

SANTA CLARA COUNTY ADULT CAREGIVER STUDY

JUNE 2023 | LIFECOURSE STRATEGIES

Santa Clara County Adult Caregiver Study Data Chartbook

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Santa Clara County Adult Caregiver Study Data Chartbook

The tables in this Chartbook summarize primary and secondary data collected and analyzed for the *Santa Clara County (SCC) Adult Caregiver Study.* The data provide descriptive information about who is providing care in SCC–including family caregivers and direct care workers—what their needs are, and the availability and accessibility of current caregiver services and supports in the county and corresponding gaps. Key findings from the data informed the study's actionable recommendations to strengthen and expand SCC's personand family-centered caregiving support system.

Section I presents secondary data including caregiver data reported by Family Caregiver Alliance for SCC, known locally as the Bay Area Caregiver Resource Center −hereafter referred to as "FCA - SCC"−through the CareNav[™] data system. The data reflects SCC caregivers who participated in FCA - SCC's intake and assessment processes in FY21 and FY22.

Section II includes data for SCC residents who participated in the web or phone-based 2019 and 2020 California Health Interview Survey (CHIS) and indicated they were providing care at the time of the survey.

Section III presents comparisons of FY21 and FY22 FCA - SCC, 2019 and 2020 CHIS - SCC, and state CHIS caregiver data, the latter are residents of California who participated in the survey who indicated they were providing care at the time of the survey. The state CHIS data is included to provide additional comparisons and contextualize differences reported in FCA - SCC and CHIS - SCC data.

Section IV includes comparisons of common caregiver variables for FY21 and FY22 FCA - SCC, 2019 and 2020 CHIS - SCC, and Sourcewise caregiver data, the latter data was collected in 2019 from a caregiver survey distributed to family caregivers in SCC, part of the Sourcewise needs assessment process. Key findings from the caregiver survey were used to inform the 2020-2024 Area Plan on Aging.

Section V presents several tables of Sourcewise caregiver data, collected from the caregiver survey in 2019, that are not included in the FY21 and FY22 FCA - SCC and 2019 and 2020 CHIS - SCC data.

Section VI presents primary data collected from organizations working with or on behalf of family caregivers that completed an online *Family Caregiver Community-Based Organization Survey* for the analysis.

Sections VII presents primary data collected from organizations working with or on behalf of direct care workers that completed an online *Direct Care Worker Organization Survey* for the analysis.

Section VIII includes the responses from Public Authority Services by Sourcewise to the *Direct Care Worker Organization Survey*. Survey data for this organization is presented separately because the agency occupies a unique role regarding IHSS providers.

Sourcewise, manages the Public Authority Services and 30,214 IHSS providers. Public Authority by Sourcewise is responsible for the following:¹

- Creating and maintaining a provider registry.
- Acting as the employer of record for collective bargaining.
- Maintaining benefits administration for qualified independent IHSS providers.
- Providing access to training for IHSS recipients and providers of IHSS.
- Providing enrollment processes and assistance for all new IHSS providers.
 *IHSS consumers are considered the employer of their IHSS provider.

The "N" value listed in tables for all sections of the Chartbook refer to the total number of individuals or programs that responded to an assessment or survey item. For certain CHIS - SCC variables, the exact "n" value could not be reported due to small sample size, referred to in Chartbook as "n=unknown." Reported percentages in the tables reflect the percentage of the total number for the item, excluding missing values and "decline to state" for each variable.

Note: organization survey respondents (includes organizations that completed the Family Caregiver Community-Based Organization Survey and the Direct Care Worker Organization Survey) were asked to provide best estimates when unsure of any numbers or percentages. For this reason, and because different programs use different methods to calculate program costs and other numbers, these findings should be interpreted as estimates.

¹ Gong E, Prather S, Graham R, et al. Public Authority Services by Sourcewise: Annual Report 2021-022. San Jose, CA: Sourcewise; 2022; Gong E, Ballantyne V, Marquez-Hothem V. Department of Aging and Adult Services In-Home Supportive Services: FY 21-22 Annual Report. San Jose: Santa Clara County Social Services Agency; 2022

I. CareNav™ FCA - SCC Caregiver Data FY21 & FY22

Table 1. Caregiver Sociodemographics (FCA - SCC) FY21 & FY22

Caregiver Sociodemographics (FCA - SCC) FY21 & FY22			
N=127	%		
Primary Language (n=127)			
English	91.5%		
Spanish	6.2%		
Chinese	0.8%		
Tagalog	0.8%		
Vietnamese	0.8%		
Caregiver Change in Employment Status in Past Year (n=114)			
No change	65.8%		
Decreased hours	8.8%		
Family leave	3.5%		
Laid off	3.5%		
Quit job	2.6%		
Early retirement	1.8%		
Other	14.0%		

Table 2. Reasons Caregiver Reached Out for Services (FCA - SCC) FY21 & FY22

Reasons Caregiver Reached Out for Services (FCA - SCC) FY21 & FY22		
N=127	%	
Reasons Caregiver Reached Out for Services (n=118) ^a		
Get a break or respite from caregiving	86.4%	
Information on hiring in-home help	55.9%	
Emotional support	43.2%	
Information about government funded health and long-term care	33.1%	
insurance	33.170	
Help managing difficult behaviors	29.7%	
Information on how to provide better care	27.1%	
Noticed change in memory, information about getting a diagnosis,	24.6%	
or information on diagnosis	24.070	
Information about legal issues	23.7%	
How to get paid for caregiving	19.5%	
Information about out-of-home placement options	18.6%	
Other	15.3%	

α Percentages do not add up to 100 because respondents were able to select more than one response.

Table 3. Characteristics of Caregiving (FCA - SCC) FY21 & FY22

Table 3. Characteristics of Caregiving (FCA - SCC) FY21 & FY22 Characteristics of Caregiving (FCA - SCC) FY21 & F	Y22
N=127	%
Respondent is the Primary Caregiver (n=127)	97.6%
Provides Care to Multiple Care Recipients (n=126)	12.7%
CR Has Multiple Caregivers (n=126)	34.1%
Caregiving Duration (n=127)	
< 2 Years	46.5%
2-5 Years	21.3%
> 5 Years	32.3%
Level of Care (n=126) ^β	
1	4.0%
2	3.2%
3	10.3%
4	26.2%
5	55.3%
Care Intensity (n=126) ^B	
Low	7.1%
Medium	10.3%
High	82.5%
Hours Per Week Caregiver Received Paid Caregiving Help (n=126)	
0	51.6%
1-10	10.3%
11-20	10.3%
21-30	11.1%
31-40	4.0%
> 40	12.7%
Hours Per Week Caregiver Received Unpaid Caregiving Help (n=126)	31.0%
1-10	38.9%
11-20	8.7%
21-30	2.4%
31-40	2.4%
> 40	16.7%
Additional Caregiving (n=47) ^a	
Adult(s) with disability	46.8%
Child under 18, without disability	25.5%
Child under 18, with disability	8.5%
Other	29.8%
L Constitution of the Cons	

 β See Appendix A for a description of the Caregiver Level of Care/Care Intensity calculation. α Percentages do not add up to 100 because respondents were able to select more than one response.

Table 4. Caregiving Activities: "Needs Help" (FCA - SCC) FY21 & FY22

Caregiving Activities: "Needs Help" (FCA - SCC) FY21 & FY22 Caregiving Activities: "Needs Help" (FCA - SCC) FY21 & FY22			
N=127	%		
Activities Requiring Assistance Y			
Shopping (n=125)	96.8%		
Household chores (n=126)	96.0%		
Transportation (n=126)	95.2%		
Preparing meals (n=126)	93.7%		
Managing money/finances (n=126)	92.9%		
Taking medications (n=125)	88.0%		
Bathing/showering (n=126)	83.3%		
Using telephone (n=125)	82.4%		
Dressing/undressing (n=126)	81.0%		
Mobility (n=125)	80.8%		
Grooming (n=126)	78.6%		
Transferring from bed/chair/car (n=124)	74.2%		
Eating (n=126)	69.0%		
Using toilet (n=126)	69.0%		
Incontinence (n=126)	61.9%		
Assists with Medical/Nursing Tasks (n=127)	78.7%		
Tasks Requiring Assistance			
Order or organize medications (n=95)	86.3%		
Administer oral medications (n=96)	63.5%		
Meters and monitors (n=97)	53.6%		
Special diet preparation (n=97)	50.5%		
Operating durable medical equipment (n=98)	44.9%		
Manage pain (n=90)	43.3%		
Skin or wound care (n=96)	40.6%		
Medication injections, IVs, or drops (n=99)	38.4%		
Operating medical equipment (n=97)	23.7%		
Other (n=50)	38.0%		
Agree Medical Tasks Difficult to Do (n=116)	35.3%		
Feel Prepared to Help With Medical Tasks (n=109)	48.7%		

γ Percentage for "needs help" includes caregivers who indicated their care recipient "needs reminders/a little help," "needs help most of the time," or "needs help all the time/unable to do activity."

