



Santa Barbara Foundation Community Caregiving Initiative (CCI)

Interim Report Summary Fall 2017



THE SANTA BARBARA FOUNDATION COMMUNITY CAREGIVING INITIATIVE STORY

The Santa Barbara Foundation (SBF) envisioned and provides leadership and support for the Santa Barbara County Community Caregiving Initiative (CCI). The foundation believes that living and aging with dignity should be a shared community value. That is why it is committed to innovative solutions supporting people who need care and the people who care for them.

As demographics shift to an increasingly older population, the CCI acknowledges that caregiving is critical to addressing the needs and hopes of elders. The CCI is a groundbreaking, county-wide, collaborative effort focused on the backbone of the long-term care system—family caregiving. By building cross-sector partnerships, particularly in the healthcare and social services sectors, SBF is addressing the needs of caregivers and those they care for.

Currently, over 80% of long-term care is provided by unpaid family caregivers—people who often don't self-identify as caregivers. In Santa Barbara County, an estimated 60,000 to 70,000 unpaid family caregivers provide care valued at \$624 million annually. While caregiving provides certain rewards, it also exacts a toll on those providing it. Caregivers are at significant risk for diminished health outcomes. Providing support and services to family caregivers, including helping people identify with their roles in caregiving, and developing more integrated and inclusive health and social systems, will allow caregivers to more easily access support and improve the quality of life for both themselves and the friends and family members they care for.

The CCI is working to increase awareness and advance support for family caregivers in Santa Barbara County through four inter-connected strategies: 1) strengthening caregivers individually; 2) connecting community organizations and agencies to ensure caregivers can easily access supportive services; 3) creating new knowledge that will benefit caregivers; 4) raising awareness about caregiving and policy solutions that support caregiving. Additionally, the CCI embraces and supports multi-cultural competency to ensure that all caregivers can find the information and services necessary to care for their friends and family members.

Through its local partners, the CCI is supporting caregivers and connecting community organizations in the following ways:

- Encouraging Self-Identification and Engagement
- Integrating the Caregiver as a Medical Team Member
- Broadening Access to Therapy for Caregivers
- Increasing the Effectiveness of Lay Latino Health Workers
- Connecting and Educating Families of Patients Diagnosed with Alzheimer's
- Enhancing Support for Caregivers of Medically Fragile Patients and those with Dementia



“Caregivers have repeatedly declared that they would not be able to continue caring for their loved ones at home if it weren't for the support provided by our services. They also indicate they are able to care at home longer – up to 3 years longer than they would be able to care at home should these services not be available.”

Additionally, the CCI represents a broad range of service providers throughout Santa Barbara County. SBF is proud to list the following organizations and entities as CCI partners and stakeholders:

- Alzheimer's Association - California Central Chapter
- Antioch University
- Area Agency on Aging
- Atlas of Caregiving
- Atterdag Village of Solvang/Atterdag at Home
- Coast Caregiver Resource Center
- Community Action Commission
- Community Partners in Caring
- Cottage Rehabilitation Hospital
- Family Service Agency
- Friendship Center
- Goleta Valley Cottage Hospital
- Life Steps Foundation - Santa Maria Wisdom Center
- Lompoc Valley Community Healthcare Organization
- Lompoc Valley Medical Center/Lompoc Family Caregiver Support Center
- Marian Regional Medical Center
- Partners in Caring Foundation
- Sansum Clinic
- Santa Barbara County Adult Protection Services
- Santa Barbara County Coalition in Support of Promotores de Salud
- Santa Barbara Cottage Hospital
- Santa Barbara County Adult and Aging Network
- Valley Haven
- Visiting Nurse & Hospice

To evaluate effectiveness and the impacts of these investments and efforts, SBF commissioned Evaluation Specialists to design and conduct an external, mixed methods evaluation of the CCI. In 2017, AARP provided support for the evaluation efforts of the CCI in order to identify promising practices and lessons learned and inform its national priority of family caregiving.

SANTA BARBARA FOUNDATION

The Santa Barbara Foundation, located on the south-central coast of California, was established in 1928 by Max Fleischmann and a forward-thinking group of individuals who wanted to enrich the lives of people from Santa Maria to Carpinteria. For more than eight decades, the Santa Barbara Foundation has been at the center of civic activity, a vibrant expression of its engaged citizenry, a solver of problems, a partner in philanthropy, and a critical supporter of community organizations and efforts.



