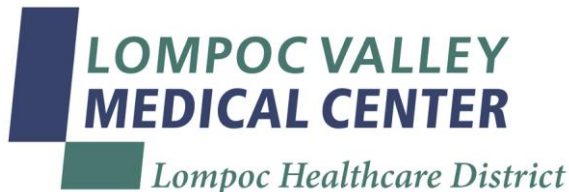


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# Lompoc Valley Caregiver Needs Assessment Project

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Final Report:  
Evaluation and Recommendations  
June 2015



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# Executive Summary

- Increasing awareness and self-identification of caregiver status is a critical component in meeting the needs of caregivers
- Valuable stakeholder services already being offered in the community should serve as the jumping off point in offering ongoing caregiver services

# Executive Summary

- A Caregiver Training and Support Center could serve as a centralized hub for caregiver training, referrals and case management
- Increasing efforts that address cultural sensitivity and awareness is a critical component in the inclusion of the Hispanic community, which is currently highly underserved

# Project Objective

- The primary objective of this project was to conduct an assessment of Lompoc's caregiver population, its needs, available services and gaps in services. The results will be used to guide social service providers in the long term planning in support of Lompoc's caregivers.

# Over 200 Interviews, Surveys Completed

- To date, over 200 interviews and surveys have been completed, among the following groups:
  - In-depth interviews with 30 Lompoc Valley caregiver stakeholders
  - Lompoc Valley's caregivers and seniors via four focus groups, engaging 20 individuals in deep conversation
  - Participation by 153 Lompoc Valley caregivers in quantitative survey

# Methodology

The assessment was conducted in 3 Phases:

- Phase 1: 30 in-depth interviews with Lompoc Valley's caregiver stakeholders
- Phase 2: 4 focus groups among Lompoc Valley's caregivers and seniors, engaging in deep discussion
- Phase 3: Quantitative survey among Lompoc Valley's caregivers, reaching 153 respondents

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# Lompoc Valley Caregiver Needs Assessment Project

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## Key Findings



# Extremely Low Awareness of Caregiver Status

Caregivers demonstrate extremely low awareness/acknowledgement of their caregiving status

- Shame, pride, guilt, and generational/cultural status all impede their self-identification
- Awareness of available services is extremely low
- Caregiving stress is very high – and is not being addressed

# Stakeholder Services are Underutilized

Stakeholders offer many valuable services for caregivers today, but utilization is extremely low

- Caregiver awareness of services is very low
- Stakeholders are very interested in working together with other stakeholders, but this is NOT being done today
- Few stakeholder service providers support Hispanic and other communities

# Strong Stakeholder Support for Case Management System

Stakeholders identified an almost universal interest in forming a case management/advocate system with other stakeholders

- Doctors/medical centers are a very important part of this process as a funnel “in” to the system
- This system would bring all stakeholders together on a regular basis to identify caregivers in need
- A comprehensive referral/tracking system is a critical component of this process

# Caregiver Services Highly Valued by Current Users

Caregivers currently using counseling and support group services identify them as extremely important

- Caregiver support groups and counseling were identified as top services for caregivers that should be available and affordable for all Lompoc Valley caregivers
- Younger caregivers and those caring for a parent are much more likely to have an interest in these services

# Caregivers Need Respite Most of All Services

The need for occasional respite care was overwhelmingly identified as the most important service for caregivers that should be available and affordable for all Lompoc Valley caregivers

- Community Partners in Caring offers “friendly visits”, but needs more volunteers
- Foursquare Church interested in supplying “volunteer corps” to provide respite, but no mechanism currently in place

# Transportation Help Needed

Caregivers identified help with transportation as a top service for caregivers that should be available and affordable for all Lompoc Valley caregivers

- Community Partners in Caring currently offers this service, but needs more volunteers
- Closely tied to respite care and training

# Need for Training High, But Difficult to Sustain

Caregivers express strong interest in gaining training skills, but past programs could not be maintained

- Allan Hancock College offered excellent program in 2007-2009, but could not be continued due to lack of enrollment
- Some basic training currently offered by Community Partners in Caring
- Must overcome issues with care for senior, transportation

# Strong Expressed Need for Trusted Referral Sources

Caregivers have almost no awareness of available services

- There is no centralized caregiver service referral source
- Caregivers also have no way to evaluate the services, except through word-of-mouth
- Caregivers are very concerned about finding legal, financial and insurance-related resources/experts



# Can We Build on What is Already in Place?

Many excellent caregiver programs and services are already in place in the Lompoc Valley

- Raising awareness of caregiver status:
  - FSA through its Caring Together Campaign
- Referral sources:
  - Folder by Mary Lou Parks for hospital discharge
  - AAA Senior Resource Directory

# Can We Build on What is Already in Place?

- Provider collaboration:
  - Trial between LVMC and Fire Department to provide follow-up visits
- Transportation:
  - Community Partners in Caring
- Respite care:
  - Valley Haven Adult Day Center
  - Community Partners in Caring
  - Coast Caregiver Resource Center

# Can We Build on What is Already in Place?

- Support groups and counseling services:
  - FSA
  - Alzheimer's Association
- Training:
  - Allan Hancock College (2007-2009)
  - Community Partners in Caring
- Hispanic community inclusion:
  - Lompoc Promotores

# Integrated Approach?

- Increase caregiver awareness and self-identification in all communities
- Build on existing programs
- Establish Caregiver Training and Support Center to establish hub for caregivers to provide trusted referrals, caregiver training and case management
- Build culturally appropriate bridges to include Hispanic community

# Raise Caregiver Awareness

- Build on FSA Caring Together program
  - Increased advertising?
  - Develop tools to help caregivers self-identify
    - Work with doctors, hospitals to establish questionnaire (similar to Depression questionnaire)
  - Integrate culturally sensitive links with Hispanic community -- via Lompoc Promotores?

# Build on Existing Programs

- Grow Community Partners in Caring for both respite and transportation support
  - Integrate faith communities to increase number of volunteers
  - Increase training/certification
  - Educate volunteers on other support services (support groups, counseling)
  - Increase ethnic reach
  - Cross referrals to Valley Haven

# Establish Caregiver Training and Support Center

- Training: Support Community Partners in Caring, family caregivers/professional caregivers
- Become hub for trusted referrals
- Establish case management/advocacy program
  - Doctors, hospital, APS, fire department are key to funnel “in”
  - A comprehensive referral/tracking system is a critical component of this process
- Physical location?

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# Lompoc Valley Caregiver Needs Assessment Project

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## Detailed Findings



# Detailed Findings

- Lompoc Valley Demographics
- Phase 1 Summary: Caregiver Stakeholder Interviews
- Phase 2 Summary: Caregiver Focus Groups
- Phase 3 Summary: Quantitative Survey Findings

# Lompoc Demographic Information\*

- Total population: Approximately 43,000
- Approximately 30,600 age 18 or older
- Approximately 6,000 age 60 or older (14% of total population)
- Approximately 13,300 – 13,900 households

\*Source: ACS Demographic and Housing Data, 2009-2013. Data is for City of Lompoc and does not include all of Lompoc Valley.

# Lompoc Demographic Information\*

- Median income: \$45,818
- Approximately 24% in poverty
- Race/Ethnicity
  - 52% Hispanic/Latino
  - 36% White
  - 5% African American/Black
  - 4% Native American/Pacific Islander/Alaskan Native/Asian/Hawaiian

\*Source: ACS Demographic and Housing Data, 2009-2013. Data is for City of Lompoc and does not include all of Lompoc Valley.

# Number of Caregivers Calculation

Caregiver Calculation Per Family Caregiver Alliance and Community Caregiver Resource Center:

- 16% of adults age 18 and over are caregivers

For Lompoc:

- 16% of 30,600 = 4,896

***Based on calculations, we can assume there are approximately 5,000 caregivers in Lompoc***

# Phase 1: Stakeholder Interviews

- 30 in-depth interviews conducted among stakeholders in Lompoc Valley's caregiver community
- Stakeholders included doctors, caregiver service providers, faith community, and agencies

# Stakeholders Interviewed - 1

- Coast Caregiver Resource Center Executive Director
- City of Lompoc Senior Commission member
- Area Agency on Aging Central Coast Commission for Senior Citizens Executive Director
- County Public Health RN
- County Public Health physician
- DeWees Senior Center Director
- Lompoc Police Department sergeant
- Wound care physician
- Promotores, SBC Lead Promotora, SBCEO staff
- Sansum Clinic Health Education Director

# Stakeholders Interviewed - 2

- Neurologist
- Lompoc physician
- Alzheimer's Association  
VP Program Services and  
Advocacy
- LVMC CEO
- LVMC Case Management  
Director
- Lompoc Skilled Nursing  
GM and Programs  
Coordinator
- Visiting Nurses Personal  
Care Division Manager
- Community Partners in  
Caring Executive Director
- Community Action  
Commission Executive  
Director
- Caregiver Training  
Course  
Developer/Teacher, Allan  
Hancock College

# Stakeholders Interviewed - 3

- Director, Public Health Department, Santa Barbara County
- Owner of for-profit home health care provider
- Family Service Agency Senior Services Program Manager
- Family Service Agency Caring Together Kick-off Meeting
- Valley Haven Executive Director
- Lompoc Fire Chief
- Foursquare Church Pastor and Head of Special Projects
- DASH, Santa Barbara employee
- Meals on Wheels volunteer
- Adult Protective Services



# Phase 1 Objectives

The primary objectives of Phase 1 of the project were to:

- Identify existing data about Lompoc's caregiver community, including size and descriptions of sub-populations
- Gain a clearer understanding and assessment of existing caregiver services that are currently available
- Gain a clearer understanding of gaps in current services and need for additional or different services
- Solicit support in identifying and contacting caregivers for Phases 2 and 3

# Existing Services Highly Underutilized

- Important and valuable caregiver support services are highly underutilized in Lompoc Valley:
  - Caregiver counseling services to address stress through Coast Caregiver Resource Center and Family Service Agency
  - Caregiver respite care through Coast Caregiver Resource Center/AAA
- Is this due to low awareness, resistance to use service, lack of personnel in North County?

