. Clearly, expenditures on social programs for the elderly are going to grow. According to researchers Joshua Wiener and Jane Tilly, Medicare, Social Security, and Medicaid funding for long-term care are projected to grow from 6.8% of GDP in 2000 to 13.2% in 2050, and health and long-term care programs will increase from 2.6% of GDP in 2000 to 6.7% of GDP in 2050. Ventura County, with its appeal to older residents, will not be exempt from these trends.

Appendix A Continued

The Appeal of Ventura County for Older Adults

Many factors contribute to the large population of the elderly and very old in Ventura County, California. According to Kathy Sykes, author of “A Healthy Environment for Older Adults: The Aging Initiative of the Environmental Protection Agency,” climate and environmental conditions are factors that may influence housing location decisions for the elderly. As people age, they are at greater risk of developing chronic health conditions that alter their immune system and physical abilities. In areas of the country with extremes in weather, both extreme heat and extreme cold, such conditions can provoke serious health issues or even result in death. For example, the majority of deaths due to heat stroke occur in individuals aged 50 and older (Sykes, 2005:68). Conditions such as heat stroke and hypothermia are common among elderly individuals as they may not have capacity to respond to environmental or weather related risks, especially older individuals who live alone and who have reduced mobility or high blood pressure (Sykes, 2005:68). Ventura County’s climate is considered to be “almost perfect” with an average temperature of 74.2 degrees Fahrenheit (weather.com). Many homes throughout Ventura County are not equipped with an air conditioning unit because they are seldom needed. On days when temperatures are above average, most Ventura county residents live in close proximity to places where they can receive relief from higher temperatures, such as movie theaters, shopping malls, and senior centers. CAREGIVERS volunteers are able to facilitate these trips if they are desired by the person served.

During interviews conducted with both CAREGIVERS volunteers and persons served, respondents expressed that they enjoy living here because of the close proximity to the beach. One person served claimed, “When you love the water, the ocean, the way I do, oh I could just sit there my whole life and never move.” One of the volunteers also commented on Ventura

Appendix A Continued

County's layout and the resources available to its older residents, describing it as having a "small town atmosphere." "I just think it is an easier way of life for an older person in a small town atmosphere. For me, I can have my list of errands, and luckily I'm still driving. If I need to go to Vons, Ralphs, or Trader Joe's and the bank, I can accomplish all of that in an hour or an hour and a half. I think it's easier for an older person in a small town area." Other factors related to the decision to move or to continue to live in Ventura County as they aged were their desire to be close to their children and grand children living in Ventura County, and because of the large amount of elder care facilities, nursing homes, and retirement communities scattered across the County.

Challenges to CAREGIVERS

Any nonprofit organization in today's economy will have challenges. A non-profit organization which serves a community with high service needs, such as the frail elderly, has additional challenges. In Ventura County, the growing numbers of seniors makes it difficult for nonprofit organizations like CAREGIVERS to help them stay in their homes with the assistance of daily to weekly needs. "Reduced and unstable funding has threatened the safety net for Ventura County seniors and adults with disabilities" (Ventura County Area Agency on Aging).

Being retired or physically disabled puts a lot more stress on individuals who struggle to get by from month to month. The California Elder Economic Security Standard Index (Elder Index) measures on average how much a senior aged 65 and older needs to get by on a monthly base. This includes housing, food, out-of-pocket medical expenses, transportation, and other necessary spending. According to the County's Area Agency on Aging, "Not just "poor" elders are struggling in Ventura County. Thirty-nine percent of all elders age 65+ do not have enough

Appendix A Continued

income to meet their most basic needs, as measured by the Elder Index. That's over 31,000 elders struggling to make ends meet in Ventura County" (See Figure 1 below, from Elder Economic Security Standard Index).