CCI PERFORMANCE: SETTING AND MEETING OUR GOALS



Community Caregiving Initiative (CCI) partners have worked collaboratively with the Santa Barbara Foundation (SBF) and Evaluation Specialists (ES) over the past two years to identify collectively shared goals and performance criteria for evaluating Initiative success. This process has required genuine commitment on the part of all – including the caregivers who made time in their already busy lives to complete our caregiver survey so that we could assess how CCI efforts are working for them and their loved ones. Data collection and evaluation activities described in this report began in 2016 and will continue throughout 2018. In our final report, we will describe how CCI outcomes have changed over time since the data were first collected and how successful the CCI was at meeting its stated goals.

We are pleased to share the interim results of the SBF CCI in this evaluation report. In this section, CCI PERFORMANCE, we describe our process for setting and evaluating our goals, provide a snapshot of our current level of success across these goals, and share key findings. Detailed findings for each of the three goals are shared in the three CCI IMPACTS sections of the report. Partner identified next steps for furthering the Initiative goals, based on the review of the data presented here, are shared in the CCI OPPORTUNITIES section. Additional findings about caregivers in Santa Barbara County, including a description of caregivers that participated in the survey in fall 2017 and their care recipients, are shared in the WHAT WE'VE LEARNED ABOUT CAREGIVERS section. Lastly, details about the evaluative approach, data collection methods, and data analyses are described in the EVALUATION METHODS section.

SETTING OUR GOALS

In the summer of 2016 ES facilitated a process with CCI partners and SBF staff to identify key Initiative goals, and define what success would look like for each. CCI goals fall within three areas: 1) CCI IMPACTS ON THE DEVELOPMENT OF A CAREGIVER SUPPORT SYSTEM IN SANTA BARBARA COUNTY, 2) CCI IMPACTS ON CAREGIVERS, and 3) CCI IMPACTS ON CAREGIVING AND CARE RECIPIENTS. The product from this meeting created the foundation for the development of the CCI Theory of Change (Appendix A) and evaluative rubrics (Appendix B). The evaluative rubrics informed the development of the data collection tools, including the caregiver survey, partner survey, and formative stakeholder interviews.

The CCI Theory of Change provides a high-level snapshot of the activities and contextual factors theorized to create desired changes in the short, medium and long-term Initiative goals. With partner and stakeholder input, ES created the CCI caregiver and partner surveys and key informant interview guide to support internal learning, program improvement, and the evaluation of the Initiative. We included measures from more than one data source for each sub-goal, where possible, to validate findings and identify areas of agreement and disagreement from different sources (e.g. caregivers and partners).

The CCI evaluative rubrics define what different levels success look like for each sub-goal within each goal. Questions from the data collection tools are mapped to each sub-goal, and thresholds were established for varying levels of success. CCI thresholds for success were either determined or informed by partners after reviewing the baseline data (collected in spring 2017) during our first “data party”. The purpose of the “data party” was to collaboratively define thresholds for Initiative success using a transparent and stakeholder informed process.

MEETING OUR GOALS

To determine current levels of success in the three CCI goal areas, ES applied the data from the caregiver survey, partner survey, and stakeholder interviews to the evaluative rubrics. Using the established thresholds for each measure we determined the current level of success of each sub-goal. By looking at the level of success across sub-goals, we determined an overall level of success for each goal area.

The CCI is currently performing at the following level of success in each goal area:

Goal 1 – CCI IMPACTS ON THE DEVELOPMENT OF A CAREGIVER SUPPORT SYSTEM IN SANTA BARBARA COUNTY – **Successful**

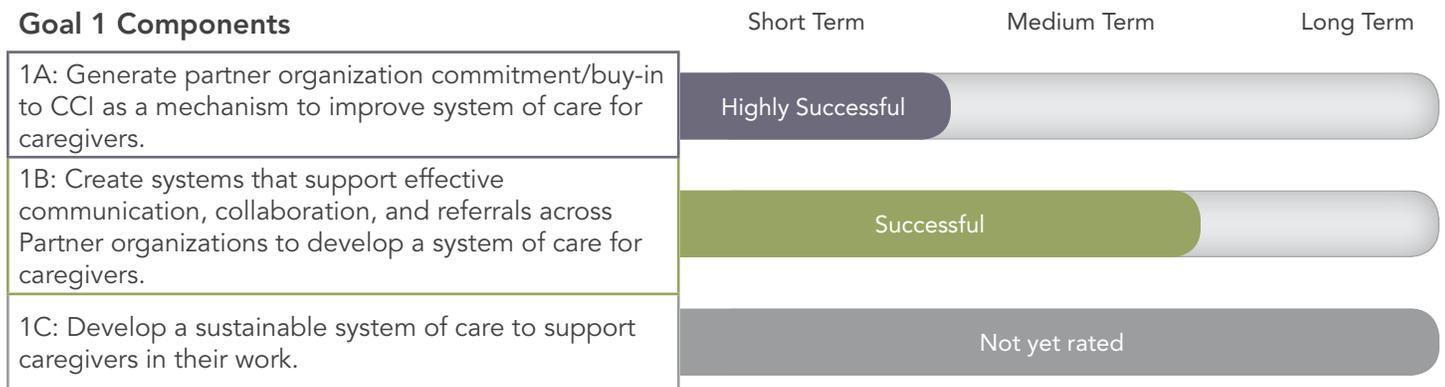
Goal 2 – CCI IMPACTS ON CAREGIVERS – **Approaching Success**

Goal 3 – CCI IMPACTS ON CAREGIVING AND CARE RECIPIENTS – **Approaching Success**

The three CCI Performance Dashboards below show the current level of success for each sub-goal, and whether that goal is short, medium or long-term.

