

# Social Care Services Evidence Summary: Caregiver Support Services

This evidence summary includes a broad range of research/resources on caregiver support services and is primarily focused on health care impact. It is not intended to be an exhaustive compilation of research/resources on this topic. The information presented in this summary can inform the value proposition of partnering with a community-based organization (CBO) or a network of CBOs to offer these services and supports as part of a strategy to address social determinants of health (SDOH).

Caregiver support services can improve outcomes for caregivers and those they are supporting (Fuller-Tyszkiewicz et al., 2020; Avison et al., 2018; Martindale-Adams et al., 2017; Chen, Hendrick & Young, 2010; Coleman et al., 2004). Well-designed caregiver supports can mitigate caregiver burden by offering caregivers emotional, financial, or educational support to enable them to better care for the individual they are supporting. Providing these supports is important, as research indicates that family members with greater unmet support needs, particularly unpaid caregivers, report increased caregiving burden and decreased satisfaction and self-efficacy (Crabb et al., 2020). Furthermore, evidence suggests that caregivers who utilize respite services spend more total hours caregiving, indicating respite services may support caregiver retention (Chen, Hendrick and Young (2010).

For specific, further detailed information on this evidence, please review the resources listed below.

## Caregiver Supports Research and Evidence

Study	Population Studied	Objective of Study	Type of Analysis	Findings / Results
<a href="#">Avison et al. (2018)</a>	1,568 caregivers who did and did not participate in the National Family Caregiver Support Program (NFCSP)	To evaluate the NFSCP’s design and operation at the state, local, and provider levels, and to assess its impacts on the family caregivers it serves.	Observational survey, statistical analysis (difference-in-differences analyses)	Key among the evaluation’s findings are that education and training services can lead to greater caregiver confidence over time. Additionally, the evaluation demonstrates that caregivers’ use of the services helped them continue in their role for longer periods.
<a href="#">Chen et al. (2010)</a>	A sample of 164 caregivers who were reported as having	To evaluate a federal and state-funded Family Caregiver	Observational survey, statistical	Using consulting and education services is associated with reduced subjective burden; using financial support services

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	received services from local Aging and Disability Services agencies	Support Program (FCSP) and explore what types of caregiver support service are associated with what caregiver outcomes.	analysis (MANCOVA)	is associated with more beneficial caregiver appraisal, such as better caregiver mastery.
<a href="#">Coleman et al. (2004)</a>	158 Community-dwelling adults and a matching control group of 1,235 people from administrative data; both groups were aged 65 and older admitted to the study hospital in Colorado with one of nine selected conditions hospitalized between July 1, 2001, and September 1, 2002, and enrolled in the participating health system as of July 1, 2001.	To test whether an intervention designed to encourage older patients and their caregivers to assert a more active role during care transitions can reduce rehospitalization rates.	Quasi-experimental design and retrospective study in which participants receiving the intervention were compared with non-participating individuals derived from administrative data using descriptive statistics	Supporting individuals and caregivers to take a more active role during care transitions appears promising for reducing rates of subsequent hospitalization.
<a href="#">Crabb et al. (2020)</a>	182 Illinois Medicaid managed care enrollees with	To longitudinally examine the impact of public family support	Observational survey, statistical analysis (ordinary	Family members with more unmet family support needs had increased caregiving burden and decreased

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	disabilities and their family members	on appraisals of caregiving burden, satisfaction, and self-efficacy among families of adults with disabilities.	least squares regressions)	satisfaction and self-efficacy. Family members providing more unpaid care reported higher burden. Black family members had significantly lower burden, and parents had significantly lower satisfaction and self-efficacy. Family members of enrollees with intellectual and developmental disabilities (I/DD) had higher self-efficacy.
<a href="#">Epstein-Lubow et al. (2014)</a>	A convenience sample of 2,747 fee-for-service Medicare patients was recruited for the Care Transitions Intervention (CTI) during inpatient medical hospitalizations at 6 hospitals in Rhode Island between January 1, 2009 and June 31, 2011.	To evaluate the association between family caregiver presence and patient completion of the CTI, a patient activation model that provides transitional care coaching for 30 days following hospital discharge.	Observational review of individuals participating in a CTI program, statistical analysis (between-group differences assessed using a $\chi^2$ test for categorical variables and a t-test for continuous variables)	Patients with family caregivers were more than 5 times as likely to complete the intervention as patients without family caregivers. Men with family caregivers were nearly 8 times as likely to complete the intervention as men without family caregivers.
<a href="#">Fuller-Tyszkiewicz et al. (2020)</a>	183 Caregivers recruited to participate in an app-based intervention	To evaluate the effectiveness of a self-guided mobile app-based psychological intervention for people providing care	Experimental, statistical analysis (Intention-to-treat (ITT) analysis)	The intervention group experienced reductions in stress and depressive symptoms from baseline to postintervention. The intervention group reported lower levels of depression and higher levels of

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		to family or friends with a physical or mental disability.		emotional well-being, optimism, self-esteem, support from family, support from significant others, and subjective well-being.
<a href="#">Martindale-Adams et al. (2017)</a>	Caregiving dyads from a federal or Tribal health care program serving one of the 546 federally recognized Tribes, an Urban Indian Health program, or awardees of the Administration for Community Living (ACL)/Administration on Aging (AoA) Native American Caregiver Support Program (NACSP)	To share Resources for Enhancing Alzheimer's Caregivers Health (REACH), a successful caregiving program across federal and local agencies.	Observational review of program implementation, qualitative interviews and descriptive statistics	The evidence-based REACH intervention has been shown to improve dementia caregivers' emotional and physical well-being and their management of their loved one's difficult behaviors.

## Additional Resources

Resource Author	Description of Content	Target Audience
<a href="#">Owen et al. (2020)</a>	<p>The purpose of this study was to explore the impact of family-informed care on the unmet needs of Medicaid enrollees who required medical services and long-term services and supports (LTSS). The study also examined family members' appraisal of the services received by those enrollees within a Medicaid managed care program in one Midwestern state. Seven hundred Medicaid enrollees who received the support of a family member participated in the survey. Researchers found that family members who reported higher levels of the family-informed care had higher appraisals of the services received by enrollees and those enrollees reported fewer unmet medical and LTSS needs.</p>	<p>States, CBOs, health care providers</p>
<a href="#">Wang et al. (2020)</a>	<p>To identify factors associated with the caregiving appraisal of informal caregivers, 40 cross-sectional and cohort studies papers published from 1984 to December 2018 were systematically reviewed. Keywords related to informal caregivers' caregiving appraisal were used. The review revealed that there are inconsistencies in the understanding of caregiving appraisal, and consensus is needed for conceptual clarity. Caregiving appraisal is associated with individual level, interpersonal level, community level factors.</p>	<p>States, CBOS, researchers</p>