| Monthly Expenses | *Basic Monthly Expenses Used to Calculate Elder Index | | | | | |
|---------------------------|---|------------------|---------------------|--------------------|------------------|---------------------|
| | Elder Person | | | Elder Couple | | |
| | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom | Owner w/o mortgage | Owner w/mortgage | Renter, one bedroom |
| Housing | \$408 | \$1,923 | \$1,143 | \$408 | \$1,923 | \$1,143 |
| Food | 242 | 242 | 242 | 452 | 452 | 452 |
| Transportation | 214 | 214 | 214 | 299 | 299 | 299 |
| Health Care (Good Health) | 182 | 182 | 182 | 363 | 363 | 363 |
| Miscellaneous @ 20% | 209 | 209 | 209 | 304 | 304 | 304 |
| Elder Index Per Month | \$1,255 | \$2,769 | \$1,990 | \$1,827 | \$3,342 | \$2,562 |

Nonprofits that help the elderly rely on corporate and business generosity and volunteer time to keep the organization going. Fundraising was not a priority at CAREGIVERS under prior administrations. However, CAREGIVERS as an organization has redoubled its efforts to seek support, both financial and in person hours. The organization continues to rely on partner organization such as the Alzheimer's Association, Buena Vista Hospice Care, Chabad of Oxnard Smile on Senior, and Red Cross. Corporate grants, sponsorships, and gifts are helpful, but relying solely on large grants is not the solution for CAREGIVERS to remain viable. Targeting local business to donate supplies or financial support not only helps with costs but provides a wider connection and visibility for the organization.

Since it began, CAREGIVERS used a model that incorporated volunteers in everything within the organization. The organization has had to cut back some services due to lack of funding and not enough volunteers. Transportation is one of the biggest issues for the elderly seeking help from CAREGIVERS. Many clients cannot, or should not, be driving; sometimes they mistake CAREGIVERS for a ride service, rather than a service to match volunteers with seniors to build relationships.

Appendix A Continued

The need for volunteers is now higher than ever. The relationships that can result from a good match is so rewarding that CAREGIVERS staff wish they could provide it to all of their elderly clients. In the short run, additional volunteers could help the staff maintain a better connection with the seniors by calling them on a regular basis to see if needs are being met. With more volunteers in place, staff would have more time for recruitment, troubleshooting challenging cases, fielding general inquiries from family members/others looking for services CAREGIVERS doesn't provide supervising data entry, and running reports. If more funding was available the possibility of expanding staff positions could be an option, though with more volunteers the organization can run more efficiently, as it once was an all-volunteer organization. CAREGIVERS and the Board of Directors will need to work closely and creatively to identify new sources of funding and new ways to bring in more volunteers.

Another set of challenges for CAREGIVERS is its need as a non-profit to be in compliance with state corporate law, state law on charitable organizations and recording keeping requirements, federal regulations on tax exemptions, and the public's right to know (open inspection of the records book). Again, this kind of accountability can only be provided by paid staff.

Benefits to the Volunteers

The services offered by CAREGIVERS would not be possible without the tremendous volunteer efforts of the community. They are extremely grateful for the continued support of their loyal longtime volunteers. One particular person who comes to mind is 'Gladys'. This woman has done an amazing job of being of service to the organization. For the past eight years Gladys has been matched with Silvia through CAREGIVERS. A client and volunteer match is

Appendix A Continued

CAREGIVERS most intensive model of volunteering as it involves at least a weekly commitment to a client with the expectation that a lasting friendship will evolve. Unfortunately, shortly after the two women met, Sylvia's husband passed away and Sylvia found herself completely alone at the age of 91. At the same time, unbeknownst to Sylvia, Gladys had experienced the death of her mother. That loss is what encouraged Gladys to become a CAREGIVERS volunteer.

"I was cleaning out my mother's closet one day and a flyer just flew down out of the closet, I realized it was my mother trying to tell me something, she didn't want me to sit around and mourn."-*Gladys*

Gladys made the commitment to become Sylvia's caregiver and since then their relationship has grown into so much more. These days Gladys is also Sylvia's advocate, and Sylvia will soon be turning one hundred years old. Sylvia is both hearing and memory impaired, thus, without Gladys' assistance, things such as paying bills, personal hygiene, and eating can be quite a challenge. Sylvia's vulnerability is further heightened because she has been unable to speak on her own behalf during medical emergencies. With no family or friends to speak for her, Gladys has taken on this responsibility. When Gladys was asked why she continues to provide care for Sylvia her response captures the feeling of joy and self-satisfaction volunteering can evoke.