Table 5. Caregiver Health Status (FCA - SCC) FY21 & FY22

Caregiver Health Status (FCA - SCC) FY21 & FY22 Caregiver Health Status (FCA - SCC) FY21 & FY22				
N=127	%			
PHQ-9 (n=123)				
0-2 (None; PHQ-9 N/A)	3.5%			
3-9 (Minimal/mild)	29.8%			
10-14 (Moderate)	35.7%			
15-19 (Moderately severe)	18.1%			
20-27 (Severe)	13.0%			
Zarit Burden Interview Screening (n=127)				
0-7 (Low strain)	42.4%			
8-16 (High strain)	57.6%			
Satisfaction with Support from Family and Friends (n=108)				
Very satisfied	18.5%			
Somewhat satisfied	23.1%			
Neutral	29.6%			
Somewhat dissatisfied	14.8%			
Very dissatisfied	13.9%			
Satisfaction with Spiritual Support (n=107)				
Very satisfied	31.8%			
Somewhat satisfied	24.3%			
Neutral	32.7%			
Somewhat dissatisfied	10.3%			
Very dissatisfied	0.9%			

Table 6. Care Recipient Health Needs (FCA - SCC) FY21 & FY22

Care Recipient Health Needs (FCA - SCC) FY21 & FY22			
N=127	%		
Memory Problems/Loss (n=123)	87.0%		
Can Be Left Alone (n=123)			
Always	5.0%		
Several hours	33.3%		
Less than one hour	15.8%		
Never	45.8%		
Wandering (n=123)	18.3%		
Documents in Place (n=106) ^a			
Advance Health Care Directive, Durable Power of Attorney: Health, Living Will	85.8%		
Durable Power of Attorney: Finances	58.5%		
POLST or Do Not Resuscitate (DNR)	14.2%		
Conservatorship or guardianship	6.6%		
Trust	3.8%		
I don't know	5.7%		

α Percentages do not add up to 100 because respondents were able to select more than one response.

II. CHIS - SCC Caregiver Data 2019 & 2020

Table 7. Characteristics of Caregiving (CHIS - SCC) 2019 & 2020

Characteristics of Caregiving (CHIS - SCC) 2019 & 2020			
N=161	%		
Caregiver Felt Depressed in Past 30 Days (n=unknown)			
All of the time	X		
Most of the time	X		
Some of the time	7.0% [±]		
A little of the time	12.2%		
Not at all	74.1%		
Financial Stress Due to Caregiving (n=161)			
Extremely stressful	6.9%		
Somewhat stressful	12.1%		
A little stressful	27.0%		
Not at all stressful	54.0%		
Caregiver Paid for Caregiving (n=159)	14.8% [±]		
Caregiver Change in Job Status (n=161)			
No change	64.9%		
Reduced number of work hours	15.2% [±]		
Does not work	14.0%		
Retired/retired early	5.5% [±]		
Quit job	4.1% [±]		
Temporary leave of absence	2.4% [±]		
Changed job	0.7 [±]		
Received paid family leave	X		
Took second job/increased hours	X		
Other	X		
Caregiver Ever Serve in U.S. Armed Forces (n=161)	4.3% [±]		

X indicates masked values with small sample size (n <= 3) or small population estimate (N <= 500).

 $[\]pm$ Estimates with CV =>0.3 are considered to be 'Statistically Unstable.'

III. Comparisons of FCA - SCC, CHIS - SCC, State CHIS Caregivers 2019-2022

Table 8. FCA - SCC, CHIS - SCC, State CHIS Comparisons: Caregiver Sociodemographics 2019-2022

	FCA - SCC Assessments FY21 & FY22 (%)	CHIS - SCC 2019 & 2020 (%)	State CHIS 2019 & 2020 (%)
Total	N=127	N=161	N=5,586
Age in Years	n=126	n=161	n=5,586
18-44	5.7%	25.7%	34.4%
45-64	49.6%	52.4%	42.4%
65 or older	44.6%	22.0%	23.2%
Gender Identity	n=125	n=unknown	n=5,586
Female	76.0%	70.1%	59.3%
Male	24.0%	29.6%	40.0%
Other/NB/Trans	0.0%	Χ	0.7%
Racial Identity	n=116	n=unknown	n=5,586
Asian American/Pacific Islander	33.7%	22.1%	12.1%
Black non-Hispanic	5.2%	Х	6.5%
Hispanic/Latino	17.2%	28.9%	36.9%
Native American/Alaska Native	0.0%	Χ	0.9%
White non-Hispanic	44.0%	44.5%	40.4%
Multi-racial/Other	N/A	Χ	3.3%
Sexual Orientation	n=113	n=unknown	n=5,586
Straight or heterosexual	99.1%	88.8%	89.8%
Gay, lesbian, or homosexual	0.9%	2.1% [±]	3.2%
Bisexual	0.0%	Χ	4.2%
Not sexual/celibate/none	N/A	4.1% [±]	2.4%
Other	0.0%	Χ	0.4% [±]
Relationship Status	n=119	n=161	n=5,586
Divorced/separated/widowed	6.7%	29.2%	15.5%
Married/partnered	72.3%	54.7%	62.5%
Single	21.0%	16.1% [±]	22.0%
Highest Level of Education	n=115	n=unknown	n=4,957
Some high school	4.3%	Χ	8.5%
High school graduate	5.2%	Χ	25.1%
Some college	20.9%	15.7%	23.6%
College graduate	47.0%	41.5%	24.3%
Postgraduate degree	22.6%	23.0%	18.5%
Earns Below Federal Poverty Level	n=125	n=161	n=5,586
Yes	8.8%	5.2% [±]	12.5%

X indicates masked values with small sample size (n < 3) or small population estimate (N < 500).

 $[\]pm$ Estimates with CV =>0.3 are considered to be 'Statistically Unstable.'

Table 9. FCA - SCC, CHIS - SCC, State CHIS Comparisons: Caregiving Characteristics 2019-2022

FCA - SCC, CHIS - SCC, and State CHIS Comparisons: Caregiving Characteristics				
	FCA - SCC Assessments FY21 & FY22 (%)	CHIS - SCC 2019 & 2020 (%)	State CHIS 2019 & 2020 (%)	
Total	N=127	N=161	N=5,586	
Care Recipient Age in Years	n=126	n=161	n=5,586	
18-44	1.5%	6.0% [±]	13.6%	
45-64	8.4%	21.7%	19.9%	
65 or older	90.0%	72.4%	66.4%	
Hours per Week Caregiving	n=127	n=161	n=5,586	
<10	15.8%	52.1%	54.3%	
10-19	5.5%	14.8%	16.4%	
20-39	18.1%	25.3%	18.8%	
40+	60.6%	7.8% [±]	10.5%	
Care Recipient Lives with Caregiver	n=114	n=161	n=5,586	
	73.8%	53.8%	55.1%	
Relationship to Care Recipient	n=127	n=161	n=5,586	
Child	48.8%	60.5%	49.4%	
Non-relative	1.6%	10.0%	9.8%	
Other relative	11.0%	18.3% [±]	24.5%	
Spouse/partner	38.5%	11.2% [±]	16.3%	
Care Recipient Medical Conditions	n=125	n=159	n=5,531	
ADRD ^δ	57.6%	23.4%	23.0%	
Brain injury	10.4%	N/A	N/A	
Cancer	8.8%	8.9% [±]	9.1%	
Diabetes	17.6%	11.8%	19.0%	
Parkinson's disease	11.2%	N/A	N/A	
Stroke	26.4%	3.9% [±]	10.5%	
	÷			

 $[\]pm$ Estimates with CV =>0.3 are considered to be 'Statistically Unstable.' α Percentages do not add up to 100 because respondents were able to select more than one response. δ Alzheimer's disease and related dementias includes care recipients with reported Mild Cognitive Impairment and undiagnosed dementia.

