Workplace Partners for Eldercare
A Replication Report

Constance L. Coogle, Ph.D.
Virginia Center on Aging,
Virginia Commonwealth University
Prepared for Senior Connections
The Capital Area Agency on Aging
October 2008
Workplace Partners for Eldercare

A Replication Report

Constance L. Coogle, Ph.D.
Virginia Center on Aging
Virginia Commonwealth University
P.O. Box 980229
Richmond, VA 23298-0229
(804) 828-1525
ccoogle@vcu.edu

Prepared for

Senior Connections
The Capital Area Agency on Aging

24 E. Cary St.
Richmond, VA 23219-3796
(804) 343-3000

October, 2008
Workplace Partners for Eldercare

A Replication Report

Table of Contents

Project Summary

Background Literature

References

About the Replication Report Collaborators

I. Introduction: The Replication Report in a Nutshell

II. Collaboration

III. Outreach

IV. Capacity Building

V. Evaluation

VII. Summary

VIII. Appendices

Appendix 1: Richmond Area Caregiver Coalition Membership List
Appendix 2: Workplace Partners for Eldercare Brochure
Appendix 3: Project Presentation on Website
Appendix 4: Business Sign-Up Sheet
Appendix 5: Business Checklist for Developing Implementation Plans
Appendix 6: Business Forum Flyer
Appendix 7: Baseline Data Presentation for Business Forum
Appendix 8: E-mailed Invitation to Participate in Project
Appendix 9: Web-Based Evaluation Survey
Appendix 10: Baseline Evaluation Interview Questionnaire
Appendix 11: Didactic Presentation for Interviewer Training
Appendix 12: Answer Key for Interviewer Training Instructional Exercises
Appendix 13: Post-Implementation Interview Questionnaire
Project Summary

This Replication Report describes the Workplace Partners for Eldercare project that was awarded to Senior Connections: The Capital Area Agency on Aging by the Richmond Memorial Health Foundation. The Virginia Center on Aging at Virginia Commonwealth University was subcontracted to devise the evaluation protocol and replication report. Data from the 14 area businesses initially engaged provided a full description of the baseline and allowed for statistical comparisons that guide sustained efforts under the initiative. Begun in 2005, the project was implemented through the Richmond Area Caregiver Coalition with advice from the project’s Business Roundtable. The Workplace Partners for Eldercare initiative continues to work with employers to educate them about resources and encourage the provision of benefits that support working caregivers and enhance their well-being. It provides customized programs and services, community resource guides, speakers for seminars, and general support for eldercare friendly companies. One of the project products, CareCompass (http://www.seniorconnections-va.org/CareCompass/tabid/90/Default.aspx), is a marketing and education campaign to help caregivers connect with services such as information and referral, transportation, respite breaks, temporary home care, and adult day care.
Background Literature

The need to strengthen families in their caregiving role, and to sustain them as the backbone of our long-term care system, is a central issue in our aging society. As more long-term care is provided at home and in the community, rather than through facilities and institutions, reliance on family and informal caregivers grows. For families with seriously ill or disabled family members, managing the competing demands of work and family can become an impossible task. As many as 10-31% of working caregivers leave their jobs as a result of caregiving responsibilities (National Alliance for Caregiving & AARP, 1997; Statewide Resources Consultant, 2002).

An estimated 44.4 million Americans (21% of the adult population) provide care for adult family members and friends who, because of disabling illnesses or conditions, cannot carry out basic activities of daily living, such as bathing, preparing meals or managing medications (National Alliance for Caregiving & AARP, 2005). Others (Arno & Mintz, 2004) provide a more conservative national estimate (27.2 million), but have reported state level statistics as well. In Virginia, there are 696,303 family caregivers, and older adults (age 65+) with disabilities constitute 42.1% of the population who receives care (Feinberg, Newman, Gray, & Kolb, 2004). Informal caregiving has an estimated national economic value of $257 billion per year (Arno & Mintz, 2004), greatly exceeding the combined costs of nursing home care ($92 billion) and home health care ($32 billion). The vast majority (78%) of adults in the U.S. who receive long-term care at home get all their care exclusively from unpaid family members, mostly wives and adult daughters. Another 14% receive some combination of family care and paid assistance; only 8% rely on formal care alone (Thompson, 2004).

Almost two-thirds of family caregivers (59%) are currently working (48% full time and 11% part time), or have worked at some time while providing care. More than six in ten working caregivers (62%) say they have had to make some adjustments to their work life as a result of their caregiving responsibilities (National Alliance for Caregiving & AARP, 2005). Studies have provided evidence that as many as 37% of working caregivers have needed to reduce their work hours or make some accommodations as a result of their caregiving (Bond, Galinsky, & Swanberg, 1998), and a few (5%) have needed to reduce work time by three or more days (Heymann, 2000). A recent study of workers in three large corporations found that 82% of the working caregivers came into work late or left early as a result of their caregiving, and 55% modified their work schedules (Wagner, Hunt, Timmermann, & Schlenk, 2002). Research shows that support services effectively reduce the burden, strain and depression of caregiving responsibilities (Mittleman, Roth, Haley, & Zarit, 2004; Montgomery & Borgatta, 1989; Ostwald, Hepburn, Caron, Burns, & Mantell, 1999; Zarit, Stephens, Townsend, & Greene, 1998) and can allow family caregivers to remain in the workforce (Wagner, 2001).

For the past two decades, workplace policies, programs and benefits for employees’ work-family needs have been implemented by many employers. Employers are encouraged in these actions because it creates a more positive relationship with employees, but there are positive economic benefits as well (Wagner, 2001). Lost productivity as a consequence of family caregiving responsibilities among employees may be costing the nation’s employers as much as $29 billion annually (Metropolitan Life Insurance Company, 1997).
Although the “aging network” offers unique expertise about aging and home and community-based services, until very recently this network has been conspicuously absent in the human resource departments of employers of all sizes as they plan and implement solutions to employees’ work and family problems (Wagner, 2003). Yet, a survey of New Jersey employers indicated that businesses would appreciate and use information about aging, community services and resources from the aging network (Wagner, Hunt, & Greene, 2000). One promising model developed by the Atlanta Regional Commission area agency on aging provided resources and other direct services to assist area employers better manage an aging workforce. Their assistance included consultation and referral, employee seminars, caregiver support groups, retiree assessment, and care management services (Wagner, 2003).

With the "graying of America," there is a need for greater awareness and responsive action which will allow workers to balance their jobs and elder-caregiving responsibilities more effectively. During this decade, public and private institutions increasingly will find it advantageous to respond positively to the fact that the nation's population is aging. The productivity of American workers will depend to a large extent on the willingness of employers to accommodate these societal changes, and those who recognize the challenge today will be better prepared for tomorrow.

In response to this need, Senior Connections: The Capital Area Agency on Aging implemented an initiative to demonstrate successful local methods of offering assistance to employers interested in supporting their caregiving employees, thereby improving caregiver efficiency and productivity in the workplace. The purpose of the project was to assist targeted businesses interested in improving and enhancing the workplace supports offered. The assistance was tailored to each employer’s needs, through a consultative process that would mutually determine the most helpful and feasible workplace activities.
References


About the Replication Report Collaborators

**Senior Connections: The Capital Area Agency on Aging** is dedicated to helping seniors maintain quality of life and independence as they age. Established in 1973 as one of 25 Area Agencies on Aging in the State of Virginia, Senior Connections is governed by a Board of Directors and operates as a private, nonprofit, 501(c)(3) organization. As a nonprofit, the Agency accepts donations of items, services, monetary gifts and memorials. Senior Connections receives federal funding under the provisions of the Older Americans Act and state funds administered by the Virginia Department for the Aging. Funding is also provided by city and county governments. The agency works to assist seniors so they can live with dignity and choices in their homes and communities, with a special emphasis on helping the frail and disadvantaged elderly who may be socially isolated and physically or economically at risk.

**The Virginia Center on Aging (VCoA)**, located on the Medical College of Virginia Campus of Virginia Commonwealth University, was created by the Virginia General Assembly in 1978 (Chapter 170 of the Acts of 1978, Code of Virginia 23-50.15) to be an interdisciplinary study, research, and information resource facility for the Commonwealth of Virginia “utilizing the full capabilities of faculty, staff, libraries, laboratories and clinics for the benefit of older Virginians and the expansion of knowledge pertaining to the aged and to the aging process.” In-service training for professionals and paraprofessionals, and the education and training of older persons are included among the interdisciplinary studies to be conducted by the VCoA. The General Assembly also mandated the VCoA to collect and maintain data on the characteristics and conditions of Virginia's elders, and to conduct research in the field of gerontology and to make the findings available.

**SeniorNavigator** is a free, non-profit, public service that connects seniors and caregivers with local services available in the community. It also provides free information about the senior-related health and aging resources available to Virginians. The well-established and highly acclaimed website, www.seniornavigator.org, features over 20,000 programs and services that address financial concerns, legal questions, caregiver support, housing and assisted living facilities, and more. Across Virginia, SeniorNavigator Centers have been established specifically for individuals without home computers. All of the community-based Centers have trained staff who use the SeniorNavigator website to assist seniors and caregivers in obtaining information about support services.

**United Way of Greater Richmond & Petersburg**, advances the common good by focusing on the building blocks of a good life: education, income, and health. A quality education so our children can succeed in school, graduate, and achieve their potential. Enough income so families and individuals are financially stable. And good health, especially for our older adults and their caregivers. United Way's goal is to create lasting changes in these areas to prevent problems from happening in the first place.
I. Introduction: The Replication Report in a Nutshell

Development of this replication report utilized a well-established structural design, known as the Integrated Model. It is a broad, tested process strategy that we have applied in similar efforts to address the needs of older adults and their family caregivers in the community. The Integrated Model has four basic components that should be incorporated into any replication of this project. They are: 1) collaboration, 2) outreach, 3) capacity-building, and 4) evaluation. A brief discussion of these four aspects provides a rationale for replicating the project.

Collaboration. The Workplace Partners for Eldercare initiative regarded collaboration as one of the most fundamental components of the effort. Collaboration began with the funding source and continued down to the businesses ultimately engaged. In between there were two primary collaborating bodies: The Richmond Area Caregiver Coalition, which was charged with project implementation, and the Business Roundtable, serving a managerial advisory role in the project. These partners worked to fulfill a variety of functions, from recruiting the businesses to be engaged to guiding the content of the educational tools employed. In the process, the collaborating members became more aware of the local business community and how employed caregivers were being supported on the job. In addition, linkages were established or developed for future resource-sharing, referral, and cooperation.

Outreach. The need for outreach to employed caregivers was also an important impetus for the initiative. Working through the employers recruited to participate in the project, the project staff worked toward an ultimate outcome of a caregiving workforce that would be more productive on the job, and more capable of balancing the work and caregiving responsibilities with greater ease. Although the direct provision of support for caregivers was not within the intended scope of the project, a commitment to assist and empower family caregivers was an underlying drive that provided the energy, enthusiasm, and over-riding rationale for the efforts expended. In turn, those who worked to implement the project hoped that their efforts would consequently increase the likelihood that care recipients received appropriate community services and quality, stress-free care from their caregivers, thereby delaying as appropriate the more costly alternative of institutionalization.

Capacity-Building. Aside from the underlying desire to strengthen caregiving families, the main focus of the project was to build the capacity of the businesses engaged. To this end, our overarching goal of assisting employers included four specific project aims that would serve to improve or increase: 1) the availability of eldercare benefits offered by targeted businesses, 2) levels of awareness and utilization of eldercare benefits provided, 3) attempts within the companies to evaluate the current and future needs of employed caregivers, and 4) plans to provide enhanced eldercare benefits. In addition, the project was in some respects designed to build the capacity of Senior Connections. Sustainability of the project was a key element, and this imperative was pursued throughout the project period. It was the focus of a concluding Business Forum convened after the first phase of the project, and became manifest in the project products subsequently.

Evaluation. Believing that “anything worth doing is worth doing well,” the evaluation team developed a strong assessment component for the project. Through the addition of instruments to collect baseline and post-implementation data from participating businesses, the replication report allows for an objective appraisal of the specific aims.
Those who replicate this project through the components of the Integrated Model will not only achieve their specific aims, but will also learn much about leading collaborative efforts and establishing important linkages, developing community supports to strengthen caregiving families, and the importance of evaluating outcomes.

There should be a good fit between your organization and the project to be replicated both in terms of expertise and resources (especially human resources). The organization must have a history of cooperation among colleagues who work to support employed caregivers (Alzheimer's Association chapters, community mental health centers, adult day services, home care agencies, etc.).

The purpose of this replication report is to help interested parties reproduce the efforts applied in the current initiative. To that end, the extensive Appendix material includes much of the documentation used to accomplish the goals of the project and facilitate the administration of the various components.

II. Collaboration

Collaboration with the Funding Source

The project first needed to demonstrate that the intended goals were a good fit with the funding source. The mission of the Richmond Memorial Health Foundation (RMHF) is “…to improve health and health care in Richmond and central Virginia.” The grant-making aim of the RMHF is “to fund health-related projects making a significant impact on the community—particularly those that address unmet health care needs.” Our project provided a sensible match since it was reasoned that working caregivers who are better-supported by their employers can render quality care for a longer period of time to their care recipients, thereby reducing costlier long term care solutions. More specifically, the logic was framed as follows:

- IF employers understand the negative impact of caregiving on their bottom line, the extent to which family caregiving contributes positive value to the economy, the actions they can take to improve caregiver productivity, and how efforts to support and retain their caregivers will earn them the reputation of being worker-friendly,
- AND offer supportive policies, tools and activities to assist their employed caregivers,
- THEN caregivers will be more productive on the job and continue to render quality care, thus balancing the two responsibilities with greater ease, better self-care and personal stability,
- AND care recipients will receive appropriate services and continued quality, stress-free care, avoiding or delaying costly institutionalization.

Collaboration with the funding source began even before the funding was granted when the RMHF asked for a pre-award meeting to discuss details of the proposal. It continued as progress reports were submitted, and representatives from the RMHF were always in attendance at the project’s landmark events.
Collaboration within the Richmond Area Caregiver Coalition

Title III-E in the Older Americans Act pertains to the National Family Caregiver Support Program. This initiative is intended to provide a multifaceted support system that helps families sustain their efforts to care for an older individual or child. Area Agencies on Aging are encouraged to develop new models of caregiver support that provide services which do not supplant the role of the family as caregiver, but instead, enhance their ability to provide informal care for as long as appropriate.

Several years before the grant funding was received, Senior Connections recognized the need to generate a focus on caregiver issues. Given the value of family caregiving within the spectrum of long term care, the agency initiated and coordinated the development of the Richmond Area Caregiver Coalition to address caregiver needs. A total of 30 members were recruited (see Appendix 1 for a descriptive list). The group was composed of diverse representatives, recognized and respected leaders in the field of aging services. The vision and mission statements were founded as follows:

**Vision:** The vision of the Richmond Area Caregiver Coalition is to create an aging friendly community where all caregivers of older adults are fully educated and supported.

**Mission:** To provide information and resources to help caregivers maintain their own health and well-being while providing optimal care.

Information about beginning a community caregiver coalition to help employed caregivers and their employers can be found on the internet (http://www.seniornavigator.org/www.employedcaregivers.org/getting_started.php).

The Richmond Area Caregiver Coalition was the catalyst that linked our project to the needs and concerns of employed caregivers. The Coalition members were involved in both the outreach and capacity-building aspects of the project, making key contributions to the planning and implementation of activities. The project could not have been successful without this essential ingredient.