"Doing this for her is also helping me, I've gained something too, and it kept me from losing myself in my sadness when my mother died. The relationship that we have now is unlike any other, well I love her....and she loves me."-*Gladys*

Appendix A Continued

Gladys is not alone, caregiving can have a positive impact upon both the caregiver and the person receiving care. This impact is often described as increased feeling of self-worth, and a sense of pride and pleasure. Caregiving can also enhance a person's ability to form deeper relationships and to overcome challenges they are facing (Louderback, 2010). As a volunteer, an individual can make a meaningful choice to give of his or her time and service, as well as, when and how much they want to volunteer. The amount of time CAREGIVERS volunteers choose to give varies depending on individual ability and preference. CAREGIVERS greatly appreciates and welcomes every hour of volunteer service.

Becoming a Caregiver is also a great opportunity to learn caring skills or for those who are interested in gaining further experience in the fields of gerontology or nonprofit organizational managements. Students of all ages can fulfill class credit service hours or service learning objectives depending on school community involvement criteria. Volunteerism also provides students a personal connection to a social cause and enhances resumes and college, work or scholarship applications. CAREGIVERS hopes that whatever the reason, every volunteer that joins their cause will have an experience as rewarding as Gladys describes.

There are a number of ways volunteers can serve. Aside from individuals seeking to make a difference in the community, groups can join together – church groups, co-workers, friends, or school clubs can devote an afternoon to cleaning out a garage, yard work or other activities helpful to a senior citizen. Some additional ways to volunteer:

Benefits to Corporations and Other Donors

Over fifty percent of CAREGIVER'S clients live alone; 74% are disabled. The daily tasks that young able-bodied people take for granted can become overwhelming obstacles for

Appendix A Continued

older individuals, especially those who suffer from some form of a disability. Taking out the garbage, cleaning out the refrigerator, doing laundry, cooking, errands, getting outside for fresh air etc. are vital for maintain well-being. Apart from this, older people living alone may experience feelings of depression and or isolation. This population can easily become invisible. Occasional outings can help keep the elderly active and connected to the community. Weekly phone check-ins and visits can make all the difference as to whether or not an elderly person can successfully maintain some in-home independence. In more extreme cases it can determine their survival.

“These are the some of the community’s most vulnerable people and
CAREGIVERS services literally keep them from dying.” – *Aging Agency
Representative*

The isolation of the old is a community problem and it should be treated as such. In society, social problems are widespread, interrelated and continue to develop (Parker, 2011). A community can choose to ignore the needs of the elderly or it can choose to work together to find solutions. In light of the decreased social services funding in recent years, nonprofit organizations experience higher client demands. In addition, government funding of nonprofits has also declined. Partnerships between nonprofit organizations and corporations are becoming more regular in situations where social welfare objectives are involved (Berger, 2004; Rochlin, 2000; Seitanidi, 2007; Parker, 2011). These kinds of partnerships can help to highlight social causes that have previously gone overlooked. Heightened public awareness of these problems increases the chance of successfully addressing them (Parker, 2011). CAREGIVERS must continue to provide these crucial services to the community. For this reason, it makes sense for

Appendix A Continued

CAREGIVERS to build alliances with corporations in order to maintain their organization which is regarded as one that provides a critical social benefit.

“From now on what we will be seeing is an increase in service needs, not just within our agency but all social services agencies are being overloaded. More than ever we will be depending on organizations such as CAREGIVERS to help us with the needs of Ventura County’s elderly residents.” – *Aging Agency Representative*

The benefits of cross sector partnerships are reciprocal. For a nonprofit in need of funding, this alliance can provide monetary support. In turn, providing monetary support to a nonprofit organization establishes a corporate entity as a business that is socially responsible and involved in community causes (Berger, 2004). CAREGIVERS values the support of every donor. Small businesses and community donations are a huge help as well. Opportunities for advertising and tax incentives can benefit large corporations, small businesses and individual donors. In order to build a partnership culture it is necessary to attend to common social priorities. CAREGIVERS remains dedicated in continuing their mission to assist the elderly so that they can live and age with dignity. Many of CAREGIVERS clients eagerly contribute to the local economy. In fact, one of the favorite activities for volunteer and client outings is going out to lunch and shopping.