Table 10. FCA - SCC, CHIS - SCC, State CHIS Comparisons: Caregiver Health Status 2019-2022

	FCA - SCC Assessments FY21 & FY22 (%)	CHIS - SCC 2019 & 2020 (%)	State CHIS 2019 & 2020 (%)	
Total	N=127	N=161	N=5,586	
Self-Rated Overall Health	n=127	n=unknown	n=5,586	
Excellent	3.9%	16.0%	15.4%	
Very good	18.9%	32.7%	33.5%	
Good	42.5%	31.5%	32.7%	
Fair	29.1%	Х	14.9%	
Poor	5.5%	Χ	3.5%	
Caregiving Made Health Worse ^ε	n=126	n=161	n=5,586	
	44.4%	12.8%	16.1%	
UCLA Loneliness Scale				
How Often Feel Lack of	407		0.040	
Companionship	n=107	n=unknown	n=2,012	
Hardly ever	48.6%	45.5%	70.5%	
Some of the time	26.2%	50.2%	24.6%	
Often	25.2%	Χ	4.9%	
How Often Feel Left Out	n=107	n=unknown	n=2,012	
Hardly ever	58.9%	72.2%	79.3%	
Some of the time	26.2%	23.8% [±]	18.3%	
Often	15.0%	Χ	2.5%	
How Often Feel Isolated	n=107	n=unknown	n=2,012	
Hardly ever	44.9%	64.3%	75.5%	
Some of the time	31.8%	28.7% [±]	18.9%	
Often	23.4%	Χ	5.6%	
UCLA Loneliness Scale Score	n=107	n=53	n=2,012	
3-5 (Not lonely)	42.4%	72.9%	85.2%	
6-9 (Lonely)	57.6%	27.1% [±]	14.8%	

X indicates masked values with small sample size (n<=3) or small population estimate (N<=500). ϵ Despite different wording, for the purpose of analyzing like questions, responses from caregiving health made worse questions were included in this comparison.

 $[\]pm$ Estimates with CV =>0.3 are considered to be 'Statistically Unstable.'

IV. Comparisons of FCA - SCC, CHIS - SCC, Sourcewise Caregivers 2019-2022

Table 11. FCA - SCC, CHIS - SCC, Sourcewise Comparisons: Caregiver

Sociodemographics

	FCA - SCC Assessments FY21 & FY22 (%)	CHIS - SCC 2019 & 2020 (%)	Sourcewise Area Plan Caregiver Survey 2019 (%)
Total	N=127	N=161	N=137
Age in Years	n=126	n=161	n=136
18-44	5.7%	25.7%	2.0%
45-64	49.6%	52.4%	35.0%
65 or older	44.6%	22.0%	63.0%
Gender Identity	n=125	n=unknown	n=137
Female	76.0%	70.1%	78.0%
Male	24.0%	29.6%	19.0%
Other/NB/Trans	0.0%	Х	3% ^ζ
Racial Identity	n=116	n=unknown	n=135
Asian American/Pacific Islander	33.7%	22.1%	19.0%
Black non-Hispanic	5.2%	Х	2.0%
Hispanic/Latino	17.2%	28.9%	8.0%
Native American/Alaska Native	0.0%	Х	N/A
White non-Hispanic	44.0%	44.5%	68.0%
Multi-racial/Other	N/A	Χ	3.0%

Source: Area Plan on Aging 2020-2024

X indicates masked values with small sample size (n<=3) or small population estimate (N<=500).

ζ Includes genderqueer/gender non-binary (<1%), other gender (<1%), and prefer not to answer (2%).

Table 12, FCA - SCC, CHIS - SCC, Sourcewise Comparisons: Caregiver Health

FCA - SCC, CHIS - SCC, and State CHIS Comparisons: Caregiver Health Status						
	FCA - SCC Assessments FY21 & FY22 (%)	CHIS - SCC 2019 & 2020 (%)	Sourcewise Area Plan Caregiver Survey 2019 (%)			
Total	N=127	N=161	N=155			
Self-Rated Overall Health	n=127	n=unknown	n=155			
Excellent	3.9%	16.0%	12.0%			
Very Good	18.9%	32.7%	32.0%			
Good	42.5%	31.5%	39.0%			
Fair	29.1%	Χ	16.0%			
Poor	5.5%	Χ	1.0%			
Caregiving Made Health Worse ¹	n=126	n=161	n=155			
	44.4%	12.8%	59.0%			

Source: Area Plan on Aging 2020-2024

X indicates masked values with small sample size (n <= 3) or small population estimate (N <= 500).

 η Despite different wording, for the purpose of analyzing like questions, responses from caregiving made health worse questions were included in this comparison.

Sourcewise Caregiver Data 2019

Table 13. Sourcewise: Services Lacking for Older Adults and Caregivers, Unmet Caregiver Needs*

Caregiver Needs* Sourcewise: Services Lacking for Older Adults and Caregivers, Unmet Caregiver Needs				
Sourcewise, Services Edeking for Order Address and Caregivers, Ch	%			
Top Services Lacking for Older Adults (N=119) ^a				
In-home assistance	56%			
Health insurance information/counseling	37%			
Transportation	30%			
Senior housing information and referrals	25%			
Home delivered meals	23%			
Senior center daily meals	23%			
Personal emergency response systems	17%			
Senior community service employment programs	13%			
Other	18%			
Top Services Lacking for Caregivers (N=143) ^α				
A short-term break from caregiving (i.e., respite care)	52%			
Financial assistance	41%			
Help with providing care	38%			
Counseling	31%			
Self-care classes and services	30%			
Support groups for caregivers	26%			
Resources to help you care for loved ones	25%			
Education classes on caregiving	24%			
General information about caring for a loved one	22%			
Other	13%			
Top Unmet Needs of Caregivers (N=44) ^a				
A short-term break from caregiving (n=32)	73%			
Counseling or help managing care (n=29)	66%			
Education or classes on caregiving (n=27)	61%			
One-time/short-term cash assistance to help financial matters (n=24)	55%			
Self-care classes and services (n=21)	47%			
Support groups with other caregivers (n=21)	47%			
General information about caring for a loved one (n=14)	32%			
Other (n=5)	11%			

Source: Area Plan on Aging 2020-2024 *Table responses are modified from original tables presented by Sourcewise.

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 14. Sourcewise: Source of Caregiver Information, Caregiver Awareness of Services*

	%
Where Caregivers Look for Information on Caregiving Services	
Top Sources) (N=152) $^{\alpha}$	
Family, friends, colleagues, or word of mouth	64%
Medical or health professional	62%
Internet	61%
Caregiving provider	49%
Senior citizen's center, aging organization	46%
Disease-specific group or organization	42%
Books, magazines, library	19%
Hospital or clinic	19%
Government websites	15%
Faith-based organization	14%
Other	1%
Services Caregivers are Aware of (Top Services) (N=152) ^a	
In-Home Support Services (IHSS)	37%
Family caregiver support services	33%
Family caregiver respite care	26%
Family caregiver information services	24%
Legal services	10%
Family caregiver access assistance	7%
Grandparent support services	1%
Other	8%
I have not heard of any services for caregivers in SCC	32%

Source: Area Plan on Aging 2020-2024
*Table responses are modified from original tables presented by Sourcewise.
α Percentages do not add up to 100 because respondents were able to select more than one response.

Table 15. Sourcewise: Caregiver Priority Interests*α

Sourcewise: Caregiver Priority Interests						
	Overall	Asian/Asian American	Hispanic/ Latino/a	White or Caucasian	Age 60-74	Age 75 +
N	89	10-22	7	54-57	55-66	21-22
General information on caring for a loved one	30%	55%	43%	21%	30%	29%
Counseling or help managing care	31%	14%	29%	39%	40%	10%
Information on managing difficult behaviors	31%	32%	40%	32%	27%	45%
Support groups with other caregivers	27%	70%	29%	21%	27%	29%
Short-term break from caregiving duties	29%	0%	50%	39%	33%	14%
Self-care for yourself as a caregiver	27%	0%	40%	36%	32%	10%
Education or classes on caregiving	20%	14%	29%	21%	22%	14%

Source: Area Plan on Aging 2020-2024
*Table responses are modified from original tables presented by Sourcewise.
α Percentages do not add up to 100 because respondents were able to select more than one response.