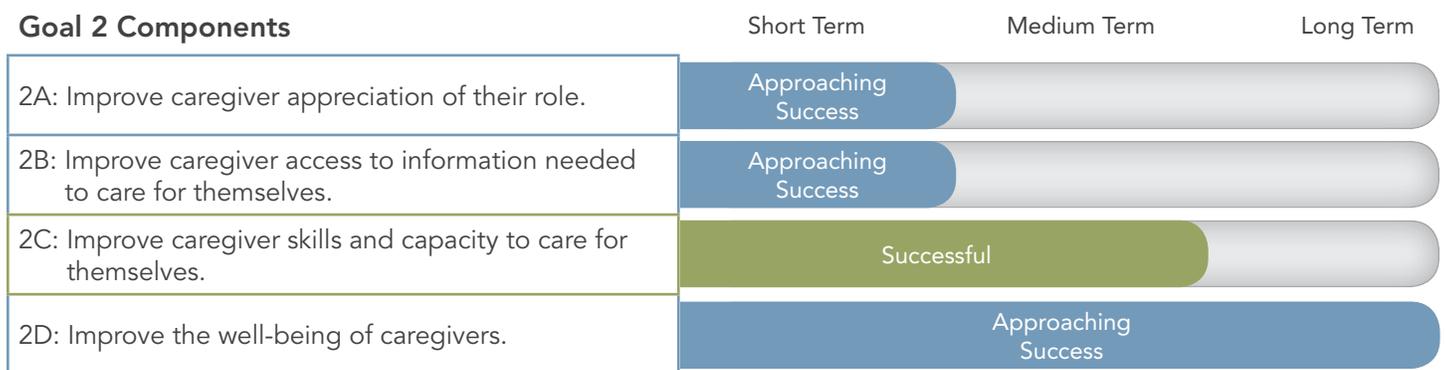
CCI Performance Dashboard - Goal 1

CCI IMPACTS ON THE DEVELOPMENT OF A CAREGIVER SUPPORT SYSTEM IN SANTA BARBARA COUNTY



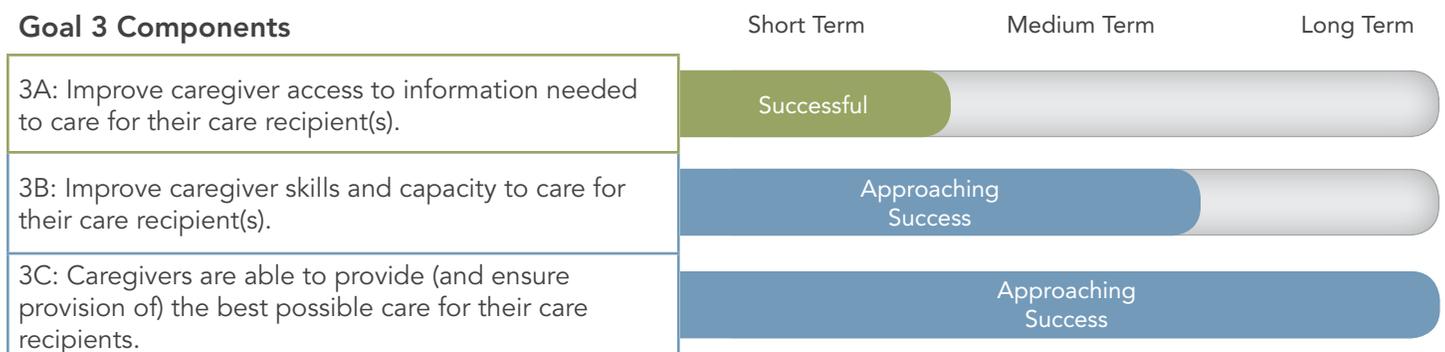
CCI Performance Dashboard - Goal 2

CCI IMPACTS ON CAREGIVERS



CCI Performance Dashboard - Goal 3

CCI IMPACTS ON CAREGIVING AND CARE RECIPIENTS



KEY LEARNINGS

One of our overarching key learnings is that, for many measures, partners perceive the CCI to be having a greater impact on caregivers than caregivers themselves report experiencing. This has important implications for interpreting these findings and identifying opportunities for Initiative improvement.

Another key learning is that caregivers differ in their level and type of service use. We identified four groups of caregivers (using Latent Class Analysis) who reported using services very differently. The group of caregivers that reported using the most services for themselves and their care recipients were more than twice as likely to report being able to provide better care (this finding was statistically significant). Specifically, they were more likely to be able to figure out where to get services for their care recipient, make sure they received the services they need, work with their medical providers, and be actively involved in their care decisions. Below we list our key learnings for our three goals and the sub-goals within each. We invite you to explore these findings in greater detail in the detailed findings section of this report.

CCI IMPACTS ON THE DEVELOPMENT OF A CAREGIVER SUPPORT SYSTEM IN SANTA BARBARA COUNTY

Goal 1A: Generate partner organization commitment/buy-in to CCI as a mechanism to improve system of care for caregivers.

Partners shared their clear and strong commitment to both improving care for caregivers and the goals of the CCI. This buy-in is not just a passive attitude – partners report putting effort into tasks that are part of the CCI goals. Many partners demonstrated their commitment to the CCI with highly supportive statements.

Specifically, partners showed clear understanding of caregivers' multiple needs, and worked to address them. They agree the CCI has the potential to help them better serve caregivers. And that the Initiative will improve the experiences of caregivers in the County. Partners have made efforts -- and expressed commitment -- to making the CCI a success.

Goal 1B: Create systems that support effective communication, collaboration, and referrals across partner organizations to develop a system of care for caregivers.

CCI partners are developing into a healthy and vibrant network with an impressive amount of both communication and collaboration. There is also strong agreement across partners that staff are using good referral practices. However, these practices have not yet translated into caregiver experiences as evidenced by their reports about referrals.

Two areas have room for future improvement. First, partners indicated a desire for a bit more communication and collaboration, and a majority desired to make and receive more referrals. Second, it would be worthwhile to explore why caregivers do not seem to be experiencing these positive referral practices.

Stakeholders emphasized the CCI's success in creating a healthy network. They believed funding and other types of support were key to network development. From their perspective, the CCI is fostering new connections among agency partners, with national funders like the AARP, and with businesses.

All partners reported communicating with others, and almost all reported working to enhance communication with other agencies. Similarly, all partners reported collaborating with others. Of note, twenty-one report the highest possible amount of collaboration with one or more others. Partners differed in their level of activities to foster collaboration. Two thirds or more shared training opportunities and developed interagency agreements. A little less than half supported development of a data management and referral system.

Yet, many partners wanted to see increased referrals. Almost all partners agreed or strongly agreed their staff are knowledgeable about and used positive referral practices. Of note, two thirds of partners wanted to make more and three quarters wanted to receive more referrals. Caregivers, however, were less positive about partner referral practices. On average, they neither agreed nor disagreed that they experienced such practices.

CCI IMPACTS ON CAREGIVERS

Goal 2A: Improve caregiver appreciation of their role.

CCI partners strongly believed their practices benefited caregivers by enhancing their awareness of their own contributions. This was supported by caregiver reports. A majority of caregivers reported that the services received helped them feel a valued part of their loved ones' care. Similarly, many caregivers stated their service experiences led to a stronger belief in themselves as contributors to the health care system, and increased pride in caring for their loved one. Recognition of the important role of caregivers in the local community remains a weaker link. While some reported that service experiences led them to perceive greater local recognition as caregivers, most did not.