Some of the Coalition members were already working with employers, and understood the necessity and value of coordinated efforts, common messages, and pooled efforts. The unified message and platform regarding issues important to employed caregivers was intended to address the existing fragmented system of services, and facilitate a singular community approach.

The Coalition was an important strength, compelling the eventual funding received, and Coalition members were instrumental in developing the grant proposal. The United Way of Greater Richmond & Petersburg in particular, was an invaluable source of guidance in this process. Senior Connections had been collaborating closely with the United Way as they had developed an informative website with a number of other local partners to provide a wealth of helpful resources for family caregivers (http://www.unitedwayrichmond.org/index.html). A number of checklists, guides, tips, and links are offered for caregivers seeking support in areas related to safety and wellness, legal and financial planning, and medications (see Exhibit 1).
Exhibit 1: United Way of Greater Richmond & Petersburg Webpage

Support for Caregivers ➔ FIRST STEPS & CHECKLISTS

One of the first steps in caregiving is making sure your loved one's living space is safe and organizing all important documents, medications and information. We've listed some of the best checklists as well as other valuable sites for you to reference.

**Universal Medication Form (PDF)**
This list helps you keep track of all medications including the dosage, prescribing physician, and the pharmacy.

**Planning for the Future (PDF)**
This form outlines where important documents are kept, and serves as a place to note financial and legal information.

**Is Your Aging Parent's Home Safe?**
This checklist will help you perform a safety check of living spaces.

**Rate Your Home**
This website offers resources to help you create a sound and safe living space.

**Caring for Alzheimer's**
This site notes special issues to consider when caring for people with dementia.

**National Family Support Program**
Developed by the Administration on Aging, this website serves as a guide to government and private resources.

**Choosing Housing Options**
The Coalition’s leader, the Community Relations and Caregiver Support Manager at Senior Connections, and the United Way representative on the Coalition jointly developed a concept paper that served as the basis for the grant proposal. The following excerpt from that document provides a case statement demonstrating the need that was recognized early on:

Lisa, a single mother with two school-age children, works full-time as an office manager for a small gravel company in Powhatan County, Virginia. Despite all that she juggles, Lisa has always managed to get to work on time and do her job well. Now however, her elderly mother is breaking down due to her own caregiving for Lisa’s dad, who had a stroke two months ago. Since her dad’s stroke, Lisa often arrives to work late and leaves early. When confronted about this Lisa gets defensive. She snaps at her boss, rattling off her day which begins with getting her children up and off to school, then going to help her mom get her dad up and in a chair, racing to the office, using her lunch break to run errands for both households, going to the grocery store after work, fixing dinner at night, and checking in on her parents again before bed. Lisa is so embroiled in all of her duties that she is walking numb with stress and without a sense of how to get help for her parents. The healthy habits that she once embraced have fallen by the way side. She sleeps less, forgets to take her vitamins, does not exercise, and enjoys no “down time” because there is no time to be down.

With respect to outreach, the Coalition members were continually charged with identifying potential businesses and creating liaisons with them. They also served in an advisory capacity, helping to prepare the common marketing messages and themes to be used in the recruitment of businesses. To help build capacity, they participated in the development of educational materials used in consultation with the businesses engaged and identified informational resources to be shared with employers.

Collaboration with Partnering Businesses

Prior to receiving the grant funding, Senior Connections had already engaged several collaborators from within the business sector. The Greater Richmond Chamber of Commerce, SeniorNavigator (the statewide health and aging resources search engine), the Retail Merchants Association, the United Way, the AARP, a human resources trade association, and an Employee Assistance Program provider were all important collaborators with Senior Connections. Each of these organizations had a current involvement in caregiver workplace issues, and they were marshaled to work on the project as the core of the Business Roundtable.

The Business Roundtable was primarily engaged to serve in an advisory capacity with respect to both the outreach and capacity-building activities of the project. Although some members of the group were eventually engaged as participating businesses working on implementation plans, the group primarily helped by providing advice to project staff and members of the Caregiver Coalition about developing the most appropriate strategy to take when approaching businesses.

The Business Roundtable first informed the project about their awareness of the need and interest in working with Senior Connections to address the issue. Even though companies often have existing benefits or contracts with other entities, the Business Roundtable suggested that this should not preclude their partnership with our initiative. In doing so, employers could customize new offerings and augment existing ones without the need to entirely re-invent programs.
This group was also helpful as the project developed the capacity-building products and tools. They provided advice as the educational presentation to employers was developed. Another advantage of establishing the Business Roundtable emerged as the group provided pivotal advice about how evaluation assessments should be conducted and how the implementation plans should be utilized.

Guidance from the Business Roundtable was the other essential ingredient contributing to the project’s success. Because they came from the business community, the members were aware of the need and knew the approaches that would be effective. They were instrumental in every aspect of the project, helping devise the recruitment strategy, providing advice about the educational presentation and implementation plans, developing the evaluation protocol, and contributing to sustainability.

Most importantly, the Business Roundtable was in the forefront when it came time to conduct the concluding Business Forum (see section IV. Capacity-Building). This event was the centerpiece of the project’s sustainability efforts and was intended to present the project’s accomplishments to the public at large. In the process it was hoped that this would also serve to encourage the engagement of additional businesses interested in being assisted by the project.

III. Outreach

Outreach to employed caregivers through their employers began with the identification of the kinds of businesses that would be targeted for the implementation phase of the project. First, and most fundamentally, the project sought to engage businesses, who shared or could be made aware of the need and had an interest in working with Senior Connections to address the issue. Because this project was intended to demonstrate what could be accomplished when businesses collaborated with service agencies, we wanted to secure commitments from those who employed a diverse group of workers, especially with respect to age and gender. The project staff also wanted to engage both large and smaller, for-profit and not-for profit companies, as well as governmental entities. There was also an interest in targeting those who were at different stages of development in terms of their efforts to deal with the needs of their employed caregivers.

One of the first marketing challenges was to establish a web presence. SeniorNavigator had already created a page that reached out to employed caregivers, their employers, and service providers interested in establishing coalitions to support employed caregivers (http://www.seniornavigator.org/www.employedcaregivers.org/; see Exhibit 2). The Richmond Area Caregiver Coalition was provided a page within that site (http://www.seniornavigator.org/www.employedcaregivers.org/richmond_cc.php; see Exhibit 3) and a link for the Workplace Partners for Eldercare initiative was included there (http://www.seniornavigator.org/www.employedcaregivers.org/wppecr.php; see Exhibit 4).

The Business Roundtable was asked to provide written feedback regarding the website following their third meeting. Members were asked whether the website was easy to read and to tell us about any difficulties they encountered. They were also asked to rate the “look and feel” of the site, the ease of navigation and use, and quality of the content
Welcome to EmployedCaregivers.org, a website developed specifically for Employers, Employed Caregivers and Professionals in the aging network.

“Employers

One of my most valued employees is being affected by her duties as caregiver for her ailing father. She’s coming in late, leaving early, and beginning to miss deadlines. I'm concerned.”

“Caregivers

Since my mother had a stroke and moved in with us, I feel like I’m working two jobs. My work is starting to suffer and I know my boss is noticing.”

“Service Providers/Caregiver Coalitions

We know the problems — baby boomers are trying to hold down jobs while also caring for aging parents. Their employers are suffering as well. We want to help.”

EmployedCaregivers.org is sponsored by SeniorNavigator.org, Virginia’s award winning program for seniors, their families and caregivers.
Richmond Area Caregiver Coalition

Links to Coalition Members

Current Programs
- Workplace Partners for Eldercare

Brochures and Other Materials

Contact Us

“The mission of the Richmond Area Caregiver Coalition is to provide information and resources to help caregivers maintain their own health and well-being while providing optimal care.”

EmployedCaregivers.org is sponsored by SeniorNavigator.org, Virginia’s award winning program for seniors, their families and caregivers.
Workplace Partners for Eldercare - Awareness, Education, Support

Workplace Partners for Eldercare is part of the Employed Caregivers Initiative led by the Richmond Area Caregiver Coalition. This initiative’s objective is to increase awareness among employers and employees about the impact of eldercare on employees and businesses’ bottom line. The Coalition will help each business to implement customized solutions which will improve caregiver productivity and well being and may decrease costly absenteeism and turnover.

- Read this Information and Sign-Up Sheet (PDF file) to learn more about the many ways that Workplace Partners for Eldercare is making a difference in the Richmond Community.

There are two ways to sign up—via email or fax. Please complete the bottom portion of the sheet and either email the form to info@employedcaregivers.org or fax to (804) 649-2258.

If you’d like to email your form, please use this Word version. A member of the Coalition will contact you with more details about how this initiative can help you create an eldercare friendly workplace.

- Take a look at the new Workplace Partners for Eldercare brochure.
- View a powerpoint about the challenges eldercare presents to employees and the workplace and why Richmond employers are joining Workplace Partners for Eldercare.

Come back and visit this page often for materials and updates on the program!

The Richmond Area Caregiver Coalition would like to acknowledge the grant contribution from the Richmond Memorial Health Foundation that helped make this initiative possible.

EmployedCaregivers.org is sponsored by SeniorNavigator.org, Virginia’s award winning program for seniors, their families and caregivers.
The marketing brochure created for the project was posted on the website as well (see Appendix 2).

The brochure message needed to be simple and direct. The most fundamental information was presented as briefly as possible. It provided a definition of caregiving and an explanation of the associated costs of eldercare for employers. It also outlined how businesses can reduce the impact by offering specific workplace supports for employed caregivers. Most importantly, the brochure succinctly communicated the purpose of the initiative and what was being provided.

In addition the page included a text-and-graphics slide presentation that introduced the project (see Appendix 3). The presentation provided a context for the project, presenting state and national statistics, as well as national survey results indicating the need. It also offered a schematic derived from the scholarly literature that showed how workplace supports have been helpful.

Perhaps the most important document posted was the sign-up sheet that constituted the gateway for targeted companies to enter and become engaged in the project (see Appendix 4). This document essentially functioned as a contract between the companies and the project. It stated the purpose of the initiative as follows:

To develop, demonstrate and validate successful methods of offering support and assistance to employers for employed caregivers. Assistance to employers will be based on their needs as identified through an assessment process. The overall goal is to improve caregiver efficiency and productivity in the workplace.

It listed the commitment that was expected from the participating businesses:

- Complete a web-based interest survey
- Engage in pre- and post-implementation interviews about eldercare strategies
- Develop a company action plan for support of caregivers
- Implement the action plan with assistance from the Caregiver Coalition
- Participate in the project’s concluding forum

Then the benefits that would be provided in return were enumerated:

- Information about the impact of eldercare issues and how to address them
- Review of existing benefits and programs for caregivers
- Assistance accessing benefits for employed caregivers
- Choice of services and activities such as:
  - Brown bag seminars
  - Caregiver kits
  - Health fairs
  - One-to-One Consultations
- Training and orientation for human resources and management staff
- Access to web-based caregiver resources and educational print materials
Once these completed forms were submitted, project staff followed up with an invitation to begin the assessment process. But of course, the collection of these forms was not a passive process. Targeted businesses had to be actively recruited as the first step to securing their commitment. The goal was to make a direct phone/meeting contact and then once a connection was established, employers were invited to participate in the project.

Recruitment is more successful through face-to-face meetings, personal phone calls, and group presentations rather than mass marketing. Posters and press releases, as well as print and electronic media should be employed, but more labor intensive and time consuming efforts to meet with individuals will probably yield better results.

IV. Capacity-Building

Once businesses were engaged and baseline data collection was completed, it was time for the education and implementation phase of the project. After reviewing the existing benefits and supportive programs as part of the initial assessment, implementation plans were developed through individual consultation. The project developed a Business Checklist that could be used to record responses to the most salient items included in the assessment (see Appendix 5). Implementation plans could then be tailored specifically to address areas where there were gaps in policies or informational resources provided to caregiving employees. The plans could also address the need to improve levels of awareness and utilization of the eldercare benefits provided or initiate efforts to determine the current and future eldercare needs. Finally, the Business Checklist could be used to point out the extent to which companies had engaged in planning to enhance the programs in place, and these areas could be a focus of concentration for the implementation plans. Although not necessarily germane to the development of implementation plans, the Business Checklist also included items related to the employer’s perceptions, knowledge, and attitudes about eldercare. These ancillary results would serve as a reminder of the values and barriers in operation as the implementation plans were developed and also allow for recording any post-implementation changes.

The EmployedCaregivers.org website was used to provide some of the information and support called for in the implementation plans. The page specifically designed for employers included educational materials that were available for use when implementing the plans developed for businesses (see Exhibit 5). For example, an adapted version of the Manager’s Workbook developed through the Centers for Medicare and Medicaid services was posted on the website (http://www.medicare.gov/Publications/Pubs/pdf/11035.pdf). This tool guided employers interested in assembling eldercare information for employees, planning and conducting eldercare seminars, and providing training to help supervisors recognize and respond to eldercare issues promptly. In addition, because of the collaboration with SeniorNavigator, a text-and-graphics slide presentation prepared for a caregiver coalition in the Roanoke Valley was available for use with the businesses engaged in Workplace Partners for Eldercare. The Business Roundtable was asked to critique this presentation and provide helpful feedback for its use in the Richmond area.
Good employees are hard to find and expensive to replace, so it's bottom-line smart to help them handle caregiving-related issues. Employed caregivers can lose up to 2 hours every week due to workday interruptions and “partial absenteeism”. (Click here for more statistics on employed caregiving.)

How Do I Know If Our Company Has A Problem?

Sixty percent of employed Virginians report that they arrive late, leave early, or take time off during the day to provide care to a loved one.* That means that, on average, 6 out of 10 employees are caregivers balancing work with increasing responsibilities at home.

What Are Some Solutions?

- Conduct a Gaps Analysis
- Provide Information resources
- Copy Best Practices
- Find Helpful information on Employed Caregiver projects in your area
  - Richmond Region
  - Roanoke Region
  - Other Areas

* Caregiving in the U.S. – Spotlight on Virginia, National Alliance for Caregiving and AARP, April 2004,
There was also a worksheet that would allow employers to calculate their eldercare costs and a brief employee survey that could be disseminated anonymously to get a sense about the extent of eldercare and knowledge of the resources available to assist caregiving employees. Two documents provided suggestions about the helpful workplace program, policies, and supportive benefits that could be offered.

In general implementation plans were comprised of one or more of the following: review and consultation on existing policies and other supports; overview and sensitivity training, follow-up training and mentoring for key personnel; periodic information to management and human resources personnel; distribution of materials to caregivers, periodic communiqués for employees with advice and resources related to caregiving skills, services for older adults, and information on self-care (health maintenance, stress reduction, coping and emotional stability, etc.); and periodic personal contact to review progress and needs.

_Implementation plans are constructed most thoughtfully when they derive from an examination of company assessment data. In this way they can be tailored specifically to address areas where there are gaps in policies, informational resources provided to caregiving employees, etc. Businesses should be intimately involved in the planning process, and the result should be a document with precise goals and timelines that both partners are committed to pursuing._

Subsequent to the first project year, the capacity-building focus turned to support for the employed caregiver. For the second year of the project, Senior Connections established their CareCompass initiative([http://www.seniorconnections-va.org/CareCompass/tabid/90/Default.aspx](http://www.seniorconnections-va.org/CareCompass/tabid/90/Default.aspx)). A marketing firm was engaged to develop and launch the campaign. A website was established (see Exhibit 6), and posters were distributed.