VI. Family Caregiver Community-Based Organization Survey

Table 16. Family Organization Survey At-A-Glance

SURVEY ITEM	RESPONSE OPTIONS				
CAREGIVER CORE SERVICES					
What services does your organization provide to family caregivers? Check all that apply.	 Action plan Advance care planning Assistive technology Caregiver education and training Caregiver support groups Case management/Family consultation - care navigation Dementia care Education/training Durable medical equipment 	 Emergency case management Information & assistance/specialized information Legal & financial consultation Mental health services/short-term counseling Respite care financial assistance/grants Respite care: in-home care Respite care: out-of-home Transportation Uniform caregiver assessment Other, please specify 			
CAREGIVER SOCIODEMOGR	APHICS				
2. Age	 18-44 yrs old 45-54 yrs old 55-64 yrs old 65-74 yrs old 	 75-84 yrs old 85-94 yrs old 95 + yrs old 			
3. Gender	FemaleMale	▶ Other/NB/Trans			
4. Race/Ethnicity	 African American/Black Asian Latinx Multi-ethnic Native American/American Indian 	 Native Hawaiian and Other Pacific Islander (NHOPI) White Other, please specify 			
5. Primary Language	 Cantonese English Hindi Japanese Korean Mandarin 	 Persian (Farsi) Russian Spanish Tagalog Vietnamese Other, please specify 			
6. Household Income	\$34,000 or less\$35,000 - \$59,000\$60,000 - \$99,000	▶ \$100,000 - \$350,000 ▶ \$351,000 +			

SURVEY ITEM	RESPONSE OPTIONS				
CAREGIVER REFERRALS & NEEDS					
7. If your organization receives caregiver referrals, please give a rough estimate of the percentage of family caregiver referrals you receive from each of the following sources. 8. In-Home Supportive Services	 Conservator or Court Family Friends/neighbors Health plan Hospital Physician Senior Center/Community-Based Organization Other, please specify 				
(IHSS). Please give a rough estimate of the percentage of family caregivers whom you serve who are the IHSS provider for their care recipient?	Open-ended response				
9. Please indicate the 3 most commonly expressed caregiver needs from the list below.	 Discharge planning information/support Disease specific information Emotional/mental health support Financial aid Help with medical and nursing tasks and/or training Housing/placement insurance Legal Managing difficult behaviors Respite care/help in the home Transportation Other, please specify 				
10. What are the biggest gaps in caregiver services and supports? Check all that apply.	 Digital divide Inadequate service structure to meet needs Lack of coordination and collaboration among agencies serving caregivers Need more education/training for family caregivers Need more education/training for staff serving family caregivers Need more respite care financial support and respite options No single centralized caregiver l&A and referral organization Not enough financial assistance for family caregivers Not enough or absence of programs serving family caregivers who speak the following languages: Not enough or absence of programs serving LGBTQ family caregivers Unaffordable services, supports, and programs Other, please specify 				
11. Please list the key organizations you partner/collaborate with to meet the needs of family caregivers. Check all that apply.	 Adult Day Programs Aging and Disability Resource Centers Alzheimer's Day Care Resource Centers Behavioral Health Services Board of Supervisors City Council Members Program of All-Inclusive Care for the Elderly Seniors Centers Others, please specify Others, please specify 				

SURVEY ITEM	RESPONSE OPTIONS			
ORGANIZATION CHARACT	TERISTICS/OPERATIONS			
12. To gain a better understanding of how services and supports are delivered to family caregivers in SCC, please indicate the type(s) of service delivery your organization uses and the approximate percentage for each.	 ▶ In-Person ▶ Other, please specify 			
13. List your organization's current hours of operation.	 Sunday Monday Triday Tuesday Saturday Wednesday 			
14. Do you charge for family caregiver support services?	▶ Yes ▶ No			
15. If yes, do you offer a sliding scale?	▶ Yes ▶ No			
16. Do you use means-testing to determine eligibility for family caregiver services?	▶ Yes ▶ No			
17. If you receive grants or funds to provide family caregiver services, please specify the main sources of family caregiver grants or funds.	Open-ended response			
18. How many family caregivers (estimate) did you serve in FY 2022 (July 1, 2021 - June 30, 2022)?	Open-ended response			
19. In what languages other than English do you provide services and resources for family caregivers?	 Hindi Japanese Korean Mandarin Persian (Farsi) Russian Spanish Tagalog Vietnamese Other, please specify 			
20. Do you have a waitlist to serve family caregivers?	► Yes ► No ► Sometimes			
21. Based on your best estimate, what is the average number of months family caregivers remain as clients of your organization?	Open-ended response			

SURVEY ITEM	RESPONSE OPTIONS					
	ORGANIZATION CHARACTERISTICS/OPERATIONS					
22. Identify the top 3 reasons family caregiver participants leave your organization.	 Care recipient death Care recipient admitted to Skilled Nursing Facility, Assisted Living Facility Note: If you indicated "admitted to Skilled Nursing Facility, Assisted Living Facility," check if true: "Family can no longer care for participant." 	>	Financial status change Moved out of area No longer needs services Other, please specify			
23. What kind of entity is your organization?	501(c)(3)For profit	•	Other, please specify			
24. Do you market/outreach to the community about your family caregiver services?	Very oftenInfrequently	•	Never			
25. If you do market/outreach to the community about your family caregiver services, which medium(s) do you use (check all that apply)?	Flyers/brochuresHealth fairs	•	Social media Other, please specify			
26. What resources or supports— including those that are missing or not enough of—would improve your ability to serve family caregivers?	Open-ended response					
CARE RECIPIENTS						
27. What services does your organization provide to Care Recipients?	 Adult Day Care Adult Day Health Care Emotional Support Family caregiver surveys 	>	Home modifications Overnight care Other, please specify N/A			
28. Please indicate the 3 most common health conditions for the <u>Care Recipients</u> you serve.	 Arthritis/joint issues Behavioral health/other mental health issues Cancer Chronic Obstructive Pulmonary Disease Congestive Health Failure Dementia Depression Diabetes Fall risk 	* * * * * * * * * *	Frailty/advanced age Mobility issues Multiple conditions Multiple Sclerosis Parkinson's Post-Stroke Recovery from injury/surgery Traumatic Brain Injury Other, please specify N/A			
29. Please provide an approximate estimate of the percentage of Care Recipients you serve with 3 or more serious health conditions.	Open-ended response					

Table 17. Survey Response Rate

Survey Response Rate		
Providers invited to complete survey 64		
Survey respondents	35	
Response rate	55%	

Table 18. Caregiver Core Services^α

Caregiver Core Services (n= 34 Organizations)				
	#	%		
Case management/family consultation - care navigation	23	64%		
Information & assistance/specialized information	20	56%		
Caregiver education & training	17	47%		
Caregiver support groups	15	42%		
Dementia care education/training	11	31%		
Advance care planning	10	28%		
Durable medical equipment	10	28%		
Respite care: out-of-home	10	28%		
Action plan	8	22%		
Transportation	8	22%		
Assistive technology	7	19%		
Mental health services/short-term counseling	7	19%		
Legal & financial consultation	6	17%		
Respite care financial assistance/grants	6	17%		
Uniform caregiver assessment	6	17%		
Respite care: in-home care	4	11%		
Emergency case management	3	8%		
Other	5	14%		

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 19. Caregiver Core Services: Other Responses
Caregiver Core Services: Other Responses (n= 6 Organizations)
Adult Day Health Care (ADHC)
Comprehensive services (stipend+health care) for those caring for VA Veterans with 70% service
connected + rating and permanent daily ADL/supervision needs, application required.
HICAP appointments
Host caregiver presentations offered by third party non-profit partners.
Managed care plan
Peer support

Table 20. Caregiver Age

Caregiver Age (n= 8,777)		
	#	%
18-44 yrs old	1254	14%
45-54 yrs old	1950	22%
55-64 yrs old	2704	31%
65-74 yrs old	1766	20%
75-84 yrs old	797	9%
85 + yrs old	306	3%

Table 21. Caregiver Gender

Caregiver Gender (n=8,799)		
	#	%
Female	6663	76%
Male	2111	24%
Other/NB/Trans	24	0%