# Minimal Collaboration Among Providers

- Most stakeholders unaware of what other services are being offered in Lompoc Valley
- There is no system in place to share referrals
- Some are collaborating:
  - Fire Department and Lompoc Valley Medical Center trialing a program to provide check-ins on recently released seniors

# Deep Community Ties Make Lompoc Strong

- In many ways, Lompoc is a small town and people want to support each other
  - DeWees Senior Center is a hub for activity/social connection, but not among Hispanic population
  - Phone call to doctor:
    - *“Don’t tell Mrs. X I am calling you, but she is near the breaking point from caring for her husband.”*

# Case Management/Advocate

## System is Critical

- Nearly all stakeholders identified the need for a case management/advocate system to identify and track caregivers and seniors
- Key questions remain:
  - Where would the system reside?
  - Should there be a physical location?
  - Referral system is needed
  - How can all stakeholders be included and contribute to the process?

# Phase 2: Caregiver/Senior Focus

- Four focus **Groups** with Lompoc Valley caregivers and seniors, 18 total participants
  - Alzheimer's Association Caregiver Support Group
  - Lompoc Promotores caregivers
  - Valley Haven Adult Day Center caregivers
  - Valley Haven Adult Day Center seniors
- 2 additional in-depth interviews with Lompoc Valley caregivers
- Nearly all stakeholders are also caregivers

# Phase 2 Objectives

The primary objectives of Phase 2 of the project were to:

- Gain a clearer understanding and assessment of existing caregiver services that are currently available and validate information from stakeholders
- Gain a clearer understanding of gaps in current services and need for additional or different services and validate information from stakeholders
- Gain input into Phase 3 of the needs assessment, the quantitative survey and solicit support on identifying and contacting caregivers to participate in quantitative survey

# Relationship to Senior

- Focus group caregiver participants included spouses, adult children, neighbors and friends
- Living arrangements varied:
  - Senior lived at home with spouse
  - Senior lived with adult children
  - Senior lived independently
  - Senior lived in assisted living or skilled nursing facility



# Are You a Caregiver?

- A significant sub-group of respondents did not self-identify as a caregiver:
  - *“I’m not a caregiver – I’m a wife.”*
  - *“I’m not a caregiver – I will always take care of my mom no matter what.”*
  - *“I’m not a caregiver anymore because my wife is now in Lompoc Skilled Nursing.”*

# High Stress Levels

- Among those responding, average stress level was 6.3 on a 10 point scale
  - Comparable to quantitative survey average of 6.4
  - Even with very difficult circumstances, some participants are able to manage the stress
    - *“Caring for my husband 24/7, I’m a 3. I love him and we live in the moment.”*
  - For most, caring for their senior is very stressful
    - *“It’s the lack of control.”*
    - *“Especially at night, I get up consistently to check if she [my mother] is breathing,”*

# Support Services Highly Valued

- Focus group respondents felt very strongly about the value of the services they were utilizing
  - *“This [Valley Haven] gives me a secure and safe place for my family member...and provides activities for my family member that are appropriate for their situation.”*
  - *“I get support from others who understand the 24/7 care and not [only] the snippets of time when things are great.”*

# Top Services Needed

- Ranking of 3 most important caregiver support services or resources that should be offered to Lompoc Caregivers:
  - Caregiver support groups
  - Training for caregivers
  - Occasional respite
  - Caregiver counseling to manage stress
  - Advocate/case worker to help with referrals to services (medical, legal, financial, insurance, etc.)

# Strong Need for Trusted Referral Source

- Focus group participants articulated their need for a trusted referral source:
  - *“In my perfect world, there would be a central place I can go to for information and reference – not on the computer.”*
  - *“Knowing where to get information for specific problems”*
  - *“You don’t think about it until you need it. And when you need it, you need it immediately.”*

# Phase 3: Caregiver Survey

- 153 total respondents
- Fielding survey online and in person 4/20-5/20/15:
  - 29 completed online
  - 124 completed using hard copy of survey
  - 14 completed Spanish hard copy version of survey
- 80 respondents provided a phone number or email address for future contact

# Events Attended

- Tabled at the following events:
  - 4/22/15: Santa Rita Housing, Mobile Food Distribution event. Invited to attend via Housing Authority and Foodbank SBC. Bilingual interpreter was provided
  - 4/28/15: DeWees Senior Center exercise class, with over 100 attendees
  - 4/29/15: Lifeline Informational Seminar
  - 5/15/15: 2015 Senior Expo, held at the DeWees Senior Center

# Other Sources of Completed Surveys

- Additional sources of completed surveys included:
  - Lompoc Promotores meeting (led by Josefa Rios)
  - DeWees Senior Center (Sue Slavens fielded surveys)
  - Office of Dr. Preciado (administered by nurse)
  - Office of Dr. Anderson
  - Lompoc Valley Medical Center (Jean McKinnon)
  - Foodbank Brown Bag Grocery Distribution (led by Eloisa Chavez, Community Programs Coordinator)



# Other Sources of Completed Surveys

- Additional sources of completed surveys included:
  - Valley Haven Adult Day Center (led by Kathy Concepcion)
  - Multiple meetings (led by Mary Lou Parks) including: Alpha club, Half Century Club, Elks Lodge, Village Country Club, Retired Base Personnel meeting

# Online/Social Media Sources

- Sources of completed online surveys:
  - Healthy Lompoc Coalition Facebook page
  - Healthy Lompoc Coalition – email sent to all members
  - Valley Haven Facebook page
  - Alzheimer’s Association – email sent by Donna Beal, Alzheimer’s Association, to Lompoc Valley-based distribution list

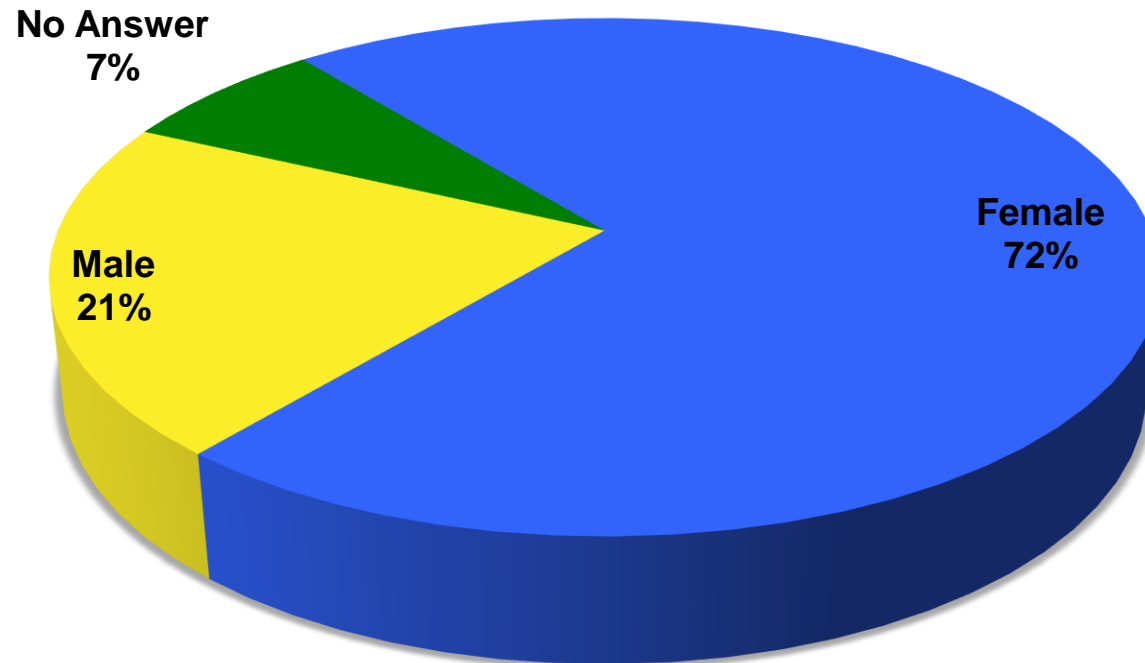
# Phase 3 Objectives

The primary objectives of Phase 3 of the project were to:

- Gain a clearer demographic understanding of Lompoc's caregivers
- Identify the current services available to Lompoc's caregivers
- Gain a clearer understanding of utilization of current services for caregivers
- Measure effectiveness of current services
- Identify gaps in current services and identify additional or different services that are needed

# Heavy Female Skew Among Respondents

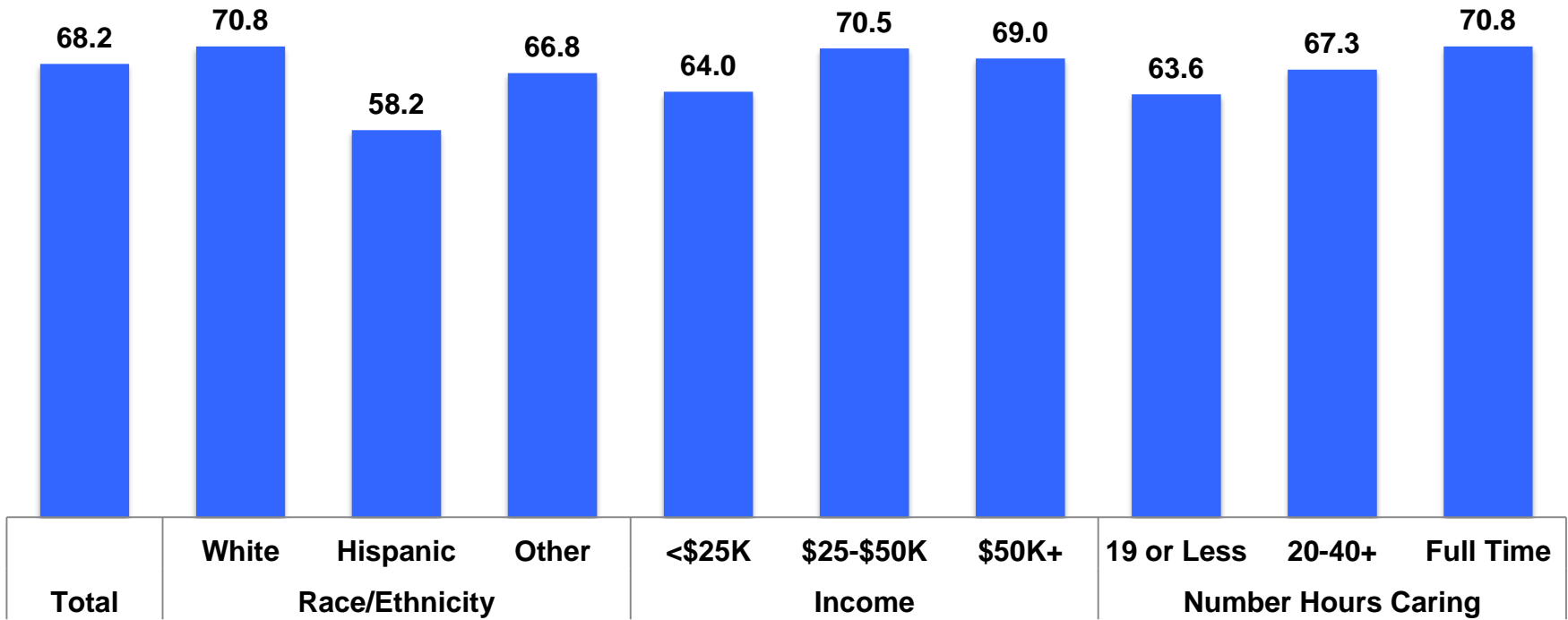
## Gender



# Average Caregiver Age: 68

Statistically significant differences in age by race/ethnicity and number of hours spent caring.