Although information is available for all of those interested, the agency is providing financial assistance for many who meet the eligibility criteria. Services fall into four areas: respite, temporary home care, adult day care, and transportation. The respite services include assisting caregivers in finding residential facilities, adult day scholarships, and extended home care services. The temporary home care services are primarily designed to address a transitional situation. They are designed, for example, for those recovering from illnesses or surgeries who expect a full recovery, those who have applied for Medicaid assistance and are waiting for approval, or those in the process of making permanent long term care arrangements. Adult day scholarships are available for those awaiting Medicaid approval for those services, and the agency works with local transportation providers to help those who safely need to get to medical appointments, day care, and related destinations.
Senior Connections CareCompass Home Page

CareCompass™ is an initiative of Senior Connections, the Capital Area Agency on Aging. It was developed as a resource for employed caregivers to enable them to succeed in caregiving while balancing careers, family and other obligations.

Initially, four service areas have been highlighted. Many additional services are available through Senior Connections and their partner agencies.

Information is available to everyone. Scholarships and financial assistance for services are available to many and are handled on an individual basis. For that reason, we encourage you to call Senior Connections at 1-800-989-2286. You will be directed to a Senior Connections CareCompass professional who can assist you.

WHO IS A CAREGIVER?
Caregivers provide helpful support to an aging relative or friend, or to a person with a disability.

This may include helping a loved one with any of the following on a regular basis:
- Business affairs
- Cooking, shopping, laundry
- Dressing, bathing, feeding
- Medications
- Transportation

ARE YOU A CAREGIVER?
One in four Virginians, 700,000 individuals, is providing care to someone aged 50 or older.

Most caregivers also work (60%). This means that time, energy and patience that may already be stressed become stretched even more when caregiving responsibilities are added. Senior Connections CareCompass is here to direct caregivers to information and resources quickly.
An ancillary aspect of the capacity-building component is related to enhancing the capacities of Senior Connections. Sustainability of the effort was a key element, and this imperative was pursued throughout the project period. The keystone of the sustainability plan was the concluding Business Forum. The event was promoted for the purposes of educating employers about the economic impact of eldercare and to share the best practices of corporate caregiver support programs. It was regarded as an opportunity to communicate our message, well-crafted as it was through the first year of the project, to a much larger audience. The original goal was to invite 100 small to mid-size companies in the Greater Richmond area, as well as business-related organizations, current and potential donors, and the press. But in addition to imparting information about the costs of lost productivity due to eldercare demands and the challenges faced by employed caregivers, it was anticipated that the event would serve as a springboard for engaging additional businesses in the initiative. It was also hoped that some of them would be interested in more intensive services, and that some could be persuaded to contract for them on a fee-for-service basis.

Members of the Business Roundtable were engaged to serve as the Forum’s panel, presenting the evaluation results, and advancing the values proposed and derived from the demonstration project. By showcasing the project’s successes, the Forum was intended to also engender future grant funding opportunities or corporate sponsorships.

The invitation list for the Forum participants was as important as the content. Our message was that there were solutions to be acquired, but it needed to be communicated to the right person. Composing a list of targeted organizations was the first step, but then the task was to research the most appropriate person who could respond to our message and ultimate intention.

The flyer used to announce the Business Forum is shown in Appendix 6. The event began with a breakfast buffet followed by a welcome from the Executive Director of Senior Connections, Thelma Bland Watson, Ph.D. The facilitator chosen was a member of the Business Roundtable, who then introduced the program manager. After the project background was presented along with a summary of the project activities and the current status of each, the evaluator provided a brief presentation on the experimental design and procedures employed. Statistics related to the baseline data provided by the companies who had been engaged were also presented (see Appendix 7).

The Forum importantly featured one of the project’s best success stories thorough a presentation provided by a Director of Workforce Development in one of the area’s major health systems. This presenter discussed how the project had served as an impetus for the establishment of an on-site adult day services center for the dependents of employees. The other program highlight included three panelists from targeted businesses that had been engaged in the project. The morning concluded with table top discussions that involved members from the Richmond Area Caregiver Coalition as well as the Business Roundtable.
Another important aspect of the sustainability effort included presentations of the project at professional meetings. The following is a list of these dissemination activities and the presentation materials are available on request from Dr. Coogle (ccoogle@vcu.edu):


To further sustainability during the second year of the project, Senior Connections engaged a local company to develop a business plan. The plan included a 2002 industry analysis of the market (establishments providing services to the elderly and persons with disabilities) in Virginia and the Richmond Metropolitan area. The plan called for Senior Connections to establish a Business Advisory Council with Public Relations and Marketing Committees to promote the CareCompass assistance to businesses and achieve a “fee for services” income of at least $10,000. The plan also included detailed marketing strategies organized around four elements (1) Public Relations, (2) Corporate Partners, (3) the General Public, and (4) General Operational considerations.

In addition, a number of options were offered for sustaining Senior Connections’ eldercare program. The first option recommended that the two licensed professionals on staff charge for their consulting services. Recommendations were given for appropriate rates and the number of hours needed to achieve the $10,000 income goal. The second option related to the possibility of a fundraising effort, and a number of suggested forms for that were given. The third option suggested a sponsorship program that would involve multiple corporate partners who could share the costs. Finally it was suggested that some combination of the different options could be employed.

Since the project concluded, sustainability has been enhanced by a statewide web resource was established at the Virginia Department for the Aging (http://www.easyaccess.virginia.gov/). Virginia Easy Access is a public private partnership with the Commonwealth of Virginia, SeniorNavigator, and 2-1-1 Virginia, that helps seniors and adults with disabilities and the providers that care for them find services and supports through an expansion of SeniorNavigator, dubbed Virginia Navigator.
V. Evaluation

The project evaluation employs the following objectives:
1) Determine the baseline availability of eldercare benefits offered by targeted businesses
2) Establish the baseline levels of awareness and utilization of eldercare benefits provided
3) Document the existence of any attempts within the companies to evaluate the current and future needs of employed caregivers
4) Assess baseline plans to provide improved or enhanced eldercare benefits
5) Evaluate changes in the:
   a) availability of eldercare benefits offered by targeted businesses,
   b) levels of awareness and utilization of eldercare benefits provided,
   c) efforts within companies to evaluate current/future needs of employed caregivers, and
   d) plans to provide improved or enhanced eldercare benefits.

Simplify the evaluation assessment by keeping the need for data collection confined to the most essential information. Consider how much information is needed to develop a comprehensive implementation plan and limit the amount of paperwork you require.

Rather than recreating the wheel, when developing the evaluation protocol, we examined a number of other eldercare surveys that had been used previously. The *AARP Maine Caregiving in the Workplace Survey* (February, 2005), the *New Jersey Business and Industry Association Survey of Employers and Eldercare* (Wagner et al., 2000), and the U.S. Office of Personnel Management *Eldercare Responsibilities of Federal Employees and Agency Programs* questionnaires (2002) were particularly helpful. We also drew a number of items from a previous eldercare survey that the Virginia Center on Aging had conducted (1992). Note that although the surveys in the Appendices include reference notes to the sources for some of the questions that were adapted for use in our project, these were not posted on the website.

The initial assessment is performed when the businesses are first recruited for participation in the project. The initial assessment serves as a basis for the implementation plans when used in connection with the Business Checklist (see section IV. Capacity-Building above), but also serves to provide a baseline for measuring change after the plans have been implemented. The initial assessment is conducted as a two-stage process. The first challenge is to identify the most appropriate individual (e.g., human resources manager, work/life coordinator, etc.) affiliated with targeted businesses to participate in the initial assessment. This is typically accomplished during the process of recruitment and initial engagement. Once it is clear who can best provide the comprehensive and detailed information needed, and the sign-up sheet has been completed, the targeted respondent is sent an e-mail invitation to provide some basic information about their companies (see Appendix 8). This basic information is collected through a survey (see Appendix 9).

Because the survey was posted on a secure web page built and maintained by one of the Coalition members (SeniorNavigator.com), the survey given in the Appendix includes some notes about how the web-based survey should function once posted.
To comply with the requirements of the Virginia Commonwealth University Institutional Review Board and the Office of Research Subjects Protection, several precautions were implemented. The website used Secure Sockets Layer (SSL) technology to keep the information secure. In addition, the data was saved to a SQL Server Database hidden from the internet in a secure data center. At the end of the survey, one button was provided to submit the data and another button allowed respondents to discard the data. This ensured that a subject could withdraw at any time, and helped them understand that if they did withdraw, even after completing the survey, their data could be discarded prior to transmission to the researcher.

Other procedures to protect the businesses and individuals engaged in providing evaluation data included storing personal information (name of company, respondent’s name and job title) in a data base that remains physically separated from the responses provided to the survey questions. The interview responses should not be linked with identifying information in the database and the identifying information should be available only to the evaluators, the project staff, and the participants’ personal liaison involved in recruitment and data collection. Finally, it’s important that the data provided be used exclusively for the purposes of the project, and that the results based on data in evaluation reports be grouped, so that no single individual or organization may be distinguished.

Once the basic survey data characterizing the targeted businesses has been collected, stage two of the baseline assessment can commence. This phase of the data collection involved face-to-face interviews with the individuals engaged (see interview questionnaire; Appendix 10). It was thought that these would be best conducted by the Coalition or Roundtable member who instigated the recruitment, since they would have the closest relationship and could elicit the best information. As a consequence, the evaluators developed training materials so that these designated liaisons would be comfortable conducting the interviews. This training was also required to assure that the data collection procedures were uniform. The standardized interview protocol assured that each respondent would be exposed to the same questioning experience and that all answers would be recorded in the same manner. In this way the evaluators hoped that any differences in answers could be attributable to differences between respondents, and not to differences in the process that produced that answers.

A text-and-graphics slide presentation (see Appendix 11), as well as an exercise booklet (see the answer key in Appendix 12), were devised for use in the interviewer training sessions. The didactic presentation included the following elements:

- Engaging Respondents (Informed Consent, Risk Reduction, Confidentiality)
- Goals of Standardized Interviewing (Reading Questions, Recording Responses)
- Accuracy of the Data (Avoiding Bias, Listening Skills)
- Handling Resistance (Trouble Shooting)

While the exercises included:

- Determining When a Question Has Been Answered
- Coding Responses
- Non-Directive Probing
- Using Interviewer Probes
  - (Repeating the Question, Repetition, Elaboration, Neutral Prompting)
- Providing Feedback
- Role Playing
The role playing exercise was specifically designed for use with the interview instruments devised for the project. It incorporates two sets of questions drawn from the questionnaire employed. One partner (the interviewer) is instructed to ask a set of sample questions, while a second partner (the respondent) attempts to provide answers that require feedback or non-directive probes (e.g. inadequate, irrelevant, or superficial responses). The third partner (scorekeeper) records the use of feedback responses and probes on a coding sheet included with the exercise booklet. A section is also included on the coding sheet so that the scorekeeper can note the occurrence of non-verbal behaviors and inappropriate interviewer effects (re-wording questions, discussing personal experiences, assuming responses not given, etc.). For the second question set, the respondent and interviewer exchange roles, with the first partner playing the role of the respondent while the second partner plays the role of the interviewer.

The most important aspect of the project evaluation involves use of the Post-Implementation Interview Questionnaire (Appendix 13). Use of this tool generates the data needed to assess the effectiveness of the project and determine the adequacy of the implementation plans developed and employed. It allows the project’s to provide evidence that employers have become more aware of the impact that eldercare supports can have on employee productivity, that the project’s methods for offering assistance and support to caregivers through their employers have been effective, and that businesses have made advances in the areas under investigation. So in addition to the baseline items that allow for measures of change, the Post-Intervention Interview Questionnaire includes an additional section at the end (Section 4) that asks specific questions about the consequences of the initiative.

Data related to the following areas can be collected:

1) The accomplishment of a significant expansion or change in the support routinely provided to employees as a consequence of the project, or an explanation for why this did not occur.
2) Ratings of the extent to which there have been improvements in employee performance factors as a consequence of the project (workplace stress, absenteeism, late arrivals, early departure, mental/emotional distractions, personal calls/e-mail, and sick days.
3) Improvements in the overall job performance of employees as a consequence of the project.
4) Increased awareness of the resources to assist employed caregivers available through the members of the community Caregiver Coalition.
5) Ratings of the utility and informativeness of the website, and information about whether specific suggestions offered there were pursued.

The questionnaire concludes with a number of open-ended questions that allowed for the generation of specific information about how the assistance provided through participation in the project helped businesses better meet the needs of their caregiving employees.

Be sure you plan on dedicating the resources and time needed to complete the vital post-implementation assessment. Obtaining accurate information about the changes that occurred and how the project impacted area businesses is crucial to the successful completion of your project.
VI. Summary

To replicate the model employed by this project, follow the sequential steps listed below, but realize that various tasks will be pursued simultaneously.

Secure the human and financial resources that will be needed to successfully conduct the initiative.

Establish a commitment to the project among members of your community caregiver coalition.

Engage collaborators from within the business sector to serve in an advisory capacity and guide the essential aspects of the initiative: recruitment, education, implementation, evaluation, and sustainability.

Identify the businesses to be targeted and develop a robust outreach strategy that includes both print and electronic recruitment materials, but prepared to employ a more intensive personal approach to recruitment.

Utilize a written agreement form to be sure that the targeted businesses understand what is expected of them and what benefits will be provided to them in return.

Utilize the Business Checklist instrument to be sure that the implementation plans are comprehensively developed to address the needs of the companies engaged and tailored to achieving their individual goals.

Be sure you are armed and armored with the information and resources needed to assist businesses and provide the benefits promised.

Organize and provide resources and seminars to support employed caregivers (e.g., training sessions, “lunch and learn” discussion groups, and caregiver websites, such as the Senior Connection’s CareCompass and Virginia Easy Access [http://www.easyaccess.virginia.gov/]).

Begin building the capacity of your organization so you can be responsive to the need for direct workplace supports. The sustainability of your efforts can be enhanced if businesses can turn to you for brief employee assistance as they are establishing their own programs and benefits.

Conduct a concluding forum to serve as a springboard for engaging additional businesses and potential donors, by showcasing the project’s successes.

Employ a thorough evaluation protocol so you will be able to demonstrate the increased awareness and improvements achieved through the project.
Be conservative about the number of businesses you plan to engage. Start with no more than five companies who can receive focused attention and work on building the commitment from them before beginning to expand your outreach.

Be realistic about your timeframe. Double the amount of time that you think each step will take.

Be sure you have the necessary funding to support the aspects that require an investment of capital. Don’t expect to rely entirely on the good will of your volunteering collaborators. Provide a dedicated half time project coordinator and be judicious about the contributions you ask of volunteers.
Appendix 1

Richmond Area Caregiver Coalition
Membership List
Richmond Area Caregiver Coalition Membership List

- a Grace PLACE Adult Care Center
  8030 Staples Mill Road
  Richmond, VA 23228
  Phone: 804-261-0205
  Website: [http://www.agraceplaceacc.org](http://www.agraceplaceacc.org)
  Coalition Member: Lynne Seward, CEO
  Services: a Grace PLACE provides daytime health services to adults with disabilities and chronic age-related health conditions such as Alzheimer's disease, Parkinson's, Dementia, Mental Retardation, and Cerebral Palsy. Our daytime health services maintain health, prevent or delay deterioration, support "aging in place" and encourage optimum independence. We serve a largely indigent population and pride ourselves for having the reputation as the agency that provides premium care and does not turn people away because of their inability to pay or the level of care needed.