Table 22. Caregiver Race/Ethnicity

Caregiver Race/Ethnicity (n= 6,847)		
	#	%
White	2738	40%
Asian	1321	19%
Latinx	1140	17%
African American/Black	986	14%
Multi-Ethnic	308	5%
Native Hawaiian and Other Pacific Islander (NHOPI)	175	3%
Native American/American Indian	102	1%
Other	77	1%

Table 23. Caregiver Primary Language Spoken in Home

Caregiver Primary Language Spoken In Home (n= 6,246)		
	#	%
English	4484	72%
Spanish	656	10%
Mandarin	288	5%
Hindi	158	3%
Cantonese	149	2%
Vietnamese	138	2%
Tagalog	110	2%
Japanese	79	1%
Russian	77	1%
Persian (Farsi)	27	0%
Korean	11	0%
Other	69	1%

Table 24. Caregiver Household Income

Caregiver Household Income (n= 6,708)		
	#	%
\$34,000 or less	1232	18%
\$35,000 - \$59,000	2407	36%
\$60,000 - \$99,000	1891	28%
\$100,000 - \$350,000	1157	17%
\$351,000 +	21	0%

Table 25. Caregiver Referral Sources

Caregiver Referral Sources (n= 24 Organizations)				
% Referred by the Following	0-25%	26%-50%	51%-75%	76%-100%
Conservator or court	24	0	0	0
Family	11	7	4	2
Friends/neighbors	19	3	1	1
Health plan	21	1	1	1
Hospital	22	2	0	0
Physician	23	1	0	0
Senior center/community-based organization	17	4	1	2
Other	22	2	0	0

Table 26. Caregivers Who Are IHSS Providers

Caregivers Who Are IHSS Providers (n= 22 Organizations)		
	#	%
0-25%	10	45%
26%-50%	5	23%
51%-75%	4	18%
76%-100%	3	14%

Table 27. Caregiver Needs α

Caregiver Needs (n= 32 Organizations)		
	#	%
Respite care/help in the home	21	66%
Emotional/mental health support	17	53%
Financial aid	14	44%
Housing/placement	11	34%
Managing difficult behaviors	10	31%
Disease specific information	8	25%
Transportation	8	25%
Discharge planning information/support	6	19%
Help with medical & nursing tasks and/or training	6	19%
Insurance	6	19%
Legal	5	16%
Other	3	9%

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 28. Caregiver Needs: Other Responses

Caregiver Needs: Other Responses (n= 3 Organizations) Food More clarity on my current situation - who's involved, what are the real key issues, what's going well Pickup basic groceries and medications

Table 29. Gaps in Services/Supports α

Gaps in Services/Supports (n= 31 C	Organizations)	
	#	%
Need more respite care financial support and respite options	24	77%
Not enough financial assistance for family caregivers	24	77%
Unaffordable services, supports, and programs	19	61%
Inadequate service structure to meet needs	17	55%
Need more education/training for family caregivers	16	52%
No single centralized caregiver information & assistance and referral organization	11	35%
Lack of coordination and collaboration among agencies serving caregivers	10	32%
Not enough or absence of programs serving LGBTQ family caregivers	9	29%
Digital divide	8	26%
Need more education/training for staff serving family caregivers	8	26%
Not enough or absence of programs serving family caregivers who speak languages other than English	7	23%
Not enough or absence of programs serving family caregivers representing racial/ethnic groups	6	19%
Other	3	10%

 α Percentages do not add up to 100 because respondents were able to select more than one response.

Table 30. Partnerships α

rable 50. Fartherships		
Partnerships (n= 31 Organ	izations)	
	#	%
Adult Day Health Care (ADHC)	18	58%
Community-Based Adult Services (CBAS)	18	58%
Adult Day Programs (ADP)	17	55%
Senior centers	17	55%
Alzheimer's Day Care Resource Centers (ADCRC)	15	48%
California Alzheimer's Disease Centers (CADC)	14	45%
Program of All-Inclusive Care for the Elderly (PACE)	13	42%
Behavioral health services	10	32%
Aging and Disability Resource Centers (ADRC)	8	26%
Board of Supervisors	6	19%
City council members	4	13%
Other	8	26%

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 31. Partnerships: Other Responses

Partnerships: Other Responses (n= 10 Organizations)
Care Partners
City finance, housing, & utility departments
County and City Commissions, County Department of Aging and Adult Services, Sourcewise
(AAA), CA Dept of Aging, Institute on Aging, Momentum for Health
Family Caregiver Alliance California Caregiver Resource Centers
Healthcare, general dx
Hospice
Multi-purpose senior services program, IHSS office
Paratransit, disease specific organizations
Sourcewise
Sourcewise Caregivers Network Program

Table 32. Service Delivery Methods

Service Delivery Methods (n= 29 Organizations)				
	# Orgs	# Orgs	# Orgs	# Orgs
% Using the Following Methods	0-25%	26%-50%	51%-75%	76%-100%
In-Person	11	6	8	4
Internet	20	4	2	3
Phone	15	9	2	3

24

Table 33. Hours of Operation

Hours of Operation (n= 32 Organizations)		
	#	%
Monday	32	100%
Tuesday	32	100%
Wednesday	32	100%
Thursday	32	100%
Friday	31	97%
Saturday	6	19%
Sunday	3	9%

Table 34. Charging for Caregiver Services

Charging for Caregiver Services (n= 3	1 Organizations)	
	#	%
No	26	84%
Yes	5	16%

Table 35. Offer Sliding Scale for Caregiver Services

Offer Sliding Scale for Caregiver Services (n= 35 Organizations)	
	#
Yes	4

Table 36. Use Means Testing

Table 50. 536 Means Testing		
Use Means Testing (n= 30 Organ	nizations)	
	#	%
No	23	77%
Yes	7	23%

Table 37. Receive Grants or Funding for Caregiver Services.

Receive Grants or Funding for Caregiver Services (n= 35 Organizations)	
	#
Yes	15

Table 38. Main Sources of Family Caregiver Grants or Funds

Main Sources of Family Caregiver Grants or Funds (n= 15 Organizations)
California Department of Aging
DHCS
FCSP, foundation grants
Federal funding
Foundation and Government (County)
Fundraising, health care districts, county

Main Sources of Family Caregiver Grants or Funds (n= 15 Organizations)

Mitsui U.S.A. Foundation

National Parkinson's organizations-some caregiving funding

OAA Title IIIE

Rusnak Fund for Jewish Family Services of Silicon Valley Center for Aging and Caregiver Services

Santa Clara County, Caltrans, City of Saratoga

Sourcewise grants, municipal grants, county grants

Sourcewise, California Department of Aging

Sourcewise, SCC-ADDAS

We receive some funding from the County to provide multiple services that include personal assistant services, including family caregiver I&R/A.

Table 39. Caregivers Served in FY22

Caregivers Served in FY22 (n= 23 Organizat	ions)
Total	8997

Table 40. Languages Other Than English Offered by Organization^a

Languages Other Than English Offered by Organization (n= 26 Organizations)		
	#	%
Spanish	21	81%
Mandarin	14	54%
Cantonese	10	38%
Vietnamese	9	35%
Tagalog	5	19%
Persian (Farsi)	4	15%
Russian	4	15%
Korean	3	12%
Japanese	2	8%
Hindi	1	4%
Other	6	23%

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 41. Waitlist for Caregiver Services

Waitlist for Caregiver Services (n= 30 Organizations)		
	#	%
No	21	70%
Sometimes	5	17%
Yes	4	13%

Table 42. Reasons Caregiver Participants Leave $^{\theta}$

Reasons Caregiver Participants Leave (n= 29 Organizations)		
	#	%
Care recipient death	23	79%
Moved out of area	15	52 %
No longer needs services	15	52%
Care recipient admitted to Skilled Nursing Facility, Assisted Living Facility	14	48%
Family can no longer care for participants	8	28%
Financial status change	1	3%
Other	5	17%

 $[\]theta$ Some organizations chose more than three responses and some less.

Table 43. Reasons Caregiver Participants Leave: Other Responses

Reason Caregiver Participants Leave: Other Responses (n= 4 Organizations)
Did not follow up for additional services
Expense
Referred to another organization (2)

Note: One organization that responded 'Other' to this question did not provide a reason.