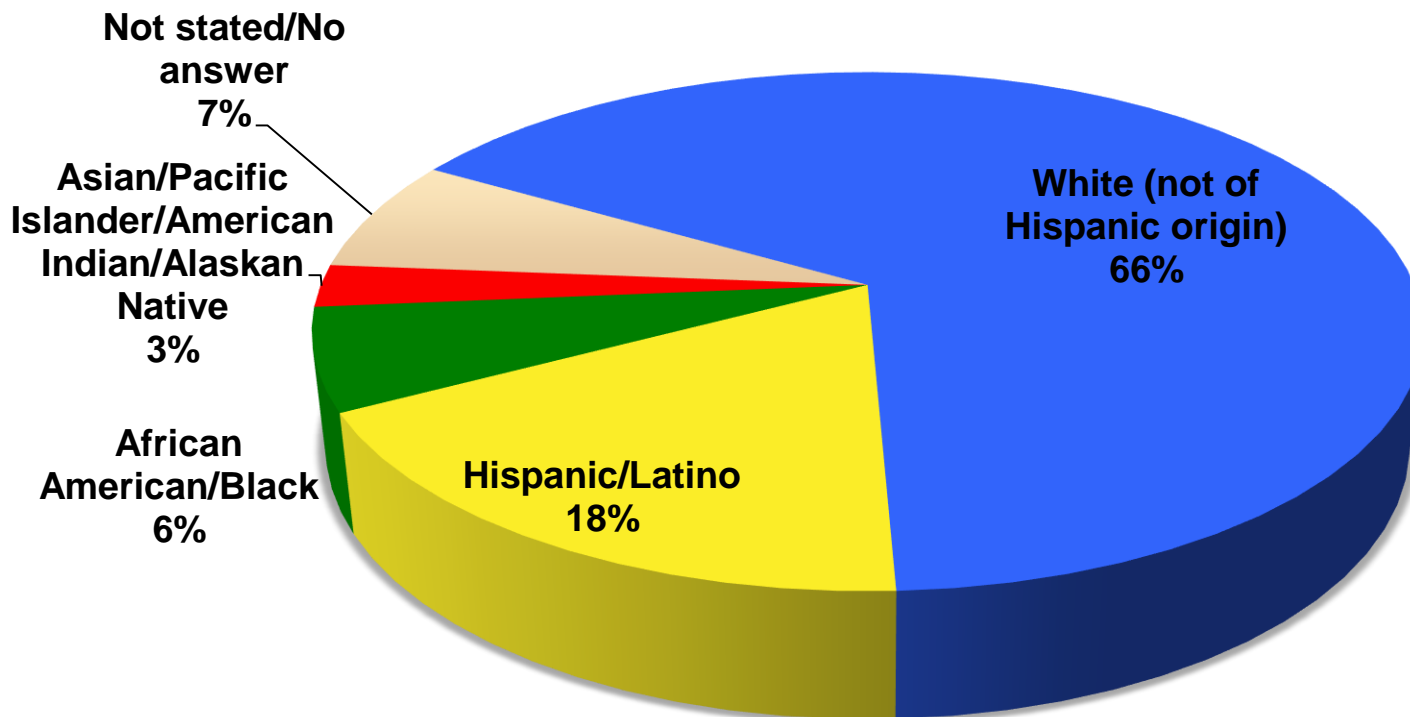
## Average Age



# Race/Ethnicity Mix

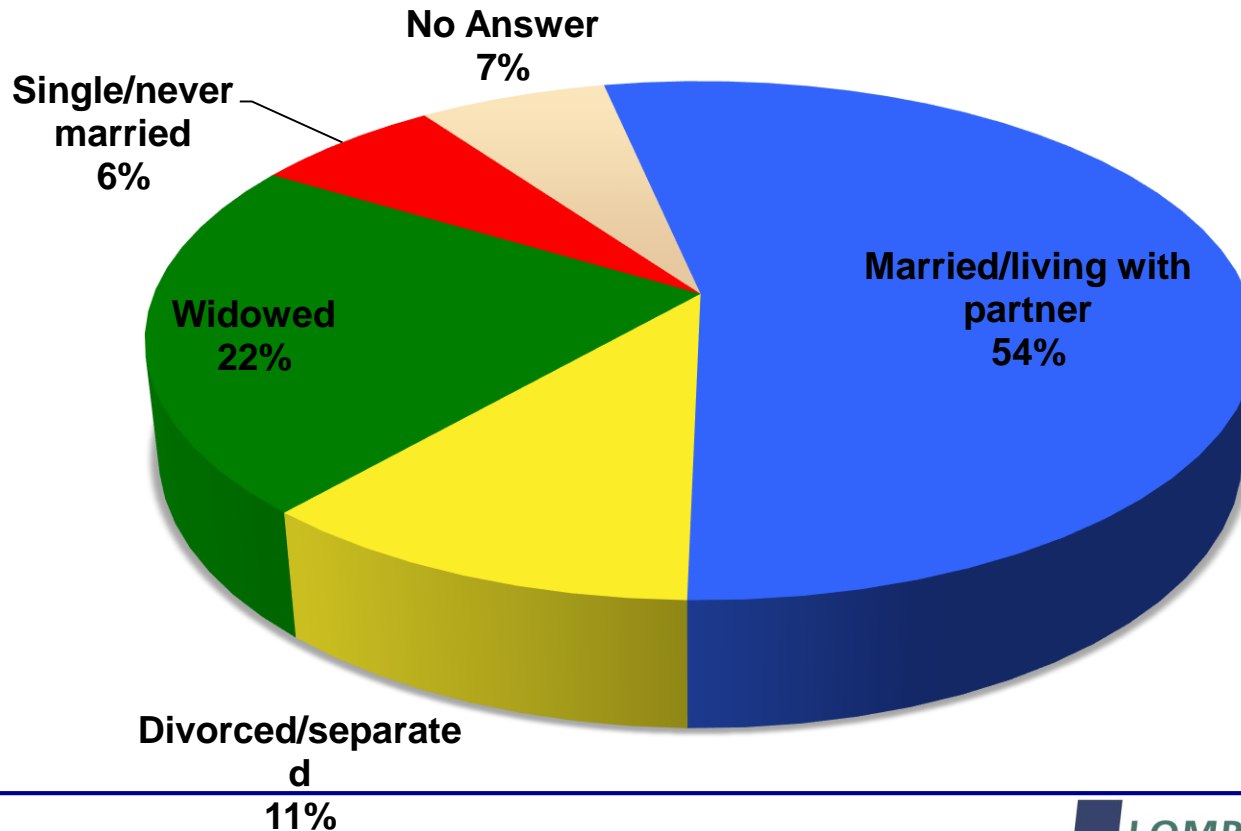
**Non-white race/ethnicity underrepresented in survey based on Lompoc demographics.**

## Race/Ethnicity



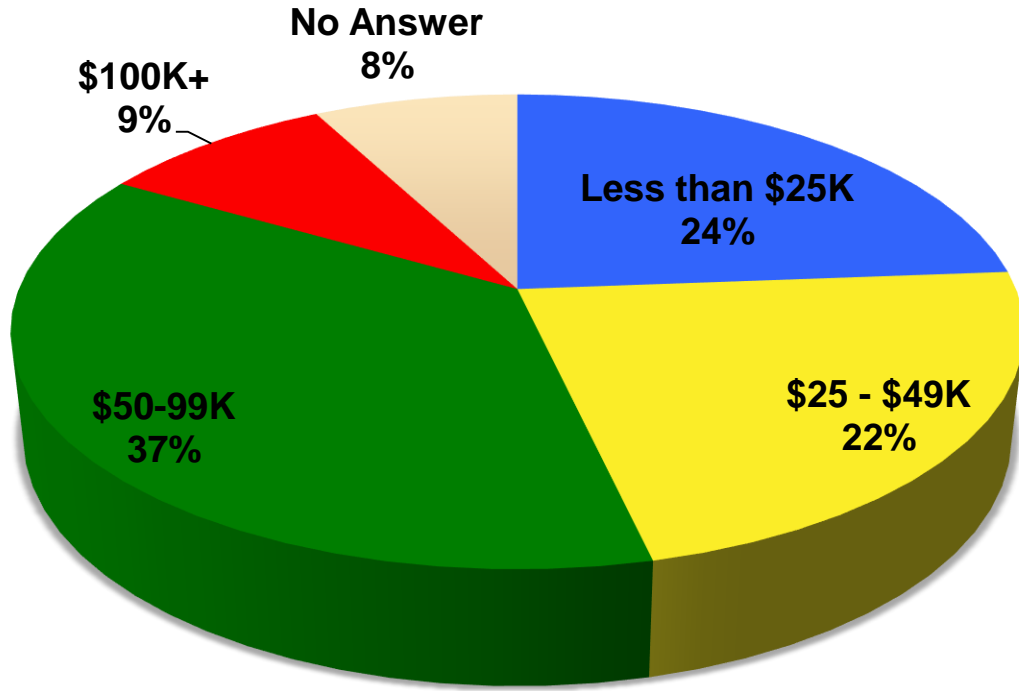
# Over Half of Respondents Married/Living with Partner

## Marital Status



# Nearly One Quarter Have Income below \$25,000

## Annual Income

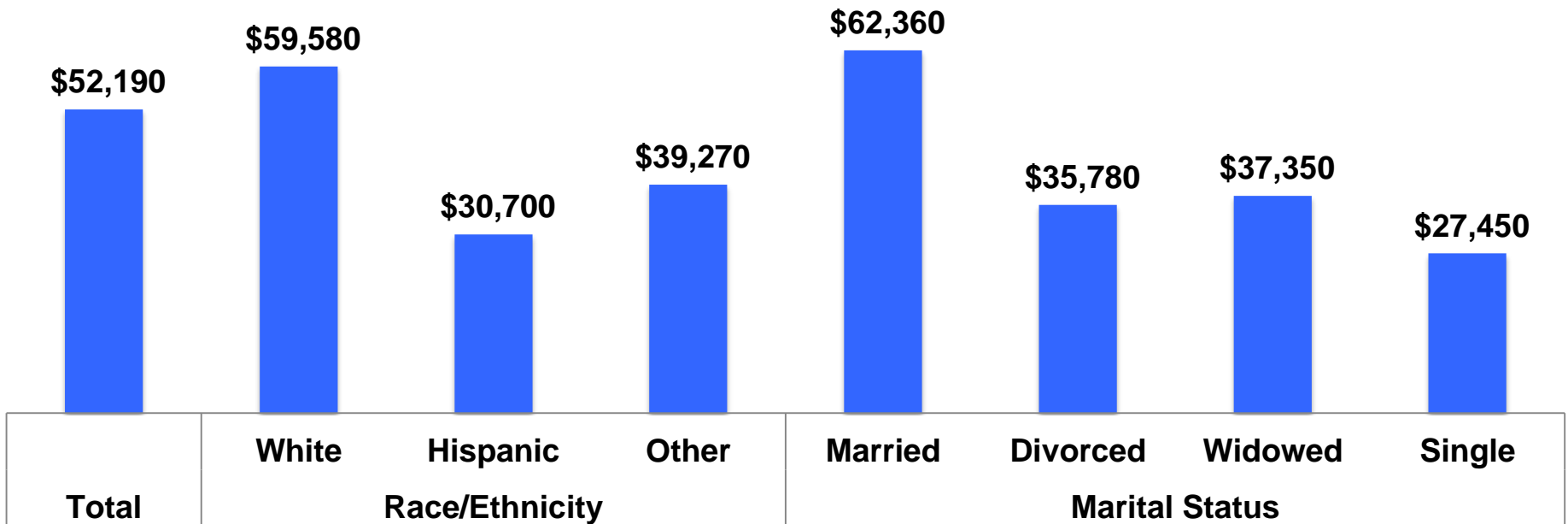




# Average Income: \$52,000

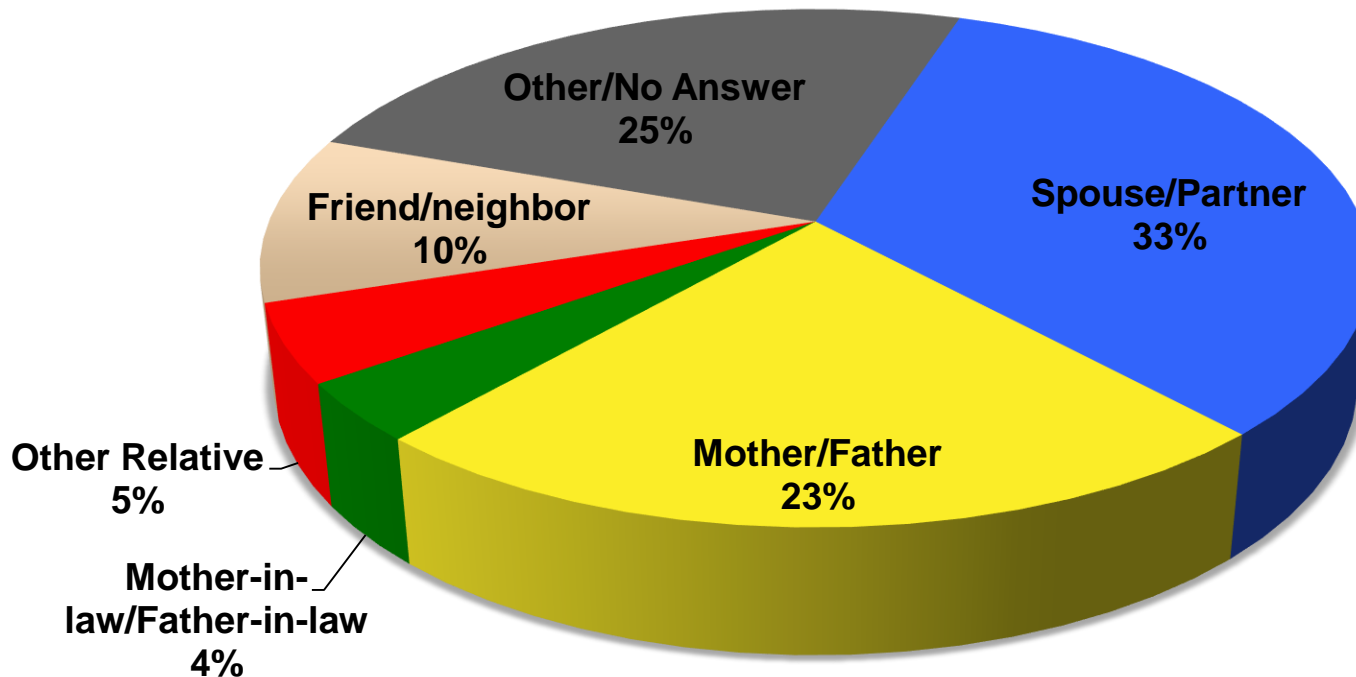
**Statistically significant differences in income by race/ethnicity and marital status.**