- Alzheimer's Association Greater Richmond Chapter
  4600 Cox Road, Suite 130
  Richmond, VA 23060
  Phone: 804-967-2580
  Helpline: 804-967-2489 or toll free 1-800-272-3900
  Website: [www.richmondalzheimers.org](http://www.richmondalzheimers.org)
  Coalition Member: Mary Ann Johnson, Program Director
  Services: The Alzheimer's Association provides educational and support services to individuals with Alzheimer's disease, their families, and caregivers. Services include a 24/7 telephone helpline, support groups, educational programs, care consultation services, a respite scholarship program, a lending library, the National Safe Return Program, and a quarterly newsletter with caregiving tips. In addition, the Chapter offers in-service training to professional caregivers. Service area includes the cities of Colonial Heights, Fredericksburg, Hopewell, Petersburg, and Richmond and surrounding 24 counties.

- American Hospice Foundation
  2120 L Street N.W., Suite 200
  Washington, D.C. 20037
  4000 Wheat Court
  Richmond, Virginia 23233
  Phone: 804-360-7761
  Website: [www.americanhospice.org](http://www.americanhospice.org)
  Coalition Member: Rachel Schmidt, Community Relations Director
  Services: Public education, professional and workplace training and advocacy.

The American Hospice Foundation’s public education goals are to break down barriers to hospice care. The Foundation’s consumer publications reach out to the public with information so that all Americans can make an informed decision about end of life issues.
American Red Cross – Greater Richmond Chapter
420 E. Cary Street
P.O. Box 655
Richmond, VA 23219
Phone: 804-780-2250
Website: www.greaterrichmond.redcross.org

Services: Family Caregiving Training, Transportation Services, Disaster Preparedness Outreach, and Support for families of military service members.

The Greater Richmond Chapter of the American Red Cross has served the Richmond area since 1917. In addition to providing disaster relief assistance and life-saving training programs, the Chapter also offers a Transportation Program. The Transportation Program provides free transportation to and from medical appointments for elderly, disabled and low-income individuals who have no other way to access their health care. This is a “door-to-door” service where drivers can assist those clients needing help getting in and out of the vehicle. Additional services include Family Caregiving training and partnership programs at the McGuire Veterans Affairs Medical Center.

Circle Center Adult Day Services
3900 West Broad Street, Building 20
Richmond, VA 23230
Phone: 804-355-5717
Website: http://www.circlecenteradultday.org

Coalition Members: Lory L. Phillippo, MPH, OTR/L, Executive Director
Lynda S. Gormus, Community Liaison

Services: Individualized care plans; nursing care (RN's); breakfast, lunch and snacks; personal care assistance; coordination of rehabilitation (OT, PT, & speech) and transportation; cognitive and emotional monitoring and support; therapeutic activities; caregiver support and education; MEMORY LANE, our Montessori-based activity program for people with dementia; and DAYBREAK drop-in respite.

Circle Center Adult Day Services, a non-profit adult daycare center, provides high quality, cost-effective care for older adults who are frail or have a functional impairment, and respite, education, and support for family caregivers. Participants are encouraged to socialize and enjoy purposeful activities with their peer group. They benefit from regular health monitoring and care, assistance with physical needs, and continuity of care with a multidisciplinary team approach. Caregivers get peace-of-mind, knowing their loved ones are involved in meaningful activities and being supervised by an experienced and caring professional staff during the day while they work or have time to pursue their own interests. We partner with families to provide a “circle of care”. We've been “keeping families together” since 1976.
• **Comfort Keepers**
  10833 Ridgefield Parkway
  Richmond, VA 23238
  Phone: 804-750-1123
  Website: [http://www.comfortkeepers.com](http://www.comfortkeepers.com)
  **Coalition Member:** Mark Sheets, Owner

  **Services:** Care assessment, planning, and consulting as well as providing One on One companionship and assistance with day to day activities including: Laundry and Linen Washing, Meal Preparation, Clothing Shopping, Light Housekeeping, Recreational Activities, Errand Services, Transportation, Medication reminders, Grocery Shopping, Incontinence care, Bathing and more.

  Comfort Keepers provides families with peace of mind through affordable care options that fill the gap between facility provided care and family provided care for those that could benefit from one on one companionship and some assistance with daily living activities. This kind of assistance, tailored to the person's specific situation, often provides the flexibility needed for the highest quality of life and independence achievable as we age with dignity. Our clients are primarily seniors, but also include the adult disabled and those recovering from surgery or illness. For clients and their families, we are a trusted lifeline. Acting as a "surrogate family member", we help to make their treatment as simple and stress free as possible while enhancing safety and ensuring independence. For physicians and healthcare professionals, we are an extension of their staff and their primary services, ensuring patient compliance and providing continuity of care.

• **Home Care Delivered, Inc.**
  4144 Innslake Dr
  Glen Allen, VA 23060
  Phone: 800-565-5644
  Website: [http://www.HomeCareDelivered.com](http://www.HomeCareDelivered.com)
  **Coalition Member:** Chris Andrews, Sales Manager-Field Sales

  **Services:** Medical Supplies including: Testing Supplies; Incontinence; Wound Care; Ostomy; Urological.

  Home Care Delivered, Inc. is the nation's premier home-delivery, medical supply company. Since 1996, Home Care Delivered has provided our customers with quality medical supplies to help treat their medical conditions at home. Our 5 Point CompleteCare Promise is our promise to you. We promise that you will receive quality brand-name medical supplies and support. We put your worries at ease by accepting assignment of benefits, filing insurance claims and securing prescriptions and other medical documentation. We provide fast and reliable shipping right to your doorstep. Our Customer Care department will make sure you received your order in a timely fashion, that the order is correct and you are satisfied and knowledgeable in the use of your supplies. Should you have any question regarding your supplies we have a toll-free number in which you can speak directly with a Registered Nurse. More than just Home Delivery!

• **Jewish Family Services**
  6718 Patterson Avenue
  Richmond, VA 23226
  Phone: 804-282-5644
  Website: [http://www.jfsrichmond.org](http://www.jfsrichmond.org)
  **Coalition Member:** Jane Kallio, LCSW, Care Management Director

  **Services:** Care Management; Bill Paying; Home Care, Skilled and personal care; Counseling; Adoption; Volunteer Program; Guardianship; Services to older adults to NORCS.

  Jewish Family Services is a full service social service agency. JFS programs are accredited by JACHO and COA. JFS has been serving the Richmond Community for 157 years. JFS programs are available to the entire community regardless of religious affiliation. JFS programs are client centered and client directed working to promote independence and quality of life for each client. In home assessments and care planning through Care Management provides clients with the needed resources to stay independent within the community.
Senior Connections, The Capital Area Agency on Aging
24 East Cary Street
Richmond, VA 23219
Phone: 804-343-3000
Website: www.seniорconnections-va.org
Coalition Members: Thelma Watson, Executive Director
Marian Dolliver, Caregiver Support Manager
Ginny Becker, Caregiver Support Coordinator

Services: Programs and services for seniors, caregivers and their families including Information and Referral; Education and Advocacy; Home Delivered Meals; Friendship Cafes; Short-Term Home Care, Caregiver Support and Consultations, Care Coordination and Case Management, Job Training and Referrals, Volunteer Opportunities, Insurance Counseling, Assistance with Personal Finances, Long Term Care Planning.

Senior Connections is dedicated to helping seniors maintain independence and quality of life as they age. Our goal is to serve as the primary community resource for seniors and caregivers in adapting and planning for aging well. We do this through our own programs while partnering with many organizations and programs in our community who help us achieve our goals. Senior Connections was established in 1973 as part of a national network of Area Agencies on Aging. We are a private, nonprofit, 501 (C) (3) organization governed by a Board of Directors. We serve Planning District (PD) 15 Richmond City, Henrico, Hanover, Chesterfield, Goochland, Powhatan, New Kent and Charles City counties. Our Executive Director is Thelma Bland Watson, PhD.

SeniorNavigator
600 East Main Street, Suite 360
Richmond, VA 23227
Phone: 804-827-1280
Website: http://www.seniornavigator.org
Coalition Member: Kim Tarantino, Director of Communications & Local Government Partnerships
Services: Educational website for seniors, caregivers and professionals; information and referral, community education and training.

SeniorNavigator is a free, non-profit, public service that connects seniors and caregivers with local services available in the community. The website, www.seniornavigator.org, features over 20,000 programs and services that address health and aging issues, financial concerns, legal questions, caregiver support, housing and assisted living facilities, and more. Across Virginia, SeniorNavigator Centers have been established specifically for individuals without home computers. All of the community-based Centers have trained staff who use the SeniorNavigator website to assist seniors and caregivers in obtaining information about support services. Our Executive Director is Katie Roeper.

Senior Solutions of Richmond
7814 Carousel Lane
Suite 109
Richmond VA 23294
Phone: 804-364-1276
Website: http://www.srsolutionsinc.com
Coalition Members: Janet P. Faraone, President and Nick Faraone, Vice President

Services: Senior Home Care; personal care; companion/homemaker services; transportation; medication management; geriatric care assessments, planning and referrals.

Senior Solutions of Richmond is dedicated to providing high quality, competitively priced home care solutions to seniors and their families through a full range of services enabling seniors to enjoy life in the comfort and security of their own home. It begins with conducting a home or hospital-based assessment and then developing a Personalized Care Plan for each client. Senior Solutions attracts superb caregivers, and retains and educates them through our Caregiver Enrichment Program. Please visit our website at: www.srsolutionsinc.com for the full spectrum of services provided by Senior Solutions of Richmond.
Virginia Center on Aging
P.O. Box 980229
Richmond, VA 23298-0229
Website: http://www.vcu.edu/vcoa/
Phone: 804-828-1565
Coalition Members: Constance Coogle, Associate Director; Bert Waters, Program Manager
Services: Video Lending Library and Information Resource Center (with a focus on informal caregiving and Alzheimer’s disease); Service Provider Training on Domestic Violence in Older Women (including family caregivers), ElderCare Research (and needs assessment consultation).

The Virginia Center on Aging, located on the Medical College of Virginia Campus of Virginia Commonwealth University, was created by the Virginia General Assembly in 1978 (Chapter 170 of the Acts of 1978, Code of Virginia 23-50.15) to “be an interdisciplinary study, research, information and resource facility for the Commonwealth of Virginia utilizing the full capabilities of faculty, staff, libraries, laboratories and clinics for the benefit of older Virginians and the expansion of knowledge pertaining to the aged and to the aging process.” It is the only such center in Virginia.

Virginia Commonwealth University
Department of Gerontology
301 College Street
PO Box 980228
Richmond, VA 23298
Phone: 804-828-1565
Website: http://www.sahp.vcu.edu/gerontology, http://www.elderfriendsva.org
Coalition Members: Kiersten Ware, ElderFriends Director

Services: Several graduate level degree programs in Gerontology; Training for health care providers; Aging related speakers bureau, ElderFriends program.

The Department of Gerontology, founded in 1976, became a part of the School of Allied Health Professions at Virginia Commonwealth University in January 1985. The department is well-known for the quality and innovation of its programs and for the scholarship and applied expertise of its faculty. The Department of Gerontology offers a variety of degree programs based on an interdisciplinary approach using the bio-psycho-social model. As part of the Department of Gerontology, the Virginia Geriatric Education Center was established October 1, 1985. This center is an Interdisciplinary effort involving cooperation of all health-related professional schools, Allied Health, Dentistry, Medicine, Nursing, Pharmacy, Social Work, and Education and the College of Humanities and Sciences. The mission of the Department is to “Improve ElderCare Through Education.”

EmployedCaregivers.org is sponsored by SeniorNavigator.org, Virginia’s award winning program for seniors, their families and caregivers.
Appendix 2

Workplace Partners for Eldercare Brochure
**How the Partnership Can Help**

With a focus on eldercare in the Greater Richmond Area, Workplace Partners for Eldercare was established to:

⇒ Assist employers through education, awareness and support.
⇒ Enhance the well-being and effectiveness of their employees who are engaged in eldercare.

Workplace Partners for Eldercare is open to employers and provides access to:

- Employer and Employee Toolkits
- Customized Programs and Services
- Community Resource Guide
- Speakers for Educational Seminars and Brown Bag Lunches
- Support Network of Eldercare Friendly Companies

To find out more about Workplace Partners visit [www.employedcaregivers.org](http://www.employedcaregivers.org). To join Workplace Partners or to talk with a corporate member about successes with eldercare friendly policies, practices and benefits, call XXX-XXX-XXXX or e-mail info@employedcaregivers.org.

Workplace Partners for Eldercare is an initiative of the Richmond Area Caregivers Coalition and started with a grant from the Richmond Memorial Health Foundation. The Coalition, comprised of many agencies and organizations convened and staffed by Senior Connections, Area Agency on Aging.
Fifteen percent of the Greater Richmond area’s population is age 60 and older, and that number is predicted to go up to 25% over the next 15 years.

Caregiving or eldercare covers a broad spectrum of responsibilities and often includes a combination of:

⇒ Arranging doctor visits
⇒ Shopping and cooking
⇒ Providing transportation
⇒ Feeding, dressing, and bathing

Even when a senior resides in a long-term-care facility or has a full-time home health nurse, the family caregiver remains on-call, 24 hours a day, 7 days a week.

One in every four employees is a caregiver, but that is often a well-kept secret. In a recent study by AARP, caregivers anonymously admitted that their performance at work had been compromised. Many had to reduce their hours or give up their job entirely, leaving the employer to bear the cost to recruit and train a replacement.

⇒ 57% changed or decreased their hours
⇒ 17% took a leave of absence
⇒ 10% dropped to part-time
⇒ 4% turned down a promotion
⇒ 3% chose early retirement and
⇒ 6% gave up work entirely

There are also costs associated with informal adjustments in work schedules due to phone calls, shorter work days, and longer lunch hours. Although these interruptions are more difficult to track, it is estimated that the impact to an employer is over $1,100 per employed caregiver annually.

Eldercare friendly companies will:
⇒ Find it easier to retain their best workers.
⇒ Impact productivity by reducing stress on employees.
⇒ Reduce disruptions in work schedules.
⇒ Enhance their community image, which can attract new customers.

A variety of workplace strategies can help reverse the adverse effects that caregiving has on a company. This can include educational seminars, web-based consumer directed resources, brown bag lunches, long-term care insurance, flextime, and paid (or unpaid) leave. The expense to the employer can range from nothing to a specific investment per employee. Most importantly, though, are the long-term benefits to both employers and employees by recognizing and addressing the challenges that eldercare can present.
Appendix 3

Project Presentation on Website
Workplace Partners for Eldercare
Awareness, Education, Support

Constance L. Coogle, Leland Waters, Thelma Bland Watson, and Gale Davis
Supported in part by a grant from the Richmond Memorial Health Foundation
The Issue

The increase of employees who are balancing work and eldercare responsibilities

<table>
<thead>
<tr>
<th></th>
<th>Virginia</th>
<th>Nationally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Caregivers (Millions)</td>
<td>0.7</td>
<td>27.2</td>
</tr>
<tr>
<td>Caregiving Hours per Year (Millions)</td>
<td>745.9</td>
<td>29,182.0</td>
</tr>
<tr>
<td>Annual Market Value (Millions)</td>
<td>$6,571.2</td>
<td>$257,096.0</td>
</tr>
</tbody>
</table>

(Feinberg, Newman, Gray, & Kolb, 2004; Amo & Mintz, 2004)

Study results vary (Bond, Galinsky, & Swanberg, 1997; Heymann, 2000; Wagner, Hunt, Timmermann, & Schlenk, 2002) but:

- Between 62%-82% of working caregivers made adjustments in their work schedules (e.g., come in late or leave early)
- Between 37%-55% needed to reduce their work hours or make some accommodations as a result of their caregiving

National Survey Data – Midlife employees providing elder caregiving at least 2 hours per week Reduced contributions to labor supply by 28% Men & 43% Women

(Johnson & Lasso, 2000)

- Learning how others cope
- Information about support programs
- Levels of Stress
- Performance
With the reauthorization of the Older Americans Act, the National Family Caregiver Support Program was passed. State initiatives provide respite care and other supports. Only a few projects have targeted working caregivers (MD, NJ, DE, & GA).