Table 44. Type of Organization

Type of Organization (n= 33 Organizations)		
	#	%
501 (c)(3)	21	64%
For profit	5	15%
Other	7	21%

Table 45. Type of Organization: Other Responses

Type of Organization: Other Responses (n= 7 Organizations)			
Government (6)			
Healthcare			

Table 46. Marketing Caregiver Services

Marketing Caregiver Services (n= 31 Organizations)		
	#	%
Very often (e.g. Weekly, Monthly)	15	48%
Infrequently (Semi-Annually to Annually)	12	39%
Never	4	13%

Table 47. Marketing Media^α

Marketing Media (n= 27 Organizations)		
	#	%
E-mail communications	21	78%
Flyers/brochures	18	67%
Health fairs	18	67%
Social media	17	63%
Other	10	37%

α Percentages do not add up to 100 because respondents were able to select more than one response.

Table 48. Resources or Supports Would Improve Ability to Serve Family Caregivers

What resources or supports—including those that are missing or not enough of—would improve your ability to serve family caregivers? Please describe. (n= 20 Organizations)

Ability to hire staff to provide the services - competitive salaries

Additional funding

Additional service support for caregivers in IHSS

As a casual employee I am only 18 hours a week for the City of Sunnyvale. We worked up to 3 part-time care managers but due to 2 leaving for full time jobs and Covid impacting budgets, the senior center is not replacing them. My time is limited. Also, more respite care is needed to give caregivers a break and transportation is an issue due to cost and word of mouth that VTA makes elders wait and sometimes forgets to pick them up. The average cost to hire a caregiving agency is \$45.00 an hr which is out of reach for many.

Central repository to refer people to for general information and specific organizations and resources available locally. Free online training and skill building.

Continuing to add care partners will substantially increase that. Our professional programs will do that as well.

Financial assistance for care

Funding for more hours for case manager

Funding for respite, availability of shared housing and/or lower-cost options for service

Funds. More importantly, reframing of family caregiving away from a narrow, crisis-driven definition (caring for very sick/elderly) to and towards a holistic human definition (caring for those around us is something we do all the time)

Many family caregivers leave their jobs to care for their family members. If they apply through In Home Supportive Services, they do receive financial income according to hours assigned, but I've been told this is insufficient for the high cost of living in this county.

More funding

More grants to pay staff who provide caregiver support groups

More options for no or low-cost respite services

More trained physicians, nurses, nurse practioners, trained professional caregivers/CNAs, more financial planners with experience in neurological diseases

Registry of reliable, vetted, consistent, skilled, affordable home care providers (not IHSS)

What resources or supports-including those that are missing or not enough of-would improve your ability to serve family caregivers? Please describe. (n= 20 Organizations)

Respite options, assistance for veterans needing IADLs and household chores.

Similar to Santa Clara County Medi-Cal for minors, having a higher income limit for Non-MAGI Medi-Cal recipients would allow more people to qualify for Medi-Cal and IHSS. Income limits for Santa Clara County older adults is too low. These individuals cannot afford private caregiving. Even when the share of cost calculation changes in 2024, it will be hard for individuals to cover while on a fixed income. This puts an increased burden on family caregivers who may have to decide to take leave, quit their jobs, or forgo promotional opportunities.

The current unavailability of paid caregivers is an overall problem, and we are all experiencing an unprecedented caregiver shortage due to low wage earners not able to reside in the Bay Area. Being able to provide caregivers with a stipend for transportation might help.

We could use more staff!

Table 49. Care Recipient Core Services^a

Care Recipient Core Services (n= 27 Organizations)		
	#	%
Emotional support	15	56%
Adult Day Care	8	30%
Family caregiver surveys	8	30%
Adult Day Health Care	7	26%
Home modifications	5	19%
Overnight care	2	7%
Other	15	56%

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 50, Care Recipient Core Services: Other Responses

Table 50. Care Recipient Core Services: Other Responses			
Care Recipient Core Services: Other Responses (n= 15 Organizations)			
Care management (2)			
Daily lunch and social activities			
Drop in - SNP			
Hourly homecare, care management, dementia care management			
Independent living skills training, assistive technology, housing counseling, supplemental food			
Information/referral			
Meals, case management			
Nutritional information and resources, referrals to financial resources, emergency funds,			
movement and mindfulness classes			
Referrals to Sourcewise Caregivers Network Program for consultations			
Respite			
Skills education - being more skilled at seeing own situation more clearly and fully leveraging the			
capacities of your community			

Care Recipient Core Services: Other Responses (n= 15 Organizations) Support groups, educational programs Transportation Transportation, recreation, mental and physical stimulation

Table 51. Most Common Health Conditions^θ

Most Common Health Conditions (n= 26 Organizations)		
	#	%
Dementia	18	69%
Frailty/advanced age	15	58%
Multiple conditions	13	50%
Mobility issues	10	38%
Fall risk	8	31%
Parkinson's disease	7	27%
Recovery from injury/surgery	6	23%
Behavioral health/other mental health issues	5	19%
Depression	5	19%
Diabetes	5	19%
Post-stroke	5	19%
Arthritis/joint issues	4	15%
Cancer	4	15%
Traumatic brain injury	4	15%
Congestive heart failure	3	12%
Multiple sclerosis	3	12%
Chronic obstructive pulmonary disease	2	8%
Other	3	12%

 $[\]theta$ Some organizations chose more than three responses and some less.

Table 52. Most Common Health Conditions: Other Responses

Most Common Health Conditions: Other Responses (n= 3 Organizations)		
HIV/AIDS		
PTSD		
Social isolation		

Table 53. Care Recipients with 3 or More Serious Health Conditions

Care Recipients with 3 or More Serious Health Conditions (n= 20 Organizations)		
	#	%
0-25%	2	10%
26%-50%	2	10%
51%-75%	3	15%
76%-100%	13	65%

VII. Direct Care Worker Organization Survey

Table 54. Direct Care Worker Organization Survey At-A-Glance

SURVEY ITEM	RESPONSE OPTIONS			
ORGANIZATION CHARACTERISTICS/OPERATIONS				
Organization Entity. What kind of entity is your organization - check all that apply.		r, please specify		
Hours of Operations. List your organization's current hours of operation. Types of Services. What types of	 Sunday Monday Trida Tuesday Wednesday Hourly Live-i 	y day		
direct care worker services does your organization provide? Check all that apply.	, · · · · · · · · · · · · · · · · · · ·	r, please specify		
4. Hourly Minimum. Does your organization have an hourly minimum for services? If yes, please indicate the minimum hours per day or week.	Yes, please specify No minimum hours per day or week			
5. Point in Time Number of Employed Direct Care Workers. At any given moment, what is the average number of direct care workers your organization worked with in FY 2022 (July 1, 2021 - June 30, 2022)?	Open-ended response			
6. Hourly Rate - Direct Care Workers. What hourly rate do you pay your direct care workers?	 N/A (e.g., client sets the rate) Less than \$15 \$15 - \$18 \$15 - \$18 	· \$28 · \$34		
7. Hourly Rate - Customers. What hourly rate do you charge customers?	 Less than \$30 \$30 - \$34 \$35 - \$39 \$40 - \$4			
8. Forms of Payment. Do you accept other forms of payment, besides private pay? Check all that apply.	such as Alzheimer's VA	t-term care insurance er, please specify		

SURVEY ITEM	RESPONSE OPTIONS		
ORGANIZATION CHARACTERISTICS/OPERATIONS			
9. Recruitment. What is the source of your recruitment for your direct care workers?	Friends/neighborsIndividual/client/familyOrganization recruitment efforts	Direct care worker referring another caregiverOther	
10. Marketing. If you market/outreach to the community about your caregiver services, which medium(s) do you use (check all that apply)?	E-mail communicationsFlyers/brochuresHealth fairs	Social mediaTelevisionOther, please specify	
DIRECT CARE WORKERS: SOC	IODEMOGRAPHICS, CORE	SERVICES, SERVICE GAPS, NEEDS	
11. Organization Affiliation. What kind of organization are you affiliated with - check all that apply.	 Home care organization In-Home Supportive Services (IHSS)-Public Authority/Waiver Personal Care Services (WPCS) 	Other, please specify	
12. Means-Testing. Does your organization use means-testing to determine eligibility for paid payment assistance for direct care worker services (e.g., IHSS, grants to clients)?	Yes No	▶ N/A	
13. Services Performed. What care services do direct care workers whom you serve or employ perform? Check all that apply.	 Companionship, activities Dementia care services Home helper services Modified medical care 	Personal care servicesRespite careOther, please specify	
14. Age.	 18-44 yrs old 45-54 yrs old 55-64 yrs old 65-74 yrs old 	 75-84 yrs old 85-94 yrs old 95+ yrs old 	
15. Gender Identity.	FemaleMale	▶ Other/NB/Trans	
16. Race/Ethnicity.	 African American/Black Asian Native American/American Indian Native Hawaiian and Other Pacific Islander (NHOPI) 	LatinxWhiteMulti-ethnicOther	