Many stakeholder impressions reflected these findings. Some saw awareness of the value of the caregiving role as high among caregivers themselves, but low elsewhere. For example, they expressed that medical providers were not aware of caregivers' important role in the health care system, often taking their efforts for granted. They felt this was also true of people in general. Other stakeholders believed that caregivers' valuing of their role was far from universal. For example, one stated that caregiving was "just part of what you signed up for" as a family member, particularly as a woman. Along with this, these stakeholders believed that even when caregivers recognized they were critical to their loved ones' wellbeing, they did not necessarily recognize themselves as part of the larger health care system.

Goal 2B: Improve caregiver access to information needed to care for themselves.

Gaps exist in terms of caregivers feeling they have information about their own self-care. While many did report receiving such information, a noticeable portion (typically a third or more) reported needing more. More than half did not perceive any changes in the past six months but found the information they received to be helpful.

Goal 2C: Improve caregiver skills and capacity to care for their themselves.

Partners perceived the CCI as having positive effects in supporting caregivers' self-care. Nevertheless, these efforts have not yet fully affected all caregivers. While about half of caregivers said that they received all the services they needed to assist themselves, the rest did not. In fact, a noticeable portion reported receiving less than half of what they needed.

Goal 2D: Improve the well-being of caregivers.

Understandably, many caregivers reported feeling stressed due to their caregiving responsibilities. It is also not surprising that caregivers are only sometimes or often able to regularly ensure their own practical, physical, and emotional needs are met.

In terms of action to address this, all partners believed that the CCI had improved caregivers' ability to engage in self-care. Caregiver reports corroborated that view. Many caregivers also reported that services had been helpful in reducing their stress and improving their well-being. However, there is room for improvement in the level of attention given to caregivers' needs by professionals. Only a minority of caregivers believed that improvements had occurred in this area.

CCI IMPACTS ON CAREGIVING AND CARE RECIPIENTS

Goal 3A: Improve caregiver access to information needed to care for their care recipient(s).

Caregiver awareness of resources overall was high: three-quarters stated they were aware of the services that they needed to provide care. Many said that the services they received were helpful in achieving this awareness. While many caregivers also report having received all the information they need, gaps remain for others. Some continuing need for information exists: while over half received information that helped them care for their loved one, a substantial amount expressed a need for more.

Goal 3B: Improve caregiver skills and capacity to care for their care recipient(s).

Partners all believed that the CCI had contributed, at least a small amount, to caregiver capacity to provide care. Indeed, half or more of caregivers typically said they got the services they needed to provide specific types of care. However, gaps exist. A clear segment reported they did not receive all of the services they needed and that they were not able to provide specific types of care.

Goal 3C: Caregivers are able to provide (and ensure provision of) the best possible care for their care recipients.

All partners believed that the CCI helped to improve caregivers' abilities to ensure quality care for their loved ones. Caregivers agreed. Most saw services as being anywhere from a little to extremely helpful. Of concern is that about half of caregivers reported being unable to complete all of the tasks they needed to care for their loved one. Of particular relevance to the CCI, caregivers were least likely to report being very able to find where to go to get services they need and making sure their care recipients were getting the care they needed.

CAREGIVERS DIFFER IN THEIR LEVEL AND TYPE OF SERVICE USE

Caregiver use of 12 services (such as respite care and delivered meals) for themselves and their care recipients differed greatly. We used Latent Class Analysis (LCA) to identify distinct groups among caregivers. Detailed LCA findings can be reviewed in Appendix D. Here's what we learned.

We identified four groups of caregivers who use services very differently: High Service Users, Moderate to High Service Users, Moderate Service Users, and Very Low Service Users. Caregivers in Santa Barbara County over the past six months, on average, used between 3 and 4 of the 12 types of services available. Most caregivers in all four groups are caring for parents. But people in the High Service User group are twice as likely as those in other groups to be solo caregivers, and a little more likely to be caring for spouses.

Across all four groups, caregiver reports of self-care and well-being were similar. And all caregivers reported feeling stressed "sometimes" to "often" because of their caregiving responsibilities. However, **a key finding is that the High Service User Group was more likely to report being able to provide better care to their care recipients in some areas (to a statistically significant level)**. Specifically, they were more likely to be able to figure out where to get services, make sure their care recipient received the services they need, work with their medical providers, and be actively involved in their care decisions.