## Average Annual Income



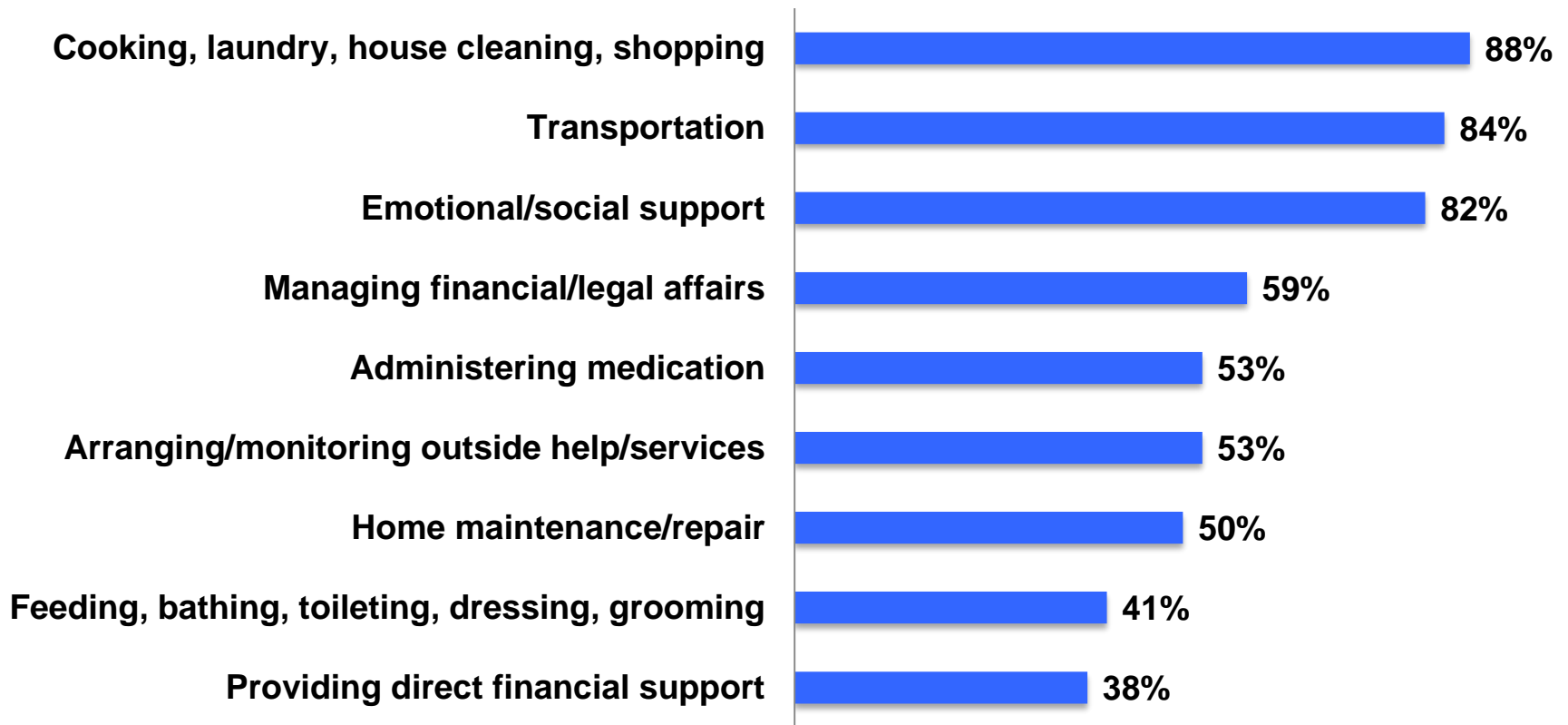
# One-Third Caring for Spouse/Partner

## Relation to Senior



# Most Providing Multiple Types of Assistance

## Kind of Assistance Provided



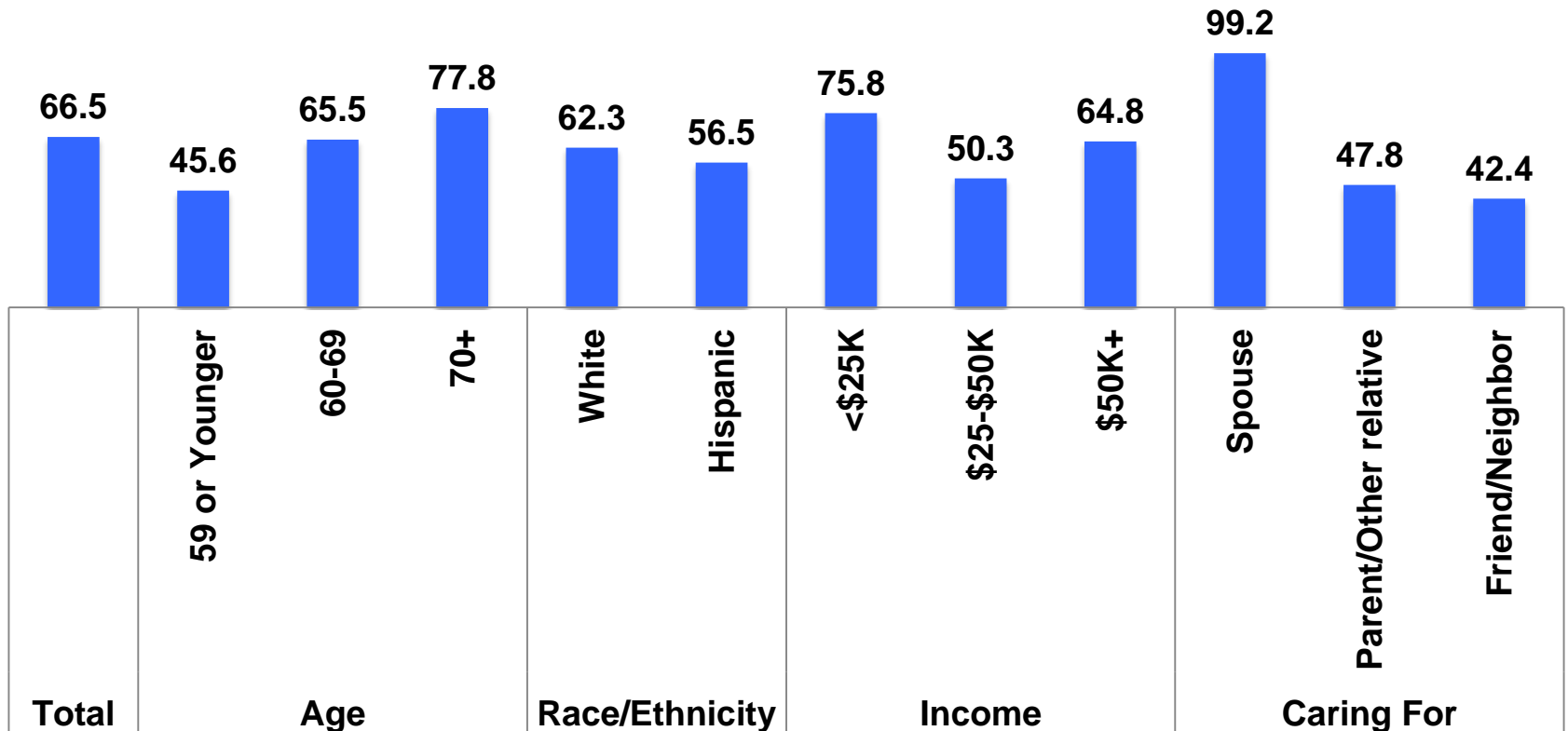
# Over One-Third Providing Direct Financial Support

- 38% of all caregivers are providing direct financial support to the senior
- Almost half of lower income caregivers (47% of caregivers with annual income less than \$25,000 and 48% of caregivers with annual income between \$25,000 - \$50,000) are providing direct financial support to the senior

# Average 66 Hours per Week of Caring

Over one-third providing 24/7 support. Statistically significant differences in hours of caring for spouse versus others.