SURVEY ITEM	RESPONSE OPTIONS				
DIRECT CARE WORKERS: SOCIODEMOGRAPHICS, CORE SERVICES, SERVICE GAPS, NEEDS					
17. Primary Language Spoken in the Home.	 Cantonese English Hindi Japanese Korean Mandarin 	Persian (Farsi) Russian Spanish Tagalog Vietnamese Other			
18. Services for Direct Care Workers. What services does your organization provide to direct care workers? Check all the apply.	 Caregiver education and training Support groups for direct care workers 	EmploymentOther, please specify			
19. Service Gaps for Direct Care Workers. What are the biggest gaps in services and supports for direct care workers from your organizational perspective. Check all that apply.	 Better work schedules Housing costs Inflation/cost of living Low salary Not enough training 	 Recruitment of direct care workers Retention of caregiver providers Transportation Other, please specify 			
20. Language Translation. In what languages other than English do you provide services and resources to direct care workers?	Open-ended response				
21. Direct Care Worker Needs. Please indicate the 3 most commonly expressed direct care worker needs from the list below.	 Benefits Better hours Certification Childcare Education/training Emotional support 	 Higher salary Housing Paid time off/sick leave Safe working conditions Transportation Other, please specify 			
22. Please feel free to share any comments you may have about the survey generally or questions specifically.	Open-ended response				

Table 55. Survey Response Rate

Survey Response Rate		
Providers invited to complete survey	34	
Survey respondents	13	
Response rate	38%	

Table 56. Organization Entity

Organization Entity (n= 13 Organizations)			
	#	%	
Franchise	7	54%	
Independent	5	38%	
Other	1	8%	

Table 57. Organization Entity: Other Response

Organization Entity: Other Response (n= 1 Orga	nization)
Corporate	

Table 58. Hours of Operation¹

Hours of Operation (n= 12 Organizations)			
	#	%	
Monday	12	100%	
Tuesday	12	100%	
Wednesday	12	100%	
Thursday	12	100%	
Friday	12	100%	
Saturday	10	83%	
Sunday	10	83%	

Lincluded if organization offers any services during day (e.g., on call, Nurse Line, support).

Table 59. Types of Services Provided α

Types of Services Provided (n= 13 Organizations)		
	#	%
Hourly	13	100%
Overnight	12	92%
Live-in	12	92%
Daily	10	77%
Other	2	15%

α Percentages do not add up to 100 because respondents were able to select more than one response.

Table 60. Types of Services Provided: Other Responses Types of Services Provided: Other Responses (n= 2 Organizations)

Short after surgery cases

SVILC does not directly employee caregivers. Rather we refer consumers and family members to private caregivers.

Table 61. Require Hourly Minimum

Require Hourly Minimum (n= 13 Organizations)		
	#	%
Yes	9	69%
No	4	31%

Table 62. Number of Employed Direct Care Workers

Number of Employed Direct Care Workers (n= 13 Organizations)		
Total	1050	

Table 63. Hourly Rate: Direct Care Workersa

	Table 30. Hearly Nate. Birect Gare Workers				
Hourly Rate: Direct Care Workers (n= 13 Organizations)					
	#	%			
\$15 - \$18	3	23%			
\$19 - \$22	11	85%			
\$23 - \$28	1	8%			
\$35 +	1	8%			
N/A (client sets the hourly rate)	1	8%			

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 64. Hourly Rate: Customers^a

Hourly Rate: Customers (n= 12 Organizations)					
# %					
\$35 - \$39	4	33%			
\$40 - \$44	8	67%			
\$44 +	2	17%			

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 65. Accepted Forms of Paymenta

Table 60: Accepted Forms of Fayment				
Accepted Forms of Payment (n= 11 Organizations)				
# %				
Long-term care insurance	9	82%		
VA	8	73%		
Grants	4	36%		
Other	1	9%		

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 66. Accepted Forms of Payment: Other Response

Accepted Forms of Payment: Other Response (n= 1 Organization)

We would accept other options that will pay within 6 weeks.

Table 67. Direct Care Worker Recruitment Sources

Direct Care Worker Recruitment Sources (n= 11 Organizations)							
% Referred by the Following 0-25% 26%-50% 51%-75% 76%-100%							
Friends/neighbors	11	0	0	0			
Individual/client/family	11	0	0	0			
Organization recruitment efforts	0	2	1	8			
Direct care worker referring another caregiver	9	2	0	0			

Table 68. Marketing/Outreach of Services^a

Marketing/Outreach of Services (n= 13 Organizations)		
	#	%
Flyers/brochures	11	85%
Social media	11	85%
Health fairs	8	62%
E-mail communications	7	54%
Television	4	31%
Other	6	46%

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 69. Marketing/Outreach of Services: Other Responses

Marketing/Outreach of Services: Other Responses (n= 6 Organizations)			
1:1 networking referral partners			
Employee Referral Program			
In-person (2)			
Paid ads on Indeed			
Yelp / Google			

Table 70. Organization Affiliation^a

Organization Affiliation (n= 12 Organizations)		
	#	%
Home care organization	11	92%
Other	3	25%

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 71. Organization Affiliation: Other Responses

Table 71. Organization Affiliation: Other Responses		
Organization Affiliation: Other Responses (n= 3 Organizations)		
Dept of Public Health, CAHSA, National Home Care Association, Alzheimer's Association		
Non-profit disability service and advocacy organization		
Senior care organizations		

Table 72. Use Means Testing

Use Means Testing (n= 11 Organizations)		
	#	%
No	5	45%
N/A	6	55%

Table 73. Services Performed α

Services Performed (n= 12 Organizations)		
	#	%
Companionship, activities	12	100%
Home helper services	12	100%
Personal care services	12	100%
Dementia care services	11	92%
Respite care	11	92%
Modified medical care	9	75%
Other	4	33%

 $[\]alpha$ Percentages do not add up to 100 because respondents were able to select more than one response.

Table 74. Services Performed: Other Responses

Services Performed: Other Responses (n= 4 Organizations)		
Hospice care		
Licensed Private Duty Home Health medical nurse caregiving, care management services		
Shopping, errands and transportation		
Transportation		

Table 75. Direct Care Worker Age

Direct Care Worker Age (n= 610)		
	#	%
18-44 yrs old	330	54%
45-54 yrs old	162	26%
55-64 yrs old	84	14%
65-74 yrs old	34	6%

Table 76. Direct Care Worker Gender Identity

Direct Care Worker Gender Identity (n = 650)		
	#	%
Female	544	84%
Male	105	16%
Other/NB/Trans	1	0%

Table 77. Direct Care Worker Race/Ethnicity

Direct Care Worker Race/Ethnicity (n = 605)		
	#	%
Asian	171	28%
Latinx	168	28%
African American/ Black	121	20%
White	83	14%
Native Hawaiian and Other Pacific Islander (NHOPI)	51	8%
Multi-Ethnic	9	2%
Native American/American Indian	3	0%

Table 78. Direct Care Worker Primary Language Spoken in Home

Direct Care Worker Primary Language Spoken In Home (n= 600)		
	#	%
English	334	56%
Spanish	138	23%
Tagalog	116	19%
Cantonese	2	0%
Vietnamese	2	0%
Mandarin	1	0%
Other	7	1%

Table 79. Services for Direct Care Workers^a

Services for Direct Care Workers (n= 12 Organizations)		
	#	%
Caregiver education and training	11	92%
Employment	10	83%
Support groups for direct care workers	2	17%
Other	2	17%

α Percentages do not add up to 100 because respondents were able to select more than one response.