Example
Atlanta Regional Commission Area Agency on Aging
Provides support for employers to develop workplace eldercare programs
  1) Consultation and referral
  2) Employee seminars
  3) Caregivers support groups
  4) Retiree assessment
  5) Care management services
Serves as an innovative model with wide applicability.
Virginia’s Model

Demonstration project to document the advantages of collaboration between the aging network and human resource departments of private sector employers as they help working caregivers balance their job and elder-caregiving responsibilities more effectively.

**Richmond Memorial Health Foundation, United Way, and Statewide Caregiver Coalition**
(Funding and oversight)

**Senior Connections, The Capital Area Agency on Aging** (Fiscal agent and Project Management/Oversight)

**Richmond Area Caregiver Coalition**
(Project Implementation Committees)
Executive Committee
Marketing and Promotion Committee
Education (Employer Support) Committee
Assessment (Project Evaluation) Committee
Long Term Sustainability Committee

**Business Roundtable**
(Advising Management and Human Resources Professionals)
Provides recommendations to Implementation Committees Oversees development of Employer Action Plans

**Participating Employers**
5 Pilot Businesses and 30 additional companies recruited by Coalition members
Business Recruitment

Logo

Formal Presentation

Workplace Partners for Eldercare
Awareness, Education, Support

An Initiative of the Caregiver Coalition of
Senior Connections, Capital Area Agency on Aging
Serving the Greater Richmond Area
Specific Aims
Document changes in the:
   1) Availability of eldercare benefits offered
   2) Levels of awareness and utilization of eldercare benefits provided
   3) Efforts to evaluate current/future needs of employed caregivers
   4) Plans to provide improved or enhanced eldercare benefits

Interviewer Training
Didactic Presentation
   Engaging Respondents
      - Informed Consent, Risk Reduction,
Confidentiality
   Goals of Standardized Interviewing
      - Reading Questions, Recording
Responses
   Accuracy of the Data
      - Avoiding Bias
      - Listening Skills
   Handling Resistance
      - Trouble Shooting

Exercises
   Determining When a Question Has Been Answered
   Coding Responses
   Non-Directive Prompting
   Using Interviewer Probes
   Providing Feedback
   Role Playing

Initial Assessment
(2 tiered-process)
   1) Web-based survey (baseline information characterizing companies)
   2) Interview questionnaire

Final Assessment
Post-intervention Interview data to assess effectiveness of the project (development and implementation of Employer Action Plans)
Plans for the Future

**Concluding Forum** (pre-conference event with AARP)
- Future stakeholder companies
- Participating companies
- Business roundtable
- Potential grant makers
- Media

**Continuation**
- Integration with National Caregiver Support Program
- Replication by Community Caregiver Coalitions led by Area Agencies on Aging
- In–kind services provided by Coalition members
- Project products marketed on a fee for service basis
- Follow-up proposal (foundation, state, federal funding)

**Anticipated Outcomes**
- Business will recognize organizations available to serve their workforce
- Coalition will develop unified and coordinated marketing strategy
  - Singular approach will:
    1) Reduce confusion about the network of aging services
    2) Create linkages and minimize duplication of effort
    3) Leverage visibility for all involved
Appendix 4

Business Sign-Up Sheet
Workplace Partners for Eldercare

Purpose:
To develop, demonstrate and validate successful methods of offering support and assistance to employers for employed caregivers. Assistance to employers will be based on their needs as identified through an assessment process. The overall goal is to improve caregiver efficiency and productivity in the workplace.

Commitment:
- Complete a web-based interest survey
- Engage in pre and post interviews about eldercare strategies
- Develop a company action plan for support of caregivers
- Implement the action plan with assistance from the Caregiver’s Coalition
- Participate in the project’s concluding forum

Benefits:
- Information about the impact of eldercare issues and how to address them
- Review of existing benefits and programs for caregivers
- Assistance accessing benefits for employed caregivers
- Choice of services and activities such as:
  - Brown bag seminars
  - Caregiver kits
  - Health fairs
  - One-to-One Consultations
- Training and orientation for human resources and management staff
- Access to web-based caregiver resources and educational print materials
- Post analysis of company’s benefits for employed caregivers
- Copy of the final project report

Sign Up

_____________________________________  ___________________________________
Company      Authorized Representative

________________________________________________________________________________
Mailing Address

_____________________________________  ___________________________________
Phone       Email Address

Signature      Date

Workplace Partners for Eldercare is an initiative of the Richmond Area Caregiver’s Coalition and supported by a grant from the Richmond Memorial Health Foundation

The Coalition is comprised of many agencies and organizations
It was originally convened and is staffed by Senior Connections, CAAA
Appendix 5

Business Checklist for Developing Implementation Plans
**BUSINESS CHECK LIST—BASIS FOR PREPARING EMPLOYER’S CAREGIVER SUPPORT PLAN**

<table>
<thead>
<tr>
<th>Assessment Item</th>
<th>Pre-Test (✓=Yes)</th>
<th>Plan</th>
<th>Post-Test (✓=Yes)</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Family Care Leave –unpaid leave for eldercare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Have any used leave under Family Medical Leave Act</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Flexible Benefit Plan—cafeteria plan or options to assist with eldercare expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Dependent Care Reimbursement Account—pre-tax set-aside for eldercare expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Eldercare supports—daycare, case mgt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Cash subsidies for eldercare support svgs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Health Coverage for Dependent Elders</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Provide an EAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 EAP provide counseling for employee caregivers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 EAP provide I&amp;R for employee caregivers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 FlexTime policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 FlexPlace policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Job Sharing policy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Permanent Part-Time classification with Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Providing training for staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Informing Employed Caregivers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Information and referral service</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 In-house eldercare seminars</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Fairs, exhibits, presentations from community agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 about policies &amp; services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. company intranet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. email</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Company newsletter, pamphlets, posters</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. On-site presentations, orientations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Visits to HR, EAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Member of family work/life association or coalition</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment Item</td>
<td>Pre-Test (✔=Yes)</td>
<td>Plan</td>
<td>Post-Test (✔=Yes)</td>
<td>Change</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------</td>
<td>------</td>
<td>------------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Determine Utility and Impact of Efforts</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Eldercare Task force/committee to address caregiver issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Evaluate employee satisfaction with offerings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Eldercare programs meet the needs of workforce?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Conducted groups or surveys to determine current &amp; future eldercare needs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Changes that resulted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Any planned changes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Expand EAP offerings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. promote referral services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. establish support groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. offer presentations, info</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. distribute brochures, materials, email</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Perceptions, Knowledge, Attitudes</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Have employees asked time off to provide care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 How often have employees requested information</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Would employees be comfortable taking time off</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Barriers to establishing policies and programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Cost of policy/program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. No perceived need for policy/program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Eldercare not seen as work issue for employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Eldercare not seen as work issue for managers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Importance of eldercare policies/programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Recruit and retain workers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Improve productivity of caregiving employees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Remain competitive with other companies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Result of union negotiations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Improve employee morale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Respond to employee requests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Create positive public image</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6

Business Forum Flyer
Fall Business Forum

**Employed Caregivers of Aging Parents: Impact on the Bottom Line**

- Hear local businesses discuss how they are addressing the problems for employees
- Hear results from our survey research conducted with our participating businesses
- Learn about programs and resources that can help address the eldercare problems faced by employees

**Date:** Thursday, November 9, 2006

**Time:** 7:30am-9am

**Location:** Bon Secours - St. Mary’s Hospital – Auditorium, Suite 164
5801 Bremo Road Richmond, VA 23226

**Target Audience:** Businesses
CEO’s, HR and EAP Professionals, Managers, Directors, Benefits Specialists

**Presented by:** Workplace Partners for Eldercare
A program of the Richmond Area Caregiver Coalition through Senior Connections, The Capital Area Agency on Aging

For more information and to register contact:
Gale Davis, MS
Program Manager
804-672-4484 or email: gdavis@youraaa.org

Complimentary Breakfast Buffet

Registration Deadline – Wednesday, November 1, 2006
No fee
Appendix 7

Baseline Data Presentation for Business Forum
Supported, in part, by a grant from
the Richmond Memorial Health Foundation

Fall Business Forum
Employed Caregivers of Aging Parents:
Impact on the Bottom Line

Constance L. Coogle, Ph.D.
Virginia Center on Aging
Virginia Commonwealth University

November 9, 2006
Specific Aims

Availability of eldercare benefits offered

Levels of awareness and utilization of eldercare benefits provided

Efforts to evaluate current/future needs of employed caregivers

Plans to provide improved or enhanced eldercare benefits
Experimental Design and Procedures

• Initial assessment to characterize participating companies
  Two-stage process:
  – Web-based survey
  – Face-to-face meeting with trained interviewers

• Dual purpose:
  – Basis for generating implementation plans
  – Baseline for measuring change after the plans implemented

• Final assessment to establish enhanced abilities of employers to offer supportive policies, tools, and activities
  – Interview questions repeated
  – Additional questions about the consequences of the intervention
Elder-caregiving in Companies

• Only half of the companies could tell us the percentage of their employees that provided eldercare.

• Estimations ranged from 0% to 54% (Median = 20%).

• Web-based data indicated that only 6 of the 14 companies provided eldercare services or supports.

• Only two companies could tell us the proportion of employees using the eldercare services/supports.
Elder-caregiving in Companies

• Programs and benefits offered to employed caregivers were not very well utilized (Median = 3 on a 1-5 scale)

• There was acknowledgement of the importance of providing eldercare benefits to improve employee productivity (Median = 4 on a 1-5 scale)

• Only 2 companies indicated that eldercare had a high impact on the productivity of their employees
Current/Future Needs for Eldercare

• Only two companies had made an effort to determine the current/future need for eldercare

• Two-thirds of companies had plans to provide additional eldercare services/supports

• One-quarter of companies cited managers who perceived that eldercare is not a work-related issue as a challenge to the establishment of eldercare programs/policies
Appendix 8

E-mailed Invitation to Participate in Project
To: Workplace Partner for Eldercare  
From: The Richmond Caregiver Coalition  
Subject: Invitation to participate in project survey  
Date: __________

Thank you for agreeing to participate in the Employed Caregivers Initiative, *Workplace Partners for Eldercare – Awareness, Education, Support*, being conducted by the Caregiver Coalition of *Senior Connections: The Capital Area Agency on Aging*. As you learned from your personal liaison/contact on the Caregiver Coalition, this project, funded by the Richmond Memorial Health Foundation, aims to develop and validate processes and tools that will help businesses offer support to their employees. To help us in this effort, we are collecting some basic information about our partners in the targeted company businesses. The information you provide is an essential first step in the process as we work with you to enhance the effectiveness of your employees who provide eldercare.

Accuracy and candor in your answers is important. There may be questions that you are unsure of. If they could be more accurately answered by other staff, we encourage you to seek their responses and include them on the survey as appropriate. By completing the survey you are helping us to pursue objectives that we hope to implement across the region’s employers in the future. Obtaining a correct description of area businesses is a crucial element in this development phase. Your responses also provide important information that will be used in reports to our funding source. Please be assured that the results based on the data in evaluation reports will be grouped, so that no single individual or organization may be distinguished.

The data will be used exclusively for the purposes of this project, and the identifying information you provide will be viewed only by the evaluators and your personal liaison/contact on the Caregiver Coalition. Your personal information (name of company, your name, your title) will be stored in a data base that is separate from the responses you provide to the survey questions. Your participation is completely voluntary. You have the right to withdraw at any time or refuse to answer any questions. Please also answer as honestly as you can.

Although you are not asked to provide any sensitive information by responding to the survey questions, you should be assured that the website uses the Secure Sockets Layer (SSL) technology to keep your information protected. SSL is the industry standard protocol for secure transactions and makes it very difficult for anyone to intercept the information that you submit to us. There are no “persistent cookies” that could be transferred to your computer’s hardware anywhere on the site. For further information about the privacy of your data, please refer to the privacy statement posted at [http://www.seniornavigator.org/privacy.php](http://www.seniornavigator.org/privacy.php)

This invitation to participate in the survey has been distributed via email to make it as easy as possible for you to respond. There are fewer than 20 questions and, as long as you know or have ready access to the information needed, it should take no more than 10 minutes to complete. We appreciate your willingness to take the time now to click on the link below and respond to the short, web-based questionnaire ([http://www.](http://www.Etc.). This is a time sensitive project. If you can’t complete the survey immediately, it would be most helpful if you could complete the survey by __DATE___. If you prefer to complete a print version of the survey or have any questions about the survey please contact Dr. Constance Coogle (828-1525 or [cgoogle@hsc.vcu.edu](mailto:cgoogle@hsc.vcu.edu)). For questions about the Employed Caregiver Initiative, please contact Gale Davis (343-3056 or [gdavis@youraaa.org](mailto:gdavis@youraaa.org)), Community Relations and Caregiver Support Manager. Thank you in advance for your help!
Appendix 9

Web-Based Evaluation Survey
Workplace Partners for Eldercare – Awareness, Education, Support

Name of Company________________________________________Date__________________

Name of Survey Respondent ____________________________________________________

Position/Title in Company______________________________________________________

1. Is your company a multi-site organization (Choose one response) (NJ Business and Industry Association Survey)?  
   A. Yes GO TO Q1a      B. No GO TO Q1c.
   a. If yes, what is the total number of employees at all of the sites in your company (NJ Business and Industry Association Survey)? _____  
   b. If yes, what is the total number of employees at your particular site in the company (NJ Business and Industry Association Survey)?   ____ (GO TO Q2)
   c. If no, what is the total number of employees at your company (NJ Business and Industry Association Survey)? _______________

2. What best describes your company (Choose one response) (AARP Maine Caregiving Survey)? 
   A. Non-profit B. For-profit C. Government Agency

3. What kind of company do you work for (Choose one response) (NJ Business and Industry Association Survey)?
   ___ Retail Trade   ___ Utilities  ___ Healthcare
   ___Community Service   ___ Transportation   ___ Construction
   ___ Government   ___ Finance, Insurance, Real Estate
   ___ Manufacturing   ___Technology/Communication
   ___ Other (please specify)_________________________________

4. What is the average age of your workforce (NJ Business and Industry Association Survey)?_______

5. What proportion of your workforce is 40 years of age or older (Goodstein, 1995)? ___%  

6. What proportion of your workforce is made up of women (AARP Maine Caregiving Survey; NJ Business and Industry Association Survey; Goodstein, 1995)? ___%  

7. What percentage of your workforce is employed full time (NJ Business and Industry Association Survey)?? ___%  

8. What percentage of your employees work less than 20 hours a week (AARP Maine Caregiving Survey)? _______%  

9. What percentage of your employees are exempt? _____%
10. What proportion of your workforce is made up of professional employees (i.e., managers and administrators, attorneys and accountants, technical specialists, sales representatives, etc) (Musselwhite, 1994) _____% 

11. Does your company offer long term care insurance for employees(Choose one response)?
   A. Yes     B. No   C. Don't know

12. What percentage of your employees are providing eldercare? (AARP Maine Survey). ________

   Note: The term, “eldercare,” refers to any ongoing or periodic assistance or care provided to spouses, parents, grandparents, siblings, or other adults. Examples of eldercare include such things as helping with feeding, dressing, or bathing, providing transportation, managing finances, or simply visiting to check on their well-being

13. Does your company offer any eldercare services or supports?
   A. Yes GO TO Q13a.   B. No GO TO Q17

   13a. If yes, are these services offered as part of a work/life program (U.S. OPM)? Yes GO TO Q13b
   B. No GO TO Q14

   13b. If yes, how long has your company had an active work/life program (U.S. OPM)? ________________

14. Approximately how long have eldercare services/support been offered (U.S. OPM)? ________________

15. What percentage of your employees uses these eldercare services or supports. _____

16. On average, how well would you say the programs and benefits that are offered to caregivers are utilized (Choose one response) (AARP Maine Survey)?
   A. Very well utilized   B. Somewhat utilized
   C. Not well utilized   D. Not at all Utilized   E. Don’t Know

17. In general, please indicate the importance of providing eldercare benefits to improving employee productivity (Choose one response) (Goodstein, 1995)?
   1               2               3                4                 5
   Little or No Importance         Very Important

18. In your opinion, what is the impact of eldercare on your company’s productivity (Choose one response) (NJ Business and Industry Association Survey)?
   A. There is no impact whatsoever. B. There is some impact.
   C. There is high impact.