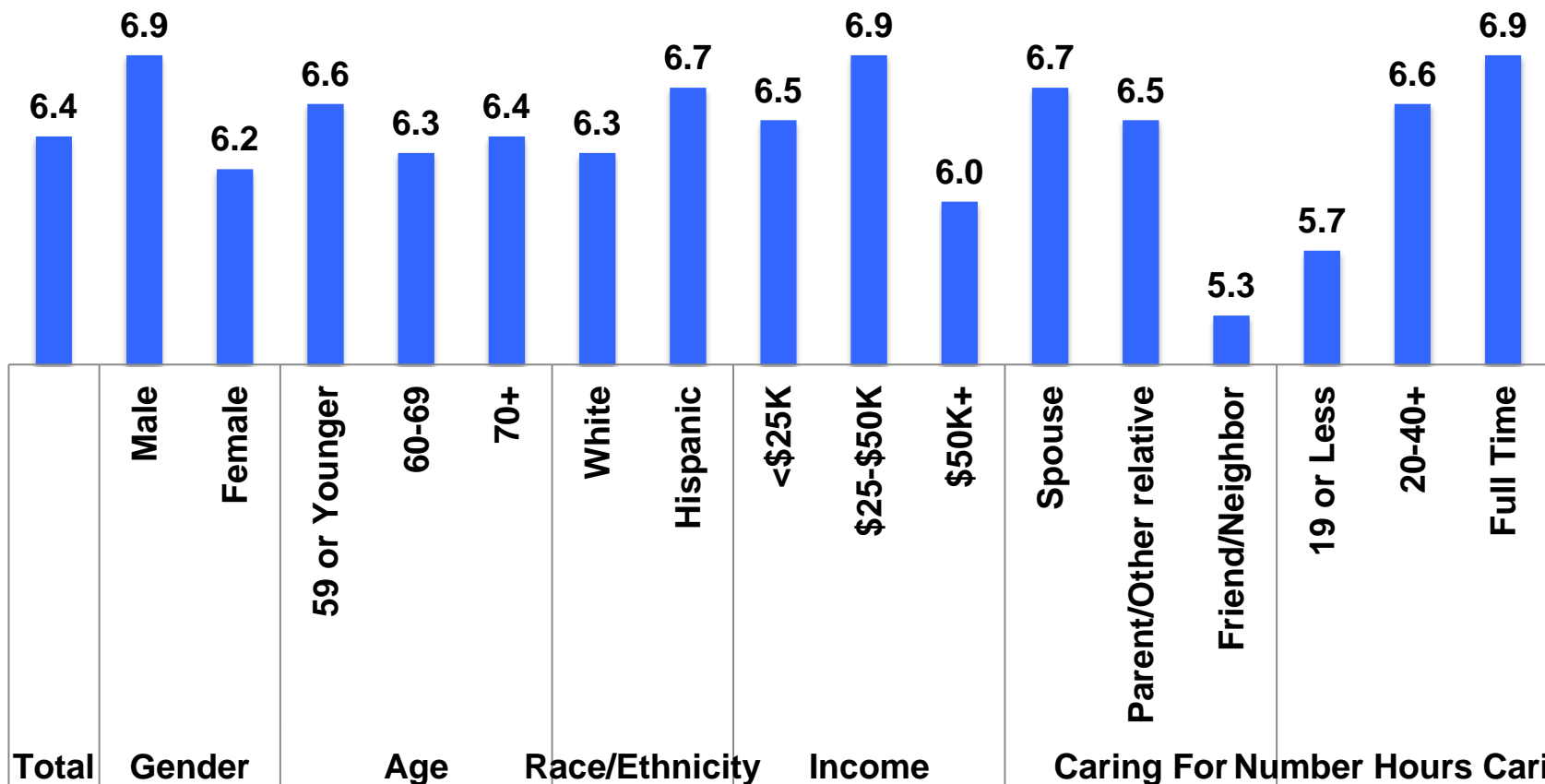
## Hours Per Week Caring for Senior



# Stress Level Very High

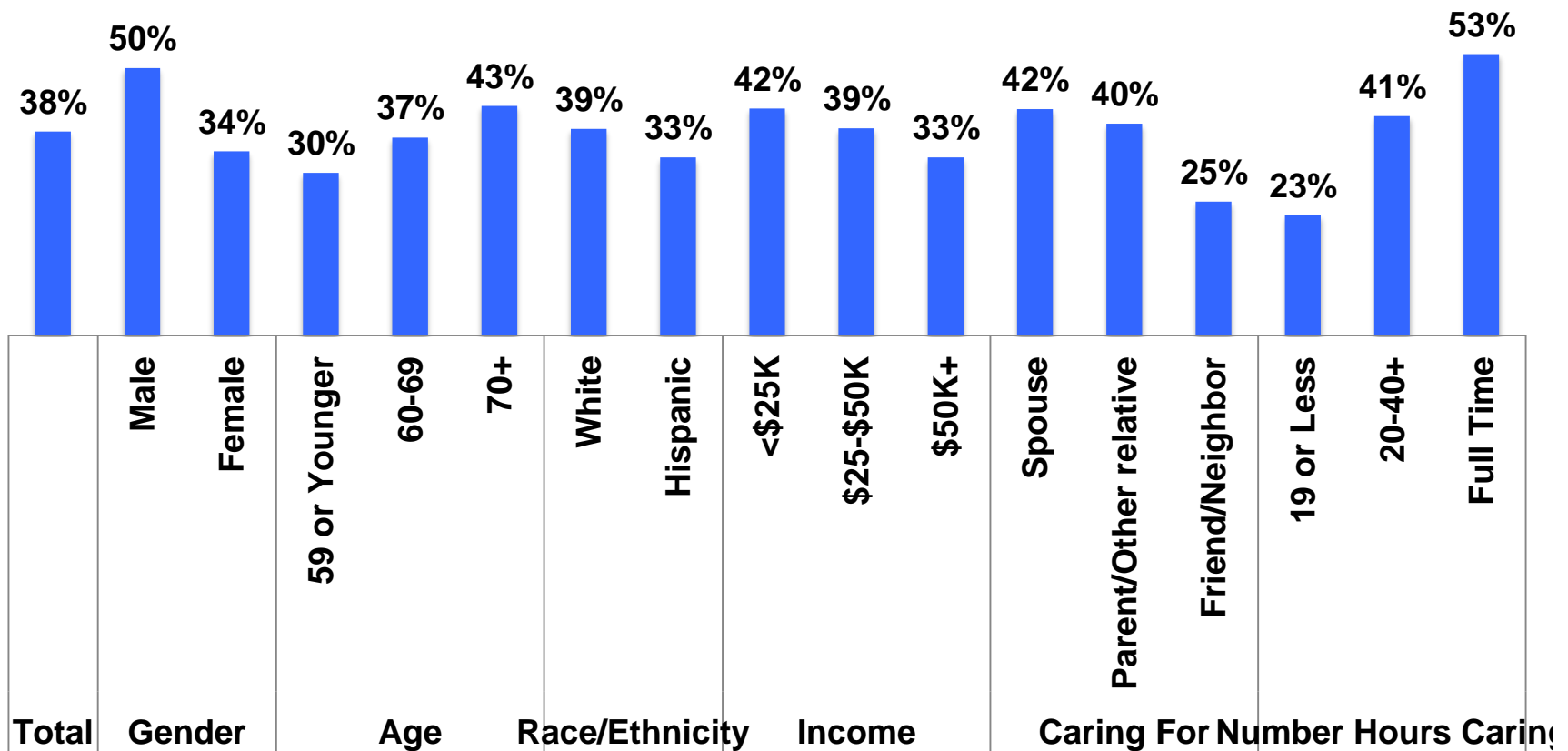
On a 10 point scale, average stress level is 6.4. Those caring full-time are statistically more stressed.