“My caregiver and I love to go out and try new restaurants, we also love to go antique shopping and for walks on the beach.” – *Pauline*

In addition, CAREGIVERS clients have a history of being of service as well. Some of their clients are war veterans. Despite their age or physical infirmities, CAREGIVERS clients

Appendix A Continued

maintain a desire to give back to the community. A large portion of the CAREGIVERS phone friend's volunteers are themselves clients who are committed to checking in on other clients to assure they are okay.

Community Call to Action

CAREGIVERS cannot function and provide services without the support of the community. For the past 28 years this organization has endured numerous difficulties. The national, state and local statistics cited earlier point toward a vital need for services, such as those provided by CAREGIVERS now and in the future. Although CAREGIVERS has remained resilient through tough financial situations, and minimal staff and volunteers, there is a dire need for community support. In order to improve and provide adequate services, CAREGIVERS is calling upon the community to take action.

"Your gift-no matter the size-will impact our community by securing a value system of care."-*CAREGIVERS*

Appendix A Continued

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Appendix B

Interview Questions

Client Prompt

1. How did you hear about CAREGIVERS?
2. When choosing between formal and informal care what influenced your decision? (personal choice, family, spouse, organization, healthcare provider, other?)
3. Can you tell us what your relationship is like with (volunteer name)?
How do you two spend your time together?
4. How would your life be different if you did not have (volunteer name) in your life?
5. Do you have any family members that help you on a regular basis? Who?
What type of assistance? How often? Do they live in the immediate area?
6. Do you prefer a specific gender to meet your caregiving needs?
7. How often do you receive services from (name of CAREGIVERS volunteer) or other friends?
8. Did your parents receive formal or informal caregiving?
9. Do you feel that CAREGIVERS has made an impact on your life? If so how?

Appendix B Continued

10. In one word how would you describe CAREGIVERS?

Volunteer Prompt

1. Why did you become a CAREGIVERS volunteer? How long ago? Why do you choose to volunteer? How often do you volunteer?

2. Have you been matched with a specific client? If yes, what is that relationship like? i.e. are you content/satisfied with your client match?

3. What motivates you to continue volunteering? What could help to keep you motivated to continue volunteering? What can be done to improve your experience as a volunteer?

4. Have you gained anything from volunteering as a caregiver?

5. What are the positive and the negative aspects of caregiving for the elderly?

6. Aside from your volunteering do you work? Doing what?

7. Aside from your CAREGIVERS volunteer service, do you provide care elsewhere? (i.e. child, spouse, family member, other?)

8. In your experience who is more likely to provide eldercare, males or females?

Appendix B Continued

9. During the time you have volunteered with CAREGIVERS, what ethnicity uses these services the most? Why do you think that is?

Collaborative Agency Prompt

1. How did you first come to know about CAREGIVERS?
2. In your opinion, what is CAREGIVERS most important function?
3. If CAREGIVERS did not exist would your organization be impacted? If so in what way?
4. Would you like to see CAREGIVERS expand its services? If so why? What services would benefit the community the most?
5. In your opinion how responsive is CAREGIVERS to client needs?
6. In one word how would you describe CAREGIVERS?

Appendix C



DATE

Hello Friends,

Enclosed is our Annual Evaluation Survey. We would be so very pleased if you would complete this form, with any specific examples of how you may have received help from our organization at any point in the last year. Your response will help us to evaluate our organization's impact, as well as provide us with valuable information on how to improve our services. We value your opinion and your input is very important to us. Please use the self-addressed stamped envelope to return the form to the CAREGIVERS' office. Thank you so much!