Table 80. Services for Direct Care Workers: Other Responses

Services for Direct Care Workers: Other Responses (n= 2 Organizations)		
Advance pay when needed		
Employment referrals		

Table 81. Service Gaps for Direct Care Workers

Service Gaps for Direct Care Workers (n= 12 Organizations)		
	#	%
Inflation/cost of living	11	92%
Housing costs	9	75%
Low salary	9	75%
Transportation	8	67%
Better work schedules	5	42%
Recruitment of direct care workers	5	42%
Retention of direct care workers	4	33%
Not enough training	2	17%
Other	1	8%

Table 82. Service Gaps for Direct Care Workers: Other Response

Service Gaps for Direct Care Workers: Other Response (n= 1 Organization)

Lack of caregivers available for live-in and overnight schedules.

Table 83. Languages Other Than English Offered by Organization

Languages Other Than English Offered by Organization (n= 6 Organizations)		
	#	%
Spanish	5	83%
All (Use of Language Line)	1	17%

Table 84. Direct Care Worker Needs

Direct Care Worker Needs (n= 12 Organizations)		
	#	%
Higher salary	10	83%
Better hours	5	42%
Childcare	5	42%
Transportation	5	42%
Education/training	4	33%
Paid time off/sick leave	4	33%
Benefits	3	25%
Housing	3	25%
Certification	1	8%

VIII. Public Authority Services by Sourcewise: Direct Care Worker Organization Survey Responses

- ▶ Point in Time Number of Employed Direct Care Workers. At any given moment, what is the average number of direct care workers your organization worked with in FY22 (July 1, 2021 June 30, 2022)?
 - 0 29,000
- What kind of organization are you affiliated with?
 - In-Home Supportive Services (IHSS) Public Authority/Waiver Personal Care Services (WPCS)
- Does your organization use means-testing to determine eligibility for paid payment assistance for caregiver services (e.g., IHSS, grants to clients)?
 - o No
- Services Performed. What care services do direct care workers whom you serve or employ perform? Check all that apply.
 - o Home helper services (includes meal prep, light housekeeping, laundry, etc.)
 - o Modified medical care (includes medication reminders, paramedical services)
 - o Personal care services (includes bathing, dressing, toileting, transferring)
- Age. Please give a rough estimate of the percentage of current direct care workers whom you serve or employ in the following age groups. Note: We do NOT need precise numbers; total percentages should add up to 100%.
 - o 18 44 years old: 28%
 - o 45 54 years old: 26%
 - o 55 64 years old: 30%
 - o 65 74 years old: 14%
 - o 75 84 years old: 3%
 - o 95 + years old: 0%
- ▶ Gender Identity. Please give a rough estimate of the percentage of the gender of direct care workers whom you serve or employ. Note: We do NOT need precise numbers; total percentages should add up to 100%.
 - o Female: 71%
 - o Male: 29%
 - o Other/NB/Trans: 0%
- Race/Ethnicity. Please give a rough estimate of the percentage of current direct care workers whom you serve or employ in the following racial/ethnic groups. Note: We do NOT need precise numbers; total percentages should add up to 100%.
 - Asian: 60.2%Latinx: 19.0%
 - o White: 17.9%
 - o Native Hawaiian and Other Pacific Islander (NHOPI): 2.4%
 - o Native American/American Indian: 0.5%
 - o African American/Black: 0%*
 - o Other: 0.1%

^{*}This number is currently reported at 0%, but it's a fluctuating percentage.

Primary Language Spoken in the Home. Please give a rough estimate of the percentage of primary languages spoken in the home by direct care workers whom you serve or employ.

English: 48.9%
Vietnamese: 23.5%
Spanish: 6.9%
Mandarin: 6.7%
Cantonese: 2.8%
Persian (Farsi): 2.1%

Russian: 2.1%Tagalog: 1.8%Korean: 1.5%Japanese: 0.1%Other: 3.7%

- Services for Direct Care Workers. What services does your organization provide to direct care workers? Check all that apply.
 - o Caregiver education and training
 - Other: Enrollment in IHSS (orientation, fingerprinting, benefits administration health/dental/vision/smartcard, registry recruitment/training)
- Service Gaps for Direct Care Workers. What are the biggest gaps in services and supports for direct care workers from your organizational perspective? Check all that apply.
 - Housing costs
 - o Inflation/cost of living
 - Low salary
 - Not enough training
 - o Recruitment of direct care workers
 - Retention of direct care workers
 - Transportation
- Language Translation. In what languages other than English do you provide services and resources to direct care workers?
 - o Chinese, Spanish, Vietnamese
- ▶ Direct Care Worker Needs. Please indicate the 3 most commonly expressed direct care worker needs from the list below.
 - Higher salary
 - o Paid time off/sick leave
 - o Other: Stipend/help with gas costs
- Please feel free to share any comments you may have about the survey generally or questions specifically.
 - o For question #12 (Means-Testing) anyone can apply to be an IHSS caregiver, however, they have to pass a background check and watch state mandated videos; there's no income component but there are other guidelines. Also, approximately 90% of the IHSS caregivers are family members (spouse, parent, relative) and paid, but not what we would normally consider a professional caregiver, so our responses may skew your survey. Only 10% of the caregivers do this as a "profession" where they work for one or more recipients.

APPENDIX A. Caregiver Level of Care/Care Intensity

The Level of Care/Care Intensity Score calculated for FCA - SCC caregivers is modeled on an index used by the UC Davis Family Caregiving Institute, which is modeled on the Level of Care/Care Intensity scale developed by AARP. It uses two CareNav™ measures: the number of weekly hours of reported caregiving with points assigned for the number of hours of care, and the types of care provided (six ADLs: transferring, dressing, using the toilet, bathing/showering, incontinence, eating, and seven IADLs: managing finances, shopping, household chores, preparing meals, transportation, taking medications, using telephone from the 15-item FCSC ADL/IADL table are used for the index), with points assigned for the number of ADLs and IADLs performed.

Hours of Care	Points Assigned
1-10	1 point
11-<20	2 points
20-<40	3 points
>40	4 points

ADL and IADL Totals	Points Assigned
0 ADLs; 1 IADL	1 point
0 ADLs; 2+ IADLs	2 points
1 ADL; + any number of IADLs	3 points
2+ ADLs; + any number of IADLs	4 points

The level of care/care intensity score is calculated based on total scores for both types of care provided and weekly caregiving hours.

Scoring for Caregiver Level of Care/Care Intensity

Total Points (Weekly caregiving hours + types of care provided)	Level of Care	Care Intensity
2-3 points	Level 1	Low Intensity
4 points	Level 2	
5 points	Level 3	Medium Intensity
6-7 points	Level 4	High Intensity
8 points	Level 5	

APPENDIX B. Family Caregiver Community-Based Organization Survey Respondents

- AACI
- Alzheimer's Association
- Anthem Blue Cross
- Atlas of Caregiving
- Avenidas
- Breathing Spaces
- Cancer CAREpoint
- City of Campbell
- City of Milpitas
- City of Mountain View Senior Center
- City of San Jose
- City of Santa Clara Senior Center
- Family Caregiver Alliance
- Golden Castle Adult Day Health Center
- Grace Adult Day Health Center
- Hearts & Minds Activity Center
- Jewish Family Services of Silicon Valley
- Live Oak Adult Day Services
- On Lok
- Portuguese Organization for Social Services and Opportunities
- Prestige Adult Day Health Center Inc.
- Roots Community Health Center
- Santa Clara Family Health Plan
- Saratoga Area Senior Coordinating Council
- Seniors at Home, Division of Jewish Family and Children's Services
- Silicon Valley Adult Day Health Center
- Silicon Valley Independent Living Center
- Sourcewise
- Stanford Health Care
- Stanford Parkinson's Community Outreach
- Sunnyvale Community Services
- Sunnyvale Department of Library and Recreation Services Community Services
- The Health Trust
- Veterans Health Administration
- Yu-Ai Kai Japanese American Senior Service

APPENDIX C. Direct Care Worker Organization Survey Respondents

- Agility Health
- Alegre Home Care
- Care Indeed
- Family Matters In-Home Care
- FirstLight Home Care
- ► Home Instead (Morgan Hill)
- ► Home Instead (Sunnyvale)
- Homewatch CareGivers of West San Jose
- Interim HealthCare
- Kindred at Home
- Ministers of Hope, dba Visiting Angels
- Right at Home
- Silicon Valley Independent Living Center