Questions raised by these subgroup findings include:

1. How can people move along the continuum from being Very Low Service Users to higher levels of service use?
2. Do caregivers in High and Moderate to High Service Use groups start by using more caregiver-focused services? Or do they begin using these services for themselves later in their caregiving journey?
3. Does being in the High Service Use group translate into better self-care and increased well-being over time, although it did not in this analysis?

To gather formative input from Community Caregiving Initiative (CCI) stakeholders, Evaluation Specialists conducted 17 interviews (with 26 CCI partners and stakeholders, some of whom were interviewed together at their request) in the late summer of 2017. Here we share what we learned from partners and stakeholders about (1) caregivers' experiences and perceptions and (2) stakeholder experiences with the CCI so far. Findings from these **STAKEHOLDERS** reflect common themes shared across multiple interviewees.

Findings shown in this report were shared with **PARTNERS** at the second CCI "data party" in December 2017. During this day-long event, partners were asked to work in small groups to discuss the findings and identify possible next steps to move the Initiative closer to its' goals. Here we also share those identified next steps.

STAKEHOLDER INSIGHTS ABOUT CAREGIVERS

People we talked to during formative key-informant interviews expressed differing opinions about caregivers' awareness of the important role they play in the health care system.

- Some saw awareness as **low**, stating that caregivers did not self-identify in the role. Rather, caregiving was "just part of what you signed up for" as a family member, particularly as a woman. Even when caregivers recognized they were critical to their loved ones' being cared for, they did not recognize themselves as part of the larger health care system.
- Others saw awareness as **high** among caregivers themselves, but low elsewhere. They expressed that medical providers were not aware of caregivers' important role in the health care system, often taking their efforts for granted. They felt this was also true of people in general "the general population doesn't realize that being a caregiver is a 24/7 job. You don't learn this until you are thrown into the role."

Stakeholders also identified several barriers to caregivers accessing needed services for themselves and their care recipients.

- A major caregiver barrier mentioned by nearly all interviewees was **being overwhelmed** and not knowing where to begin. Caregivers have so many day-to-day responsibilities that they often feel unable to allot time to seeking help: "There are community resources and information that can help overcome some of these challenges, but some folks aren't able to tap them. There are practical barriers – like how much time caregivers have to actually request assistance."

Other barriers mentioned included:

- The **user-UN-friendliness of the health care and service system**, with accounts of caregivers "having to tell your story to 10 different people" and "getting the run-around."
- **Medical professionals'** need to improve, including their unawareness of caregivers' important role, and their lack of cultural awareness and language proficiency.



One of the CCI's aims is to "elevate the work of caregiving [so that caregivers are] recognized as a vital piece of the safety net... shine a light on issues of people that are vital to the overall health of the community."

SUGGESTED MECHANISMS TO SUPPORT CAREGIVERS AND THEIR CARE RECIPIENTS

Several mechanisms for addressing existing barriers for caregivers were offered by interviewees:

- Creating **multiple points of access** to the system of care was mentioned as an ideal mechanism to help by several interviewees: *“What we’re hoping will happen through this – we used to use the term ‘no wrong door’ – however a caregiver enters, whatever door, that they are seen as someone the community wants to support and they are whisked into this world and know there is a system there to support them.”*
- **Caregiver navigators** were a mechanism that many people thought was very helpful to caregivers: *“[The navigator is] someone in the system that can help me... and values the contribution that I’m bringing.”* Offering more navigation services, and offering them at more locations – *“all the places people access care”* – was urged.
- Stakeholders emphasized that **adding more resources** to existing services could make great improvements: Navigators at more sites, more points of access, more funding and staffing to decrease waits for an appointment.
- **Increasing connections** – both among agencies and between medical professionals and agencies – was another suggested way to improve services.
- **Providing education** for different audiences was key to improving services. Caregivers themselves could be educated about the importance of their role, stressors associated with it, and available resources. Medical professionals, employers, and the general public were also seen as needing to understand caregiving better in order to support service improvement.