Sincerely,

Courtney Darrough, Program Coordinator
CAREGIVERS: Volunteers Assisting the Elderly

Appendix D

1765 Goodyear Avenue, Suite 205
Ventura, CA 93033
Phone #: (805) 658-8530
Fax #: (805) 658-8537
Info@vccaregivers.org

Person Served Survey

1. How long have you been involved with

CAREGIVERS? _____

2. Which of the following services have you received from caregivers? (Please check all that apply)

- ☐ Transportation to Medical Appointments
- ☐ Transportation for Other (Including shopping, errands, outings, etc.)
- ☐ Phone Friends
- ☐ Visit from a CAREGIVER Companion and/or Volunteer
- ☐ Visit from a student visitor or helper
- ☐ Assistance with reading and/or writing
- ☐ Gardening/light household tasks
- ☐ Other

support: _____

3. When were you last contacted by a CAREGIVERS Volunteer?

- ☐ 1-2 Weeks ago
- ☐ 3-4 Weeks ago
- ☐ Over one month ago
- ☐ Over two months ago
- ☐ Other: _____

Appendix D Continued

4. When were you last contacted by a CAREGIVERS Staff Member?

☐ 1-2 Weeks ago

☐ 3-4 Weeks ago

☐ Over one month ago

☐ Over two months ago

☐ Other: _____

5. How often do you request services from CAREGIVERS?

☐ More than once a week

☐ Only once a week

☐ Once a month

☐ Other: _____

6. How often do you receive services from CAREGIVERS?

☐ More than once a week

☐ Only once a week

☐ Once a month

☐ Other: _____

Please indicate whether you agree or disagree with the following statements:

7. I am satisfied with my interactions with the CAREGIVERS Volunteers.

☐ Strongly Agree

☐ Agree

☐ Neither Agree nor Disagree

☐ Disagree

☐ Strongly Disagree

Appendix D Continued

8. I am satisfied with my interactions with the CAREGIVERS Staff.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

9. CAREGIVERS has improved my overall quality of life.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

10. I have established a valuable friendship with a CAREGIVERS volunteer and/or staff member.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

11. CAREGIVERS helps me to be more socially active.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

Appendix D Continued

12. CAREGIVERS has helped me maintain my in-home independence.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

Please provide any additional comments, concerns, or recommendations that you may have for

CAREGIVERS: _____

I would like CAREGIVERS to contact me regarding this survey

Name: _____ Phone

#: _____

Appendix E

1765 Goodyear Avenue, Suite 205
Ventura, CA 93033
Phone #: (805) 658-8530
Fax #: (805) 658-8537
Info@vccaregivers.org

Volunteer Survey

1. How long have you been involved with CAREGIVERS? _____

2. Age: _____

3. How many person(s) do you currently serve? _____

4. Which of the following services have you provided as a volunteer through CAREGIVERS? (Please check all that apply)

- ☐ Transportation to Medical Appointments
 - ☐ Transportation for Other (Including shopping, errands, outings, etc.)
 - ☐ Phone Friends
 - ☐ Visit from a CAREGIVER Companion and/or Volunteer
 - ☐ Visit from a student visitor or helper
 - ☐ Assistance with reading and/or writing
 - ☐ Gardening/light household tasks
 - ☐ Other support: _____
-

5. When did you last contact your person(s) served?

- ☐ 1-2 Weeks ago
- ☐ 3-4 Weeks ago
- ☐ Over one month ago
- ☐ Over two months ago
- ☐ Other: _____

Appendix E Continued

6. When did you last contact the CAREGIVERS office/staff?

. 1-2 Weeks ago

. 3-4 Weeks ago

. Over one month ago

. Over two months ago

. Other: _____

7. How often do you provide services through CAREGIVERS?

. More than once a week

. Only once a week

. Once a month

. Other: _____

Please indicate whether you agree or disagree with the following statements:

8. I am satisfied with my interactions with the CAREGIVERS Staff.

. Strongly Agree

. Agree

. Neither Agree nor Disagree

. Disagree

. Strongly Disagree

9. I am satisfied with my interactions with the person(s) served.

. Strongly Agree

. Agree

. Neither Agree nor Disagree

. Disagree

. Strongly Disagree

Appendix E Continued

10. I believe that volunteering with CAREGIVERS has had a positive impact on my life.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

11. I believe my services have made a positive impact on my person(s) served.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

12. Please provide any additional comments, concerns, or recommendations that you may have for

CAREGIVERS: _____

☐ I would like CAREGIVERS to contact me regarding this survey

Name: _____ Phone

#: _____