## Mean Stress Level



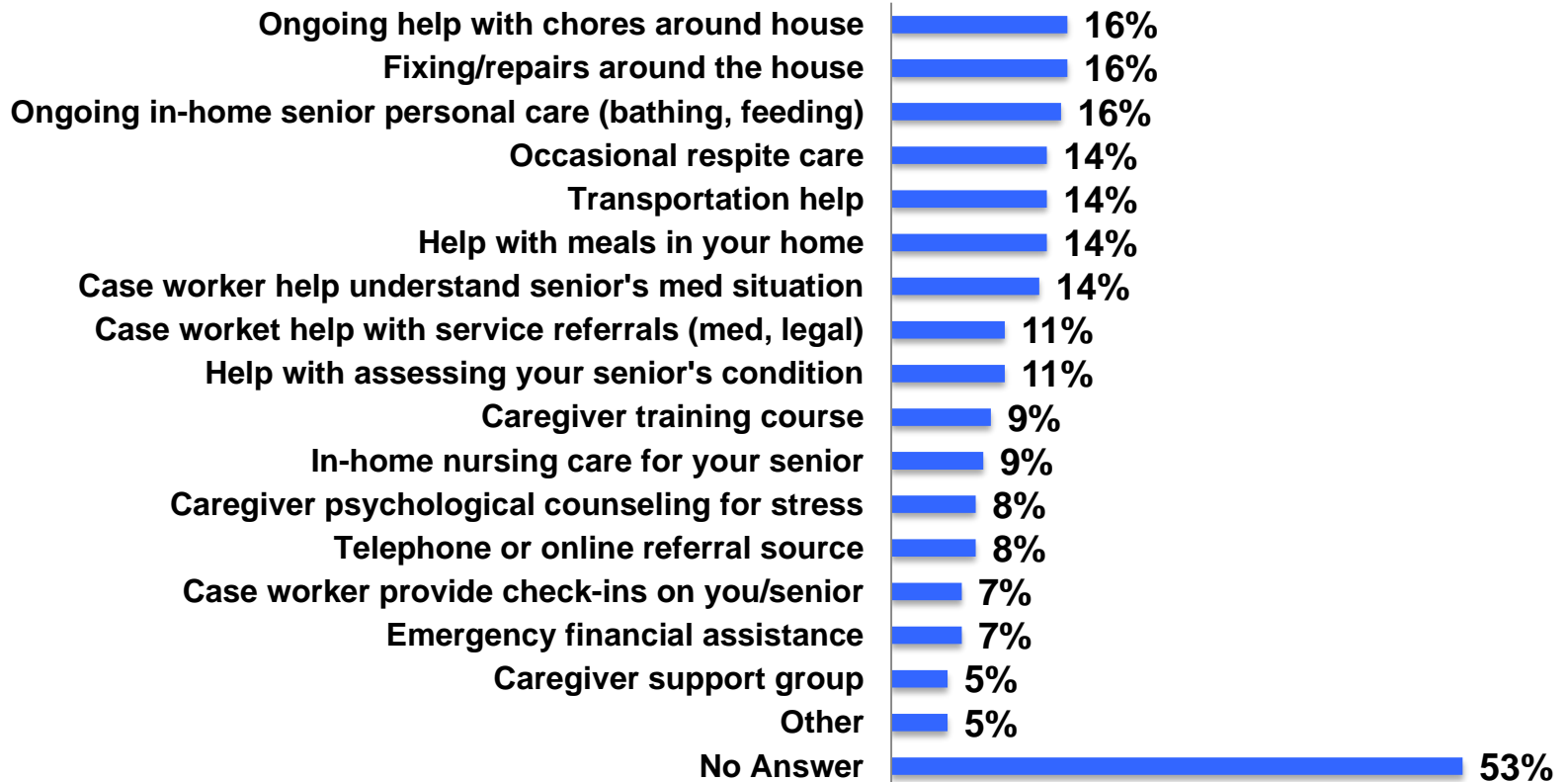
# Over One-Third at Highest Stress Level