After reviewing the findings in this report, partners offered several possible next steps they could take to move CCI goals forward in these areas:

- **Do more promotion of and expand the network** and have leadership work to keep existing efforts alive – encourage enthusiasm and candor.
- **Identify gaps** in network communication, collaboration and referrals.
- Focus on a **standard referral procedure** for a full circle process.
- Increase **awareness of available services** in the geographic area of caregivers.
- **Continue outreach and education** and **provide useful gifts** to family caregivers to demonstrate their value.
- **Expand access** to caregiver resources and information via telemedicine, telephone/internet classes, and by sharing You Tube resources.
- Promote the **Senior Resource Directory and 2-1-1**.
- Communities need to **have all options available**, and **increase in-home access** for services and supports. Focus on caregiver **respite**, make **peer support** more acceptable.
- **Engage Primary Care Providers**, and work with the **medical community** to promote family caregiver self-care.
- Change CCI partner **human resource/employee practices and policies** to better support family caregivers.
- Look at how information is being conveyed and services are being provided; ensure they are **culturally appropriate**; provide resources in **Spanish**.

STAKEHOLDER INSIGHTS ABOUT THE CCI



Interviewees overall had a clear sense of the CCI's purpose and were excited about it: "What the initiative is trying to achieve on a macro level is so exciting – it can permeate into so many areas and is so needed."

Generally, people we talked with emphasized the CCI's **success in creating a healthy network**, saying things like: *"[The initiative] allows us to be a part of a larger, organized, focused effort in regard to caregiving... So many large societal changes need to happen – the initiative lets us be a part of these larger changes."* They felt that the CCI's authentic interest and the activities they organized were helping communication and collaboration happen. They detailed success in two main areas.

- **Providing financial and other support.** People described the critical importance of both funding and other types of support to network development. Many clearly felt what one stated when they said the initiative was "the glue that binds the network."

"Without their support, we couldn't do this. They are the backbone of the project... not just funding but offering education and resources... offering layer upon layer that helps us be better at what we do."

- **Enabling new connections.** People talked about two types of new connections being established. Within SBC, new collaborations were developing among agency partners as a result of participating in the CCI. Partners also mentioned connecting with national funders like the AARP and with businesses. For example, one said: *"[The CCI] helped us get in front of business community and employer groups. Let them know we are a support system to them and their employees – helped us to open quite a few doors."* Both kinds of outside connections were seen as potentially bringing visibility to the work and driving policy change.

Other successes were also mentioned:

- Some stakeholders were pleased that SBF acknowledged the importance of **Latino communities** and elders; one said *"CCI is starting to shed light on this population and the people that are taking care of them."*
- Finally, many interviewees mentioned the importance of SBF's **Phylene Wiggins, the CCI Director**, in the Initiative's successes, describing her as: *"making these linkages happen," "excellent in her communication style and keeping everybody informed,"* and *"a force of nature... amazing in her ability to connect people and ideas."*

People were also frank about challenges they had experienced as the CCI network began to form.

- Most prominent among these was a strongly felt **shortage of time** and other resources: *"When we signed up for this we didn't fully know what we were signing up for... I understand why it's happening but it's still saturating. There's a lot more that's expected of the players and that can feel saturating for non-profits when we have so many other things we do."*
- Another area for improvement stakeholders mentioned was **clarity about responsibilities and roles**, and the need to be explicit about expectations: *"In the beginning [the challenge was] understanding how we would work together. Roles and what our agencies were expecting of us, in addition to what SBF was expecting with the grant."*
- However, several interviewees stated that they expected challenges since **improving systems is inherently challenging work**: *"System change is not something an individual agency can do. It requires a champion... to take the lead. CCI is doing this."*

SUGGESTED MECHANISMS TO STRENGTHEN THE CCI

People expressed their commitment to the CCI's work with statements like *"There is a significant burden of responsibility, being part of this. It's not a short-term thing. We need to be committed to the long-haul because it will take time."* They also had suggestions for improving the CCI.

One area mentioned was to **improve evaluation activities** at partner agency sites.

- Several interviewees urged grantees to be more strategic about goals and measurement so that they first figured out what they wanted to learn, then created and deployed data collection tools, saying that *"articulating bigger goals that could be measured... would be a really good way to start."*
- One also stated that if evaluation was important to the foundation, grantees might need additional training and assistance to carry it out effectively.