19. Would you care to share any additional comments concerning eldercare and your company? ___________________________________________________________
Note to SeniorNavigator: When survey is posted, ideally the program will move the response cursor to the appropriate GO TO designation, otherwise GO TO instructions will need to be retained on the face of the survey. Questions that require a single response should not allow for multiple responses. You may delete the (Choose one response) designation if this restriction is built into the survey. Missing data (recorded as a blank space in the dataset) should be allowed for all questions so that respondents may choose to skip any of the questions asked.

Note to SeniorNavigator: At the end of the survey, there should be one button to submit the data and another button to discard the data. The purpose of these buttons is to ensure that a subject may withdraw at any time and to help them understand that if they do withdraw, even after completing the survey, their data can be discarded prior to transmission to the researcher.

Note to SeniorNavigator: We have not formatted the response categories and answer fields for ease of administration, but rather have bunched them together for review purposes. Please feel free to format the questions, response choices, and answer fields with appropriate spacing as you see best.

Note to SeniorNavigator: Please do not include the references provided for selected questions, e.g. (Goodstein, 1995). These are given for our later use and are not required here.
Appendix 10

Baseline Evaluation Interview Questionnaire
Workplace Partners for Eldercare – Awareness, Education, Support

An Initiative of the Caregiver Coalition of Senior Connections

Senior Connections: The Capital Area Agency on Aging is collaborating with more than 30 members in the Richmond Area Caregiver Coalition to conduct the employed caregiver initiative, Workplace Partners for Eldercare – Awareness, Education, Support. This project, funded by the Richmond Memorial Health Foundation, aims to develop and validate processes and tools that will help businesses offer support to their employees. To help us in this effort, we are interviewing human resources managers and work/life coordinators at company businesses, corporations, and other places of employment to determine what elder care programs or services are being offered. In particular, we are interested in:

- what eldercare services are available currently
- the extent that employees use these services
- any existing evaluation of current and future employee needs
- any plans agencies may have for future elder care services

By completing the survey you are helping us to pursue objectives that we hope to implement across the region’s employers in the future. Your responses also provide important information that will be used in reports to our funding source. Obtaining a correct description of area businesses is a crucial element in this development phase. It is fine if you don’t offer eldercare services at this time. We will be asking you about this again at a later date to see if you’ve made any changes. The information you provide now is just a starting point.

Please try to provide an accurate answer for each of the questions asked, and answer as honestly as you can. All individual responses will be kept confidential. You can be assured that the results in evaluation reports based on the data will be grouped, so that no single organization may be distinguished. The data will be used exclusively for the purposes of this project, and the identifying information you provide will be viewed only by the evaluators and your personal liaison/contact on the Caregiver Coalition. Your responses will not be linked with your name in any database. Your participation is completely voluntary. You have the right to withdraw at any time or refuse to answer any questions.

When we refer to “eldercare” we are referring to any ongoing or periodic assistance or care provided to spouses, parents, grandparents, siblings, or other adults. Examples of eldercare include such things as helping with feeding, dressing, or bathing, providing transportation, managing finances, or simply visiting to check on their well-being.

2. Are you the person who can best describe the supports and benefits that are available in your organization to assist employees who provide eldercare?

   A. Yes GO TO Q2

   B. No ASK “Is there someone else in your organization who should also be involved in this interview?” [Record the name and phone number of the person recommended and contact them, then begin the interview again from the beginning with both individuals jointly providing answers (Q1).]
Section 1: Availability of Eldercare Benefits

3. Does your company offer any eldercare services or supports?
   A. Yes \textit{GO TO Q3}
   B. No \textit{GO TO Q27}

4. Does your company currently provide employees with an information and referral service to professional groups and associations for their eldercare needs (U.S. OPM)?
   A. Yes \textit{GO TO Q4}
   B. No \textit{GO TO Q5}

5. Is this information and referral service provided through a contract with an external company?
   A. Yes (please specify) ________________________________
   B. No
   C. Don't Know

6. Does your company currently offer on-site seminars and presentations on eldercare-related issues (U.S. OPM)?
   A. Yes
   B. No
   C. Don't Know

7. Does your company have a Family Care Leave Policy that provides for unpaid leave with benefits to provide eldercare?
   A. Yes
   B. No
   C. Don't Know

8. Have any of your employees requested time off under the Family Medical Leave Act to assist an older person (AARP Maine Survey)?
   A. Yes
   B. No
   C. Don't Know

9. Does your company have a Flexible Benefit Plan that provides employee options or a cafeteria plan that would assist with eldercare expenses (Coogle)?
   A. Yes (please explain) ________________________________
   B. No
   C. Don't Know
10. Does your company provide a **Dependent Care Reimbursement Account** that allows pre-tax dollars to be set aside for eldercare expenses (Google)?
   
   A. Yes
   
   B. No
   
   C. Don't Know

11. Does your company **directly** provide any eldercare support services (such as employer-sponsored adult daycare or case management) (FCGA State of the States)?

   A. Yes
   
   B. No
   
   C. Don't Know

12. Does your company provide **cash subsidies** for any eldercare support services (such as adult daycare, employee discounts, or case management) (NJ Business and Industry Association Survey)?

   A. Yes
   
   B. No
   
   C. Don't Know

13. Does your company provide any **Health Benefits Coverage for Dependent Elders** so that an elderly family member can be insured (e.g., to pay for a Medigap policy) (Google)?

   A. Yes
   
   B. No
   
   C. Don't Know

14. Does your company provide an **Employee Assistance Program** (EAP) (AARP Maine Survey)?

   A. Yes **GO TO Q14**
   
   B. No **GO TO Q16**
   
   C. Don't Know **GO TO Q16**

15. Does your EAP provide counseling for employees with eldercare responsibilities (Google)?

   A. Yes
   
   B. No
   
   C. Don't Know
16. Does your EAP provide information and referral for employees with eldercare responsibilities?
   A. Yes
   B. No
   C. Don't Know

17. Does your company have a separate program exclusively for employees who provide eldercare? For example, do you provide help either directly or indirectly (through outside sources) with respite care, legal and /or financial consultation, support groups or assistive technology (FCGA State if the States Survey)?
   A. Yes (please give example) ________________________________
   B. No

18. Does your company provide Employee Caregiver Fairs with exhibits or presentations from community agencies that would assist with eldercare responsibilities (Coogle)?
   A. Yes
   B. No
   C. Don't Know

19. Has your company formed an Eldercare Task Force or Committee to address eldercare issues in the workplace (Coogle)?
   A. Yes
   B. No
   C. Don't Know

20. Does your company have a Flextime Policy that would permit flexible working hours for employees with eldercare responsibilities (Coogle)?
   A. Yes
   B. No
   C. Don't Know

21. Does your company have a Flexplace Policy that would allow employees with eldercare responsibilities to work off-site or at home (Coogle)?
   A. Yes
   B. No
   C. Don't Know
22. Does your company have a Job Sharing policy that would allow employees with eldercare responsibilities to jointly fill one full time position?
   A. Yes
   B. No
   C. Don't Know

23. Does your company have a Permanent Part-Time Worker Classification that would allow employees with eldercare responsibilities to receive benefits even though they are not employed full-time?
   A. Yes
   B. No
   C. Don't Know

24. Does your company offer any other programs or policies that would be helpful for employees with eldercare responsibilities (Google)?
   A. Yes (please explain) ___________________________________________
   B. No
   C. Don't Know

Section 2: Awareness and Utilization of Eldercare Benefits.

25. How does your company inform employees about the availability of eldercare services (U.S. OPM)?
   A. Information available on company Intranet
      1) Yes
      2) No
      3) Don’t Know
   B. Via electronic mail
      1) Yes
      2) No
      3) Don’t Know
   C. Literature (company newsletter, pamphlets, memos, posters etc.)
      1) Yes
      2) No
      3) Don’t Know
D. On-site presentations and/or orientations
   1) Yes
   2) No
   3) Don’t Know

E. During visits to HR and/or EAP offices offering work/life services
   1) Yes
   2) No
   3) Don’t Know

F. Other
   1) Yes (please explain) ____________________________
   2) No
   3) Don’t Know

26. Does your company evaluate employees' satisfaction with the company’s eldercare programs and services (U.S. OPM)?
    A. Yes
    B. No
    C. Don’t Know

27. Do you believe that the current elder care programs and services in your company adequately meet the needs of your workforce (U.S. OPM)?
    A. Yes
    B. No
    C. Don’t Know

28. Are you currently providing training for staff in your human resources program who work with family caregivers (FCGA State of the States)?
    A. Yes
    B. No

29. Are you a member of or associated with a business group/coalition or other organization involved in work-family issues (Goodstein, 1995)?
    A. Yes (please name) ____________________________
    B. No
30. If an employee was having difficulty caring for an older person and came to you for assistance, where would you refer the employee for help (AARP Maine Survey)?

_________________________________________________________________

31. Have any of your employees asked for time off to assist an older person (AARP Maine Survey)?
   A. Yes
   B. No
   C. Don't Know

32. During the past year, how often have employees requested information on elder care services (U.S. OPM)?
   A. Never or Seldom
   B. Occasionally
   C. Frequently
   D. Don’t Know

33. Do you believe your employees would be comfortable asking for time off to take care of or assist an older person (AARP Maine Survey)?
   A. Yes
   B. No
   C. Don't Know

34. If an employee took time off to take care of or assist an older person, what kind of leave could they use (AARP Maine Survey)?
   A. Paid vacation leave
      1) Yes
      2) No
   B. B. Paid sick leave
      1) Yes
      2) No
   C. Unpaid Leave
      1) Yes
      2) No
   D. Other
      1) Yes (please specify) ______________________________
      2) No
Section 3: Past and Future Changes in Eldercare Benefits

35. Has your company conducted focus groups or surveys of your workforce to determine current or anticipated elder care concerns (Goodstein/U.S. OPM)?
   A. Yes *GO TO Q35*
   B. No *GO TO Q37*
   C. Don’t Know *GO TO Q37*

36. Have you significantly expanded or changed your elder care program as a result of your eldercare workforce focus group or survey (Goodstein/U.S. OPM)?
   A. Yes *GO TO Q37*
   B. No *GO TO Q36*
   C. Don't Know *GO TO Q37*

37. If "no," Why have there been no changes to the program (U.S. OPM)?
   A. No additional needs were identified
      1) Yes
      2) No
      3) Don’t Know
   B. Lack of resources
      1) Yes
      2) No
      3) Don’t Know
   C. Lack of time
      1) Yes
      2) No
      3) Don’t Know
   D. Other
      1) Yes (please explain) ________________________________
      2) No
      3) Don’t Know
38. Are you aware of plans for additional elder care services and/or support for your workforce (U.S. OPM)?
   A. Yes *GO TO Q38*
   B. No *GO TO Q39*
   C. Don't Know *GO TO Q39*

39. If yes, what is the emphasis of the plans (U.S. OPM)?
   A. Expand the Employee Assistance Program
      1) Yes
      2) No
      3) Don’t Know
   B. Promote eldercare referral services
      1) Yes
      2) No
      3) Don’t Know
   C. Establish support groups
      1) Yes
      2) No
      3) Don’t Know
   D. Offer presentations and/or information sessions on elder care issues
      1) Yes
      2) No
      3) Don’t Know
   E. Distribute brochures, materials, email messages
      1) Yes
      2) No
      3) Don’t Know
   F. Other
      1) Yes (please explain) _____________________________________________
      2) No
      3) Don’t Know
40. Companies have identified challenges to establishing policies and programs for caregiving employees. Which of the following barriers would apply to your company (NJ Business and Industry Association Survey)?

A. Cost of policy and/or program
   1) Yes
   2) No

B. No perceived need for policy and/or program
   1) Yes
   2) No

C. Employees do not perceive eldercare as a work issue.
   1) Yes
   2) No

D. Management does not perceive eldercare as a work issue.
   1) Yes
   2) No

E. Other
   1) Yes (please explain) ____________________________________
   2) No

41. In planning for the needs of your employees, what types of information would be helpful to you (NJ Business and Industry Association Survey)?

A. Information about no or low cost eldercare programs for the workplace
   1) Yes
   2) No

B. Information about available community resources for caregiving
   1) Yes
   2) No

C. Information about age-related conditions and diseases
   1) Yes
   2) No
D. Information about the Family and Medical Leave Act
   1) Yes
   2) No

E. Information on balancing work and family issues.
   1) Yes
   2) No

F. Other
   1) Yes (please identify)_________________________________________
   2) No

42. Employers have identified several reasons for adopting policies and programs to help their caregiving employees. **How important** would you say each of the following reasons might be for your company (NJ Business and Industry Association Survey)?

   A. To recruit and retain workers
      1) Very Important
      2) Somewhat Important
      3) Not Important

   B. To improve productivity of workers providing eldercare
      1) Very Important
      2) Somewhat Important
      3) Not Important

   C. To remain competitive with other companies
      1) Very Important
      2) Somewhat Important
      3) Not Important

   D. As a result of union negotiations
      1) Very Important
      2) Somewhat Important
      3) Not Important
E. To improve employee morale
   1) Very Important
   2) Somewhat Important
   3) Not Important

F. To respond to employee requests
   1) Very Important
   2) Somewhat Important
   3) Not Important

G. To create positive public image
   1) Very Important
   2) Somewhat Important
   3) Not Important

43. What do you believe can be done to better meet the needs of employees trying to balance work/elder care responsibilities?____________________________________

________________________________________________________________________  
________________________________________________________________________

Thank you for your participation in this interview. Your responses will be very helpful as Senior Connections: The Capital Area Agency on Aging moves forward with this initiative.

OFFICE USE ONLY: TO BE COMPLETED BY INTERVIEWER

Date ____________

Name of Person Conducting Interview __________________________________________

Name of Person Being Interviewed _____________________________________________

Name of Company ___________________________________________________________

Interviewee’s Position Title in Company _________________________________________

Mode of Conduct (Circle One): In Person Over the Telephone

Interviewer Comments_________________________________________________________

___________________________________________________________________________
Appendix 11

Didactic Presentation for Interviewer Training
Engaging Respondents: Informed Consent

As part of the engagement process, interviewers are expected to relate the information in the Introductory Paragraphs on the Questionnaire:

- Remind Interviewee that the project aims to develop and validate processes and tools that will help businesses offer support to their employees.
- Explain that in order to accomplish our aim, we are interviewing human resources managers and work/life coordinators to determine what elder care programs or services are being offered.