## Percentage Stress Level of 8, 9 or 10



# Current Level of Service Utilization Very Low

## Services Currently Used by Caregiver

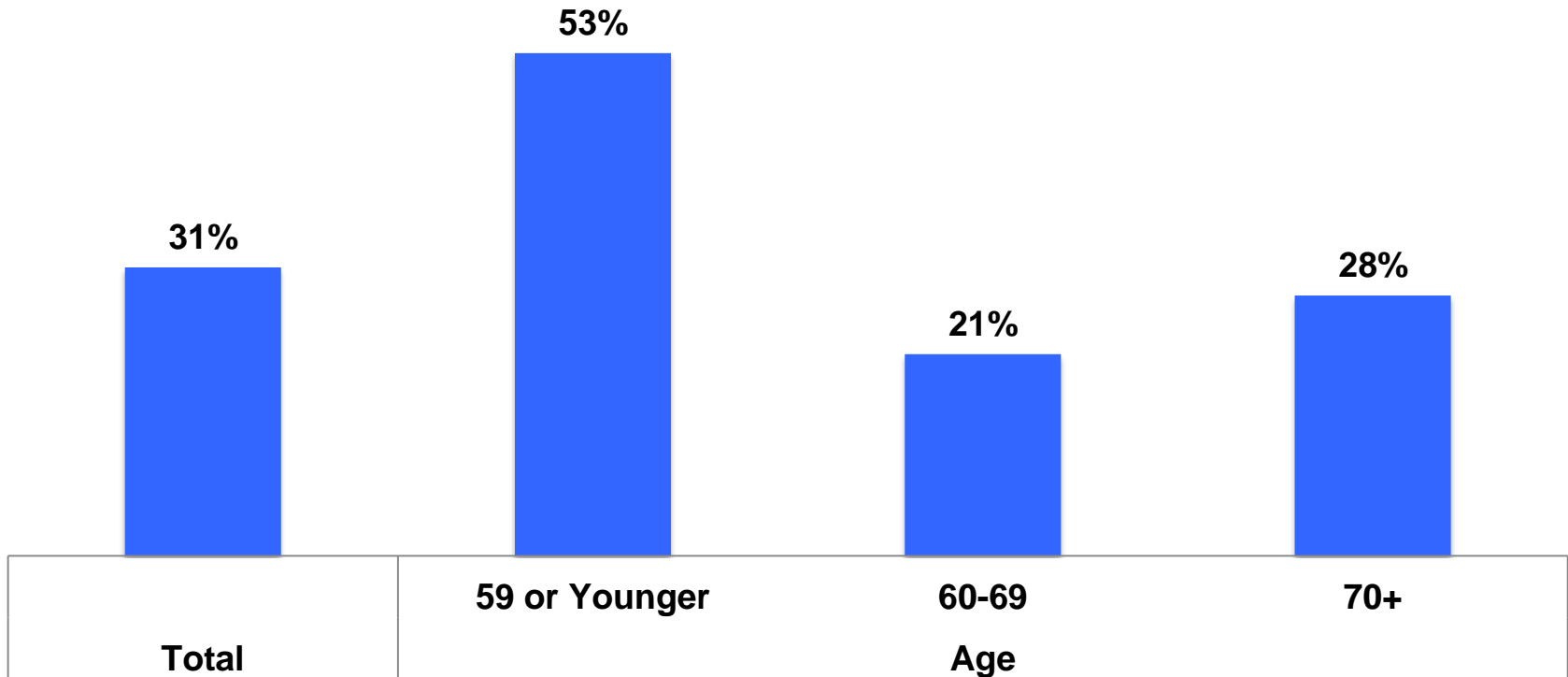




# Among Responders, One-Third Use Respite Care Now

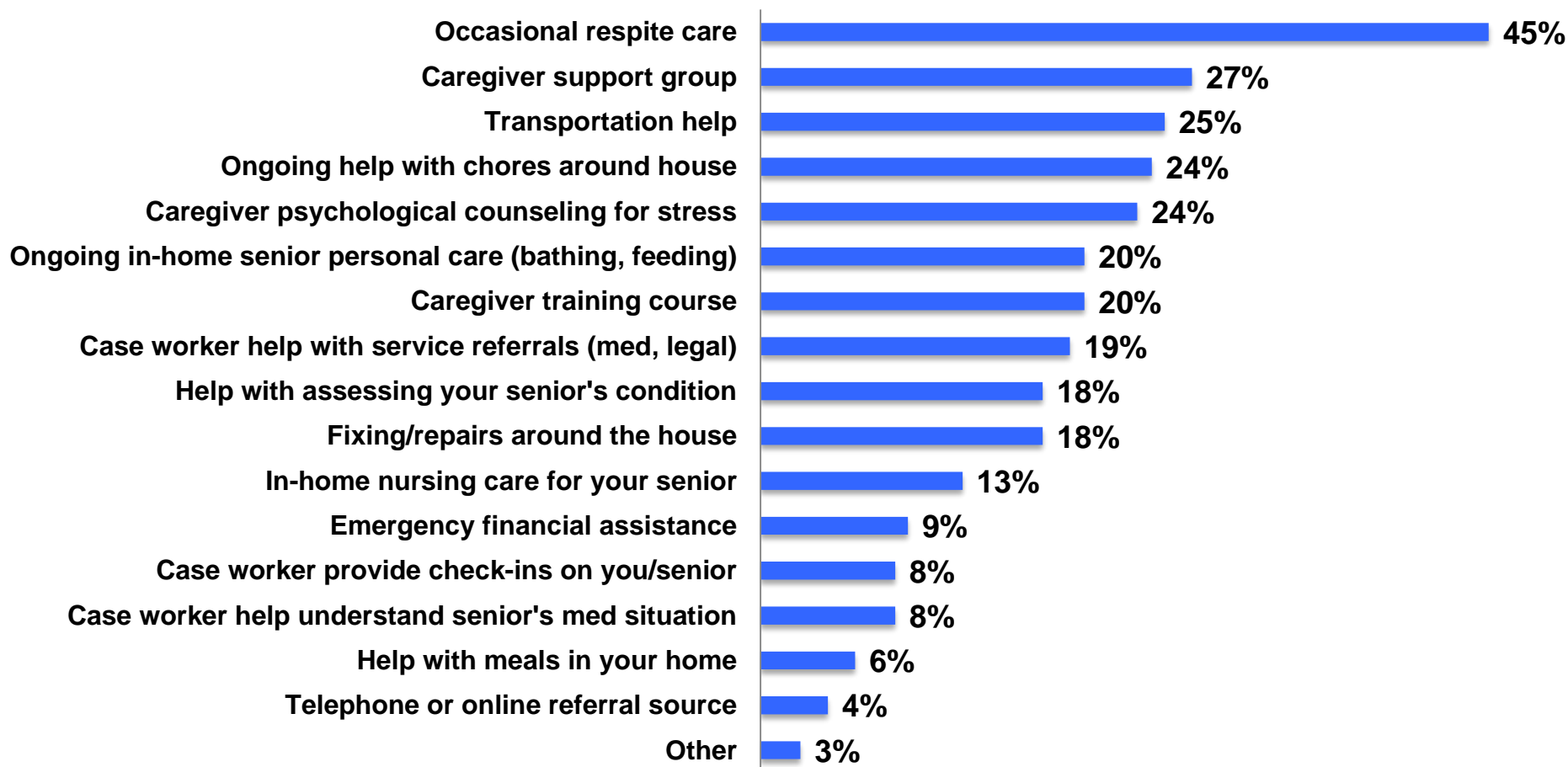
Those 59 or younger are currently taking advantage of occasional respite care statistically more than those age 60 or older.

## Currently Use Occasional Respite Care Among Those Responding



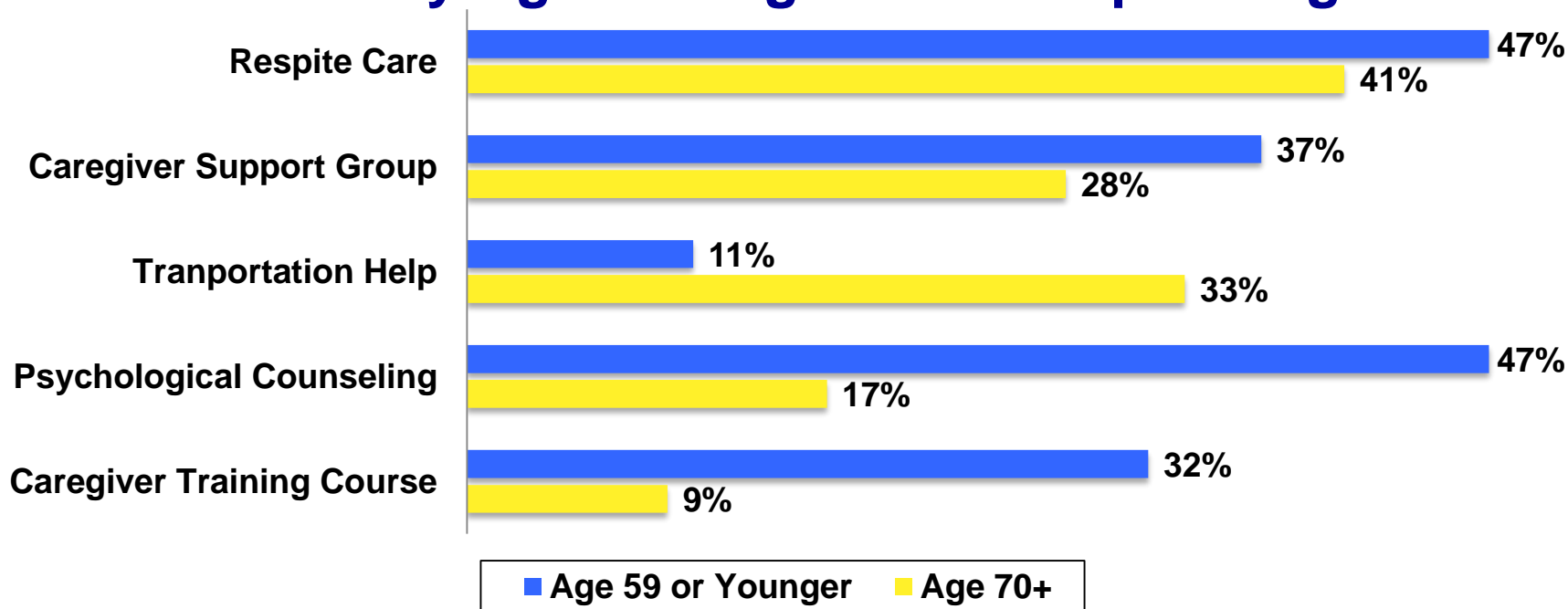
# Respite Care Ranks Highest

## Top 3 Services that Should be Available/Affordable for Caregivers Among Those Responding



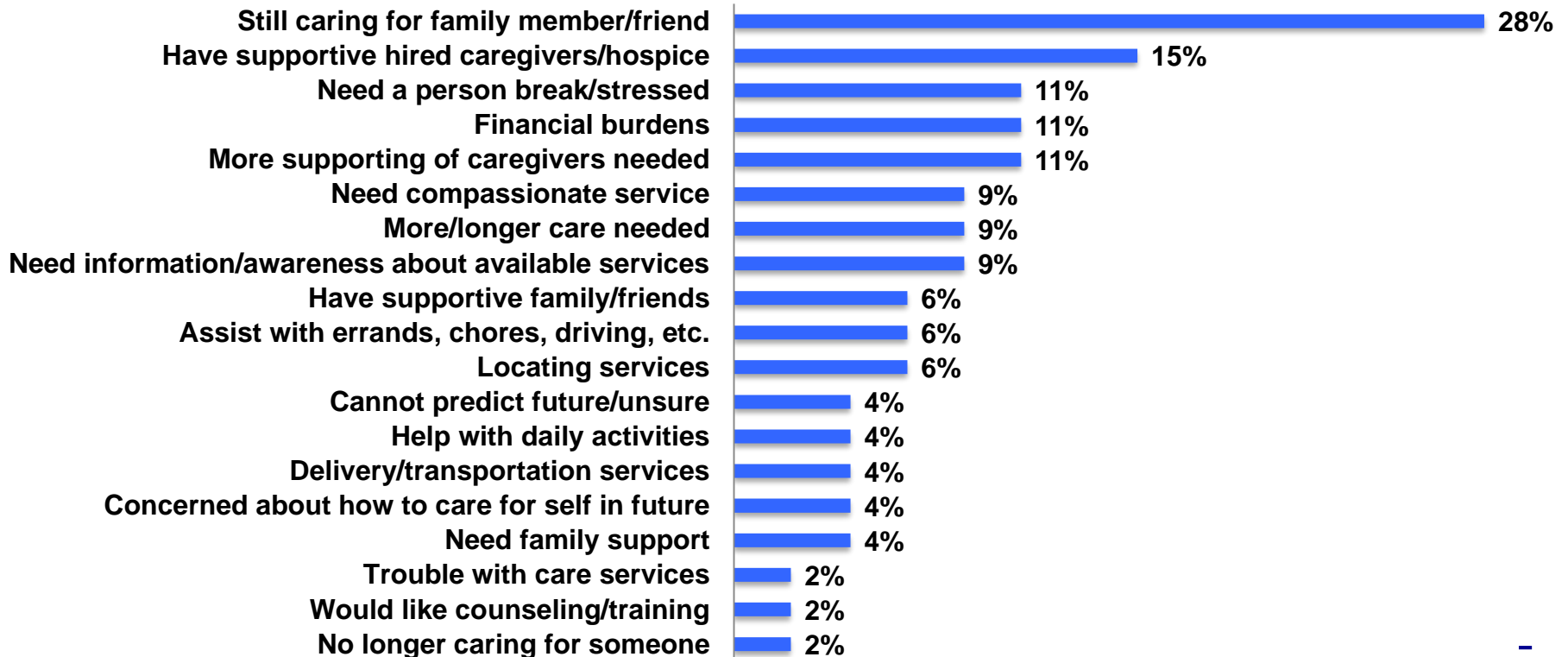
# Younger Demographic Ranks Services Higher

## Top 3 Services that Should be Available, Affordable for Caregivers By Age Among Those Responding



# Respondents Express Stress/Need for Support

## Additional Comments About Past, Present and Future Caregiver Needs Among Those Responding



# Lompoc Valley Caregiver Needs Assessment Project

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