Stakeholders also offered concrete suggestions to **improve network activities**, such as:

- Building in time at meetings to let people check their phones and email,
- Locating meetings somewhere more convenient for all partners (particularly North County), rather than in Santa Barbara only,
- Using a mixture of in-person meetings and interactive webinars or teleconferences to lessen the travel burden,
- Creating communication tools, such as newsletters, to share trends, updates, and what is changing on a regular basis while also reducing meetings, and
- Adding more communication about each of the projects so that grantees and partners can keep up other projects' work, accomplishments, and challenges.

After reviewing the findings in this report, partners also offered possible next steps SBF and CCI could take to move the Initiative goals forward:

- Assist and facilitate the **County-wide process**; share results about what we've learned in **communities**; map **geographic availability of services**.
- Continue to work to **engage key service providers** in the CCI.
- Engage all staff in partner organizations in the **evaluation** process.
- Serve as a liaison to **share best practices** related to what other partners are doing.
- Promote and get the **Care Map** out to the public; for example, have MDs pass it out during patient visits.
- Engage the **Chamber of Commerce and employers** to develop policies and practices that support family caregivers
- **Advocate with funders** to support family caregiver needs.
- Distribute and **promote Resource Directories**; include a link to the Senior Resource Directory and Lompoc Resource Directory on the SBF website.
- **Keep doing what you're already doing. We need to share this connection and success!**

SUSTAINABILITY

SBF and CCI partners recognize and are invested in developing a sustainable network of service providers that will continue to support caregivers and their loved ones into the future. The CCI evaluation will include an examination of factors related to Initiative sustainability in 2018. Interviewees, however, offered several recommendations to support CCI sustainability:

- A need for **ongoing financial support** was the sustainability topic raised by a majority of interviewees, who emphasized its importance to them in statements like:

“Ongoing funding, even if minimal, would help us feel sustained and supported.”

“I hope the foundation can continue in some capacity to support caregiving. They have put a substantial amount of funding into the community, and other agencies can’t possibly absorb what they’ve done. I understand their hope is that agencies will be self-supporting, but any time you remove money there are ripple effects on other funders.”

“It would be nice to have a long-term commitment from SBF/CCI – to move from 1-year funding to 5-year funding so agencies know they can move forward.”

Some offered very concrete suggestions about improving the CCI’s sustainability financially. The most important of these, emphasized by many stakeholders, was:

- **Extending SBF’s funding cycle from one year to 2 or even 5 years** would allow grantees to plan better.
- Another mentioned **anchoring the Initiative within a large medical system** where resources were likely to continue.

People we talked with had other sustainability advice for the CCI’s work, which included:

- Adhering to **good universal practices** like being patient, flexible, and ready to compromise to move forward.
- **Allotting abundant time to do the work:** *“Take what you think it’s going to take in terms of time – and triple it.”*
- **Using existing research** by *“having someone identify state and local best practices literature. [Caregiving is] not a new issue. Use the research that’s already been done.”*
- **Connecting with clarity** so that *“partners are striving for same things and feel a part of developing shared vision,”* people have the same expectations, and strong relationships are nurtured that support collaboration even when it is challenging.

ACKNOWLEDGMENTS

The CCI Advisory Committee and staff members of the Santa Barbara Foundation (SBF) desired a rigorous evaluation of the CCI. Evaluation Specialists worked with them to actualize their vision, and to develop an evaluation plan, rubric and associated measures. The critical thinking of the foundation and the community partners involved in developing the rubric and metrics for the work of the CCI was paramount for identifying the desired impact. Deep gratitude goes out to the hundreds of family caregivers in Santa Barbara County who participated in the caregiver survey. Additionally, staff at the many community organizations throughout Santa Barbara County who devoted much time and energy to completing surveys for their own organizations and assisted in the distribution and gathering of the caregiver survey deserve special recognition for making this report successful. A special thank you to staff from the Coast Caregiver Resource Center, Family Service Agency, and Santa Barbara County Coalition of Promotores de Salud who piloted the initial versions of the caregiver survey and assisted in the Spanish translation of the caregiver survey. And, much appreciation goes to Strategic Development Associates, who provided organization, oversight, and thoughtful perspective as the evaluation process unfolded. Finally, the scope of this work owes largely to the investment of AARP and their willingness to learn with the Santa Barbara County Community Caregiving Initiative about how to better serve family caregivers in a local context.

Please cite this report as follows: Vanslyke, J., Carmichael-Djang, H., Masters, N.T., Beadnell, B. (2017, December). Santa Barbara Foundation Community Caregiving Initiative (CCI): Interim Report Fall 2017. Available at www.sbfoundation.org.

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