Engaging Respondents: Informed Consent

- The interview process is intended to gather data about following:
  - Eldercare services that are available
  - Extent that employees use eldercare services
  - Any evaluation of current and future needs
  - Plans for future eldercare services

Engaging Respondents: Baseline vs. Follow-Up Data

- Make it clear that we don’t expect everyone to be providing all of the eldercare services at this point in time.
- Clarify that we will be asking about this again at a later date to see if changes have been made.
- Be sure they understand the information they provide now is just a starting point.

Engaging Respondents: Accuracy of the Data

- Tell respondents that we expect them to provide an accurate answer for each of the questions.
- Let them know that honesty is very important to us.
Engaging Respondents: Confidentiality of the Data

- Results in evaluation reports will be grouped – no single organization may be distinguished
- Data will be used exclusively for the purposes of this project
- Besides the interviewer (your personal liaison/contact on the Caregiver Coalition), identifying information will be viewed only by the project coordinator and the evaluator

Definition of “Eldercare”

- “Eldercare” refers to any ongoing or periodic assistance or care provided to spouses, parents, grandparents, siblings, or other adults
- Examples of eldercare include help with feeding, dressing, or bathing, providing transportation, managing finances, or simply visiting to check on their well-being.

Goals of Standardized Interviewing

- Each respondent is exposed to the same questioning experience
- All answers are recorded in the same manner
- Any differences in answers should be directly attributable to differences between respondents, not to differences in the process that produced that answer

The Interview Process

In order to avoid errors when collecting data:

- Read questions exactly as worded
- Record your answers accurately
- Do not bias answers by the way you relate to the respondents
- Do not assume any answers, always ask the respondent questions directly
- Do not probe directly

Reading the Questions

- Read questions without any additions, deletions, or substitutions
- Be sure to read the entire question
- Read questions in the order in which they are presented in the questionnaire
- Ask every question, unless there are GO TO (skip) instructions
Reading the Questions

• Read each question slowly at about two words per second
• Use a tone of voice that conveys assurance, interest, and a professional manner that is neutral and non-judgmental
• Emphasize underlined words to enhance meaning
• Do not read aloud anything printed in italics in the questionnaire

Recording the Responses

Common errors made by interviewers include:
• Omitting an answer
• Recording the wrong answer code
• Circling more than one answer or entering more than one number
• Writing illegibly
• Using abbreviations that are not recognizable by the data entry staff

Avoid Biasing Respondent’s Answers

• Do not offer your own opinion during the interview
• Do not display approval or disapproval through your tone of voice, facial expression, or side comments
• Do not discuss your own experiences with the respondent
• Do not read questions using your own words instead of those written on the questionnaire

Avoid Biasing Respondent’s Answers

Non-verbal cues can be conveyed through:
• Facial expressions
• Posture
• Hand and foot movements

Be mindful to avoid sending unintentional signals

Listening Skills

• After reading the question, listen quietly and patiently for the response.
• Do not interrupt or make a comment before the respondent has completed an answer

Listening Skills

Good listening skills help interviewers:
• Probe for more information when necessary
• Gauge the respondent’s level of comfort or discomfort with the questions
• Hear and understand the respondent’s answer so that it is recorded correctly
### Using Interviewer Probes

- The careful use of probes can help the respondent provide a full and accurate response.
- Probes are helpful when a response is:
  - Unclear
  - Incomplete
  - Unrelated to the question
  - Unresponsive (Don’t Know)

### Types of Probing

- Silent Probe
- Encouragement Probe
- Elaboration Probe
- Clarification Probe

### Silent Probe

- The least directive probe of all
- Silence can tell the respondent you are waiting to hear more
- Can communicate additional interest in the response
- Helps avoid prematurely interrupting an answer

### Encouragement Probe

- Expressions like, “uh-huh,” “um-hum,” “Yes,” or “I see”
- Conveys the message that response has been heard and more is expected

### Elaboration Probe

- Questions that go beyond encouragement by asking respondent to elaborate on a topic
- Phrases like “Can you be more specific?,” “What do you mean by that exactly?,” or “Could you say a bit more about that?”
- You are asking a neutral question to get more specific information

### Clarification Probe

- Goes beyond elaboration by not only asking for more information, but also specifying what is needed in addition.
- Phrases like “What did you do next?,” or “How did you find out about that?”
Non-Directive Prompting

- Used when the respondent:
  - Doesn’t understand the question
  - Has a misunderstanding of the question
  - Offers only a partial answer
  - Is reluctant to respond

Types of Non-Directive Prompting

- Repeating the Question
- Repeating the Reply
- Neutral Prompting

Repeating the Question

- Useful when it appears the respondent doesn’t understand the question
- Useful when the respondent has wandered away from the point
- This is the best response when a “Don’t Know” answer is given (and the interview format doesn’t allow for that option)

Repeating the Reply

- Can stimulate the respondent to say more
- Can also help the respondent realize when a question has been misunderstood
- Also useful when respondents have strayed from the question

Neutral Prompting

- Neutral Prompting should be recorded as a note on the interview form
- If a respondent asks you to clarify a question, it’s best to avoid rewording the question
- You might be required to offer an example to clarify the question, but there is a danger of distorting the interview

Answering the Respondent’s Questions

- Keep the answers you provide standardized and unbiased
- For questions about the purpose of the interview, refer to the engagement information on the face page of the questionnaire
- For questions about the meaning of the interview items, neutrality is the best policy
Answering the Respondent’s Questions

• Neutrality requires that respondents interpret questions for themselves.
• Always make a note of the question and your reply.
• If needed, refer them to the project evaluator (Constance Coogle; Virginia Center on Aging, VCU, 828-1525)

Handling Resistance

• “Don’t Know” answers are not usually a form of resistance
• “Don’t Know” can mean the respondent:
  – Doesn’t understand the question
  – May be thinking about their response
• But sometimes the respondent doesn’t want to answer

Handling Resistance

• If a respondent firmly refuses to answer a question:
  – Encourage them to say why they are reluctant
  – Be prepared to reassure them about confidentiality if the question is sensitive
  – Indicate your respect for their wishes by accepting the refusal
  – Move on to the next question

Trouble-shooting

• Common interview problems (and their solutions)
  – Respondent doesn’t answer (repeat the question)
  – Inadequate answer (repeat the question, probe or prompt non-directively)
  – Superficial answer (probe for more information)
  – Irrelevant answer (repeat the question)
  – Reluctance to answer (probe for reason and provide reassurance about confidentiality)

Providing Feedback to Respondents

• Not to be confused with interviewer effects
• Feedback helps shape appropriate responding
• Respondents should be encouraged to:
  – Listen to the entire question before responding
  – Give serious and clear answers
  – Stay on task when answering a question

Providing Feedback to Respondents

• Non-verbal cues (a smile, nod of the head, or eye contact):
  – acknowledge the respondent’s answer
  – encourages similar responses
• It is important to be objective, but it is essential to avoid coming across as cold.
• Interviewers should be both professional and friendly.
• Verbal cues can accomplish the same objective
Providing Feedback to Respondents

- Give feedback for good performance, not “good” content.
- Avoid using the phrases, “OK” or “all right” since these indicate agreement with the response.
- Consider the responder’s performance when determining how much feedback is required.

Ending the Interview

- Thank the respondent for their time and effort.
- Remind them that their responses will be very helpful as the Caregiver Coalition and Senior Connections: The Capital Area Agency on Aging moves forward with this initiative.
- Let them know that you will be interviewing them again at a date closer to the end of the project.

Post-Interview Observations

- Complete the bottom portion of the interview questionnaire to be sure we have the information asked for there.
- Take a few minutes to make some written comments about the interview and the respondent.
- These notes will help ensure the validity of the data collection process.

Post-Interview Observations

You might consider commenting on:
- any problems or errors that occurred during the interview process
- any instances when respondents may have given false or biased answers
- whether or not the respondent seemed attentive and responsive
- whether or not the respondent understood the questions
- specific behaviors or statements that occurred during the interview
- your significant impressions of the process

Editing the Interview

- Make sure every question has been answered
- Correct errors made in coding
- Make sure notations are clearly written in the proper place on the questionnaire

Returning the Interview Questionnaire

- Use the postage paid, self-addressed envelope to return the interview questionnaire to Senior Connections: The Capital Area Agency on Aging
- Do not use your own envelope
- Make sure the envelope is marked to the attention of the Gale Davis
Interviewers have an important job

Remember that the quality of the data collected depends on how well you do your job.
Appendix 12

Answer Key for Interviewer Training
Instructional Exercises
Exercise #1: Determining When a Question Has Been Answered

In each example below, decide whether the respondent has answered the question and indicate your answer by circling Yes or No.

1. Interviewer: “Does your company evaluate employees’ satisfaction with the company’s eldercare programs and services?
   - A. Yes    - B. No    - C. Don't Know
R: “The company doesn’t really care about that.”
Has the respondent answered the question?  1) YES  2) NO

2. Interviewer: “Do you believe that the current elder care programs in your company adequately meet the needs of the workforce?”
   - A. Yes    - B. No    - C. Don't Know
R: “I think there is a lot more we should be doing for the caregivers.”
Has the respondent answered the question?  1) YES  2) NO

3. Interviewer: “Do you believe that the current elder care programs in your company adequately meet the needs of the workforce?”
   R: “I don’t’ really know what the needs are.”
Has the respondent answered the question?  1) YES  2) NO

4. Interviewer: “During the past year, how often have employees requested information on elder care services?”
   - A. Never or Seldom    - B. Occasionally    - C. Frequently    - D. Don't Know
R: “It seems like no one needs any information.”
Has the respondent answered the question?  1) YES  2) NO
Exercise #2: Coding Responses

Below the question which follows, there are some possible answers that a person might give in response to Item 2F, “Other” (ways of informing employees). In the blank beside the response put the letter of the category where the answer should be coded.

1. How does your company inform employees about the availability of eldercare services?
   A. Information available on company Intranet
      1) Yes
      2) No
      3) Don't Know
   B. Via electronic mail
      1) Yes
      2) No
      3) Don't Know
   C. Literature (company newsletter, pamphlets, memos, posters etc.)
      1) Yes
      2) No
      3) Don't Know
   D. On-site presentations/orientations
      1) Yes
      2) No
      3) Don't Know
   E. During visits to HR/EAP offices offering work/life services
      1) Yes
      2) No
      3) Don't Know
   F. Other
      1) Yes (please explain) ____________________________________________
         2) No
         3) Don't Know

   _C_  R: “Sometimes we will put an announcement in the envelope with pay slips and leave notices”

   _A_  R: “We have information posted on the company’s web site.”

   _F_  R: “I have conducted some focus groups.”

   _C_  R: “There’s a brochure that I give to people who come into the office.”
Exercise #3: Non-Directive Probing
In the examples given below put a mark beside the single most appropriate probe:

1. Interviewer: “If an employee was having difficulty caring for an older person and came to you for assistance, where would you refer the employee for help?”

R: “I’m not really sure.”

Choose One:

___ Interviewer: [Pause]

___ Interviewer: “Can you be more specific?”

___ Interviewer: “I see. Well, let me ask you again.”

___ Interviewer: “Let’s say the employee lives with their frail mother who is having trouble paying for medications.”

___ Interviewer: “Would you call the Area Agency on Aging?”

2. Interviewer: Have you significantly expanded or changed your elder care program as a result of your eldercare workforce focus group or survey?

A. Yes    B. No    C. Don't Know

R: “It depends on what you mean by “change.”

___ Interviewer: “If you learned anything, wouldn’t you do something to improve your program?”

___ Interviewer: “Answer in terms of whatever the question means to you”

___ Interviewer: “It depends on what we mean by ‘change’."

___ Interviewer: “We’re asking if the focus group or survey made any major difference in how things are done in your company.”

3. Interviewer: “Do you believe your employees would be comfortable asking for time off to take care of or assist an older person?”

A. Yes    B. No    C. Don't Know

R: “Yes, there are certainly times when it can’t be helped.”

___ Interviewer: “All right.”

___ Interviewer: “I see.” [continue with the next question.]

___ Interviewer: “I couldn’t agree more.”
Exercise #3 (continued): Non-Directive Probing
In the examples given below put a mark beside the single most appropriate probe:

4. Interviewer: “Are you aware of plans for additional eldercare services/support for your workforce?”
   A. Yes    B. No    C. Don't Know

R: “Well, I’ve always felt like we should establish an adult day care center on the premises. We have the day care center for children and it would be nice if we could have a co-existing service for older adults on the other side. The children could share meals, fun, and learning with the older participants.

___ Interviewer: “O.K.”

_X_ Interviewer: “I see, but, ‘Are you aware of plans for additional eldercare services/support for your workforce?’

___ Interviewer: “I couldn’t agree more.”

___ Interviewer: “Can you be more specific?”

5. Interviewer: “What do you believe can be done to better meet the needs of employees trying to balance work/elder care responsibilities?”

R: “Would you repeat the question?”

___ Interviewer: “What part of “better meet the needs” do you not understand?”

_X_ Interviewer: “What can be done to better meet the needs of employees trying to balance work/elder care responsibilities?”

___ Interviewer: “Do you think that brown bag lunchtime seminars would be helpful?”

___ Interviewer: “We’re trying to find out if you can think of any other things that your company should be doing for the employees?”
Exercise #4: Repeating the Question

Study the following interview situation.

Interviewer: “During the past year, how often have employees requested information on elder care services?”

A. Never or Seldom   B. Occasionally   C. Frequently   D. Don’t Know

R: I’m not sure...

Interviewer: Let me repeat the question. “During the past year, how often have employees requested information on elder care services?”

A. Never or Seldom   B. Occasionally   C. Frequently   D. Don’t Know

R: Oh, okay, I guess I would say occasionally.

Was repeating the question effective in this situation? Why or why not?

_____It was useful because the respondent didn’t understand the question_____

Name another situation in which the Interviewer might repeat the question to the respondent?

_____Useful when the respondent has wandered away from the point _____
**Exercise #5: Repetition**

Part 1: Study the following example

Interviewer: “During the past year, how often have employees requested information on elder care services?”

A. Never or Seldom   B. Occasionally   C. Frequently   D. Don’t Know

R: It doesn’t really happen very often.

Interviewer: “Would that be never or seldom, occasionally, or frequently?”

R: I would say occasionally.

*Note: It is important to provide repetition of anything that is misunderstood.*

Part 2: Use the repetition probe on the following example.

Interviewer: “During the past year, how often have employees requested information on elder care services?”

A. Never or Seldom   B. Occasionally   C. Frequently   D. Don’t Know

R: Last year people called me frequently to ask questions related to their employment and it was always gratifying to be helpful in that way.

In the above question, what is the topic?

*Frequency of requests for information on eldercare services*

How did the respondent misunderstand the question? *Failed to realize the topic*

What would be an appropriate probe in this case?

*What about the requests that were specific to eldercare services*
Exercise #6: Use of the Elaboration Probe

Read the following situation and answer the questions below. Elaboration probes are useful if the respondent gives an ambiguous response to an open-ended question.

Interviewer: “If an employee was having difficulty caring for an older person and came to you for assistance, where would you refer the employee for help?”

R: Well, difficulty can be a matter of degree, you know.

Interviewer: Could you tell me what you mean by that?

Why did the Interviewer use an elaboration probe in this situation?

**Interviewer was trying to use a neutral question to get more specific information**

R: Caregiving can be more or less demanding and require different amounts of an employee’s time and attention.

Was the Respondent’s reply helpful as in answering the question? What should the Interviewer do at this point?

No, it was not helpful. The Interviewer should repeat the question. _____

Was use of the elaboration probe advisable in this situation?

The Interviewer should have repeated the question after the first answer, since it wasn’t responsive to the question. ____________________________
Exercise #7: Neutral Prompting

Read the situation below and answer the questions that follow.

Interviewer: “During the past year, how often have employees requested information on elder care services?”

A. Never or Seldom  B. Occasionally  C. Frequently  D. Don’t Know

R: Somewhere between Occasionally and Frequently.

Interviewer: “Which would be closer to the way you feel? Would you say that requests for this information have occurred occasionally or frequently?”

R: I guess it would be closer to Occasionally.

Note: Neutral probing is useful if the respondent has narrowed the choices to two or a range between two choices.

What was wrong with the respondent’s first answer?

It was not a determinate answer to the questions__________________________

How did the neutral prompt help to isolate the respondent’s answer?

It forced the respondent to make a responsive choice__________________________

What other probe could the Interviewer have used?

An elaboration probe like, “Could you say a bit more about that?”__________
Exercise #8: Providing Feedback

Read the example below and answer the following questions.

Interviewer: “Does your company currently offer on-site seminars and presentations on eldercare-related issues?”

A. Yes    B. No    C. Don't Know

R: We used to have pre-retirement seminars, but we’ve discontinued those.

Interviewer: “I see…Now, Does your company currently offer on-site seminars and presentations on eldercare-related issues?”

R: No, I suppose not.

In the above example, the Interviewer uses the brief phrase, “I see,” as feedback. Why?

Feedback helps shape appropriate responding____________________________

Circle the letter of the correct response(s) below.

a. Because it indicates to the respondent that he is doing a good job.

b. Because it tells the respondent his answers are heard and understood, and thus he will be more likely to give an answer to the next question as well.

List some other feedback phrases that the Interviewer could have used in combination with this response?

1. That’s good information.______________________________________________

2. That’s helpful to know.______________________________________________

3. That’s useful for our research.________________________________________
Exercise #8 (continued): Providing Feedback

Below is a list of possible feedback phrases. Cross out the phrases that should never be used because they comment on content instead of performance.

a. This is helpful information
b. What a good idea.
c. I see.
d. Yes, that’s very interesting.
e. Okay.
f. It’s important to find out what people think about this.
g. I agree with you there.
h. Thanks. It’s important to get your opinion on that.
i. All right.
j. Uh-huh.
k. Fine.
l. Good.
**Exercise #9: Role-Playing**

For this exercise, get with two partners to complete the following exercise. One partner (the interviewer) will ask a set of sample questions. A second partner (the respondent) will attempt to provide answers that may require feedback or non-directive probes (e.g. inadequate, irrelevant, or superficial responses). Respondents that offer resistance at some point will also enhance the utility of this exercise. The third partner (scorekeeper) will record the use of feedback responses (score +1 for each appropriate feedback response, -1 for each inappropriate feedback response). The scorekeeper will also record the use of probes (+1 for each non-directive probe, -1 for inappropriate or directive probes). The scorekeeper should also note the occurrence of non-verbal behavior (appropriate or inappropriate) or any interviewer effects (re-wording questions, discussing personal experiences, assuming responses not given, etc.). For the second question set, the respondent and interviewer should exchange roles, with the first partner playing the role of the respondent and the second partner playing the role of the interviewer.

**Question Set #1**

1. How does your company inform employees about the availability of eldercare services?
   - A. Information available on company Intranet
     1) Yes  2) No  3) Don’t Know
   - B. Via electronic mail
     1) Yes  2) No  3) Don’t Know
   - C. Literature (company newsletter, pamphlets, memos, posters etc.)
     1) Yes  2) No  3) Don’t Know
   - D. On-site presentations/orientations
     1) Yes  2) No  3) Don’t Know
   - E. During visits to HR/EAP offices offering work/life services
     1) Yes  2) No  3) Don’t Know
   - F. Other
     1) Yes (please explain) ____________________  2) No  3) Don’t Know

2. Does your company evaluate employees' satisfaction with the company’s eldercare programs and services?
   - A. Yes  B. No  C. Don't Know

3. Do you believe that the current elder care programs and services in your company adequately meet the needs of your workforce?
   - A. Yes  B. No  C. Don't Know
4. Are you currently providing training for staff in your human resources program who work with family caregivers?
   A. Yes  
   B. No

5. Are you a member of or associated with a business group/coalition or other organization involved in work-family issues?
   A. Yes (please name) _____________________________  B. No

6. If an employee was having difficulty caring for an older person and came to you for assistance, where would you refer the employee for help?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

7. Have any of your employees asked for time off to assist an older person?
   A. Yes  
   B. No  
   C. Don't Know

8. During the past year, how often have employees requested information on elder care services?
   A. Never or Seldom
   B. Occasionally
   C. Frequently
   D. Don’t Know

9. Do you believe your employees would be comfortable asking for time off to take care of or assist an older person?
   A. Yes  
   B. No  
   C. Don't Know

10. If an employee took time off to take care of or assist an older person, what kind of leave could they use?
    A. Paid vacation leave
       1) Yes  
       2) No
    B. Paid sick leave
       1) Yes  
       2) No
    C. Unpaid Leave
       1) Yes  
       2) No
    D. Other
       1) Yes (please specify) _____________________________  
       2) No
<table>
<thead>
<tr>
<th>Feedback (+: appropriate feedback; -1: inappropriate feedback)</th>
<th>Probes (+: appropriate feedback; -1: inappropriate feedback)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A. ______</td>
<td>1A. ______</td>
</tr>
<tr>
<td>1B. ______</td>
<td>1B. ______</td>
</tr>
<tr>
<td>1C. ______</td>
<td>1C. ______</td>
</tr>
<tr>
<td>1D. ______</td>
<td>1D. ______</td>
</tr>
<tr>
<td>1E. ______</td>
<td>1E. ______</td>
</tr>
<tr>
<td>1F. ______</td>
<td>1F. ______</td>
</tr>
<tr>
<td>2. ______</td>
<td>2. ______</td>
</tr>
<tr>
<td>3. ______</td>
<td>3. ______</td>
</tr>
<tr>
<td>4. ______</td>
<td>4. ______</td>
</tr>
<tr>
<td>5. ______</td>
<td>5. ______</td>
</tr>
<tr>
<td>6. ______</td>
<td>6. ______</td>
</tr>
<tr>
<td>7. ______</td>
<td>7. ______</td>
</tr>
<tr>
<td>8. ______</td>
<td>8. ______</td>
</tr>
<tr>
<td>9. ______</td>
<td>9. ______</td>
</tr>
<tr>
<td>10A. ______</td>
<td>10A. ______</td>
</tr>
<tr>
<td>10B. ______</td>
<td>10B. ______</td>
</tr>
<tr>
<td>10C. ______</td>
<td>10C. ______</td>
</tr>
<tr>
<td>10D. ______</td>
<td>10D. ______</td>
</tr>
</tbody>
</table>

Total: _______________  Total: _______________

Incidence of interviewer effects (re-wording questions, discussing personal experiences, assuming responses not given, etc.)

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Incidence of appropriate or inappropriate non-verbal behavior
______________________________________________________________________________
Question Set #2

1. Has your company conducted focus groups or surveys of your workforce to determine current or anticipated elder care concerns?
   A. Yes  \textit{GO TO Q2}
   B. No \textit{GO TO Q4}
   C. Don’t Know \textit{GO TO Q4}

2. Have you significantly expanded or changed your elder care program as a result of your eldercare workforce focus group or survey?
   A. Yes \textit{GO TO Q4}
   B. No \textit{GO TO Q3}
   C. Don't Know \textit{GO TO Q4}

3. If "no," why have there been no changes to the program?
   A. No additional needs were identified
      1) Yes  2) No  3) Don’t Know
   B. Lack of resources
      1) Yes  2) No  3) Don’t Know
   C. Lack of time
      1) Yes  2) No  3) Don’t Know
   D. Other
      1) Yes (please explain) \underline{__________________________}  2) No  3) Don’t Know

4. Are you aware of plans for additional elder care services/support for your workforce?
   A. Yes \textit{GO TO Q5}
   B. No \textit{GO TO Q6}
   C. Don't Know \textit{GO TO Q6}
5. If yes, what is the emphasis of the plans?
   A. Expand the Employee Assistance Program
      1) Yes  2) No  3) Don’t Know
   B. Promote eldercare referral services
      1) Yes  2) No  3) Don’t Know
   C. Establish support groups
      1) Yes  2) No  3) Don’t Know
   D. Offer presentations/information sessions on elder care issues
      1) Yes  2) No  3) Don’t Know
   E. Distribute brochures, materials, email messages
      1) Yes  2) No  3) Don’t Know
   F. Other
      1) Yes (please explain) ___________________  2) No  3) Don’t Know

6. Companies have identified challenges to establishing policies and programs for caregiving employees. Which of the following barriers would apply to your company (NJ Business and Industry Association Survey)?
   A. Cost of policy/program
      1) Yes  2) No
   B. No perceived need for policy/program
      1) Yes  2) No
   C. Employees do not perceive eldercare as a work issue
      1) Yes  2) No
   D. Management does not perceive eldercare as a work issue
      1) Yes  2) No
   E. Other
      1) Yes (please explain) ___________________  2) No
7. In planning for the needs of your employees, what types of information would be helpful to you?
   A. Information about no or low cost eldercare programs for the workplace
      1) Yes   2) No
   B. Information about available community resources for caregiving
      1) Yes   2) No
   C. Information about age-related conditions and diseases
      1) Yes   2) No
   D. Information about the Family and Medical Leave Act
      1) Yes   2) No
   E. Information on balancing work and family issues
      1) Yes   2) No
   F. Other
      1) Yes (please identify)____________________ 2) No

8. Employers have identified several reasons for adopting policies and programs to help their caregiving employees. How important would you say each of the following reasons might be for your company?
   A. To recruit and retain workers
      1) Very Important  2) Somewhat Important  3) Not Important
   B. To improve productivity of workers providing eldercare
      1) Very Important  2) Somewhat Important  3) Not Important
   C. To remain competitive with other companies
      1) Very Important  2) Somewhat Important  3) Not Important
   D. As a result of union negotiations
      1) Very Important  2) Somewhat Important  3) Not Important
   E. To improve employee morale
      1) Very Important  2) Somewhat Important  3) Not Important
   F. To respond to employee requests
      1) Very Important  2) Somewhat Important  3) Not Important
   G. To create positive public image
      1) Very Important  2) Somewhat Important  3) Not Important

9. What do you believe can be done to better meet the needs of employees trying to balance work/elder care responsibilities?__________________________
<table>
<thead>
<tr>
<th>Feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________</td>
</tr>
<tr>
<td>2. __________</td>
</tr>
<tr>
<td>3A. __________</td>
</tr>
<tr>
<td>3B. __________</td>
</tr>
<tr>
<td>3C. __________</td>
</tr>
<tr>
<td>3D. __________</td>
</tr>
<tr>
<td>4. __________</td>
</tr>
<tr>
<td>5A. __________</td>
</tr>
<tr>
<td>5B. __________</td>
</tr>
<tr>
<td>5C. __________</td>
</tr>
<tr>
<td>5D. __________</td>
</tr>
<tr>
<td>5E. __________</td>
</tr>
<tr>
<td>5F. __________</td>
</tr>
<tr>
<td>6A. __________</td>
</tr>
<tr>
<td>6B. __________</td>
</tr>
<tr>
<td>6C. __________</td>
</tr>
<tr>
<td>6D. __________</td>
</tr>
<tr>
<td>6E. __________</td>
</tr>
<tr>
<td>7A. __________</td>
</tr>
<tr>
<td>7B. __________</td>
</tr>
<tr>
<td>7C. __________</td>
</tr>
<tr>
<td>7D. __________</td>
</tr>
<tr>
<td>7E. __________</td>
</tr>
<tr>
<td>7F. __________</td>
</tr>
<tr>
<td>8A. __________</td>
</tr>
<tr>
<td>8B. __________</td>
</tr>
<tr>
<td>8C. __________</td>
</tr>
<tr>
<td>8D. __________</td>
</tr>
<tr>
<td>8E. __________</td>
</tr>
<tr>
<td>8F. __________</td>
</tr>
<tr>
<td>8G. __________</td>
</tr>
<tr>
<td>9. __________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Probes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __________</td>
</tr>
<tr>
<td>2. __________</td>
</tr>
<tr>
<td>3A. __________</td>
</tr>
<tr>
<td>3B. __________</td>
</tr>
<tr>
<td>3C. __________</td>
</tr>
<tr>
<td>3D. __________</td>
</tr>
<tr>
<td>4. __________</td>
</tr>
<tr>
<td>5A. __________</td>
</tr>
<tr>
<td>5B. __________</td>
</tr>
<tr>
<td>5C. __________</td>
</tr>
<tr>
<td>5D. __________</td>
</tr>
<tr>
<td>5E. __________</td>
</tr>
<tr>
<td>5F. __________</td>
</tr>
<tr>
<td>6A. __________</td>
</tr>
<tr>
<td>6B. __________</td>
</tr>
<tr>
<td>6C. __________</td>
</tr>
<tr>
<td>6D. __________</td>
</tr>
<tr>
<td>6E. __________</td>
</tr>
<tr>
<td>7A. __________</td>
</tr>
<tr>
<td>7B. __________</td>
</tr>
<tr>
<td>7C. __________</td>
</tr>
<tr>
<td>7D. __________</td>
</tr>
<tr>
<td>7E. __________</td>
</tr>
<tr>
<td>7F. __________</td>
</tr>
<tr>
<td>8A. __________</td>
</tr>
<tr>
<td>8B. __________</td>
</tr>
<tr>
<td>8C. __________</td>
</tr>
<tr>
<td>8D. __________</td>
</tr>
<tr>
<td>8E. __________</td>
</tr>
<tr>
<td>8F. __________</td>
</tr>
<tr>
<td>8G. __________</td>
</tr>
<tr>
<td>9. __________</td>
</tr>
</tbody>
</table>

Total __________  Total __________
Scoring Sheet for Question Set #2 (continued)

Incidence of interviewer effects (re-wording questions, discussing personal experiences, assuming responses not given, etc.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Incidence of appropriate or inappropriate non-verbal behavior

______________________________________________________________________________

______________________________________________________________________________
Appendix 13
Post-Implementation Interview Questionnaire
Workplace Partners for Eldercare – Awareness, Education, Support

An Initiative of the Richmond Area Caregiver Coalition and Senior Connections

Post-Implementation Interview Questionnaire

Thank you for collaborating with Senior Connections: The Capital Area Agency on Aging and the Richmond Area Caregiver Coalition in the employed caregiver initiative, Workplace Partners for Eldercare – Awareness, Education, Support. This project, funded by the Richmond Memorial Health Foundation, was intended to assist businesses in offering support to their employees. Prior to participating in this project, you were interviewed concerning:

- The company-based eldercare programs and services available;
- The extent that employees engaged in these programs and services;
- Any existing evaluation of current/future eldercare needs of employees;
- Any plans you might have had to provide future elder care services

By completing this interview now, you are helping us to pursue the objectives that we proposed to implement. Your responses today will also provide important information that we need to include in reports to our funding source, the Richmond Memorial Health Foundation. Obtaining a correct description of area businesses at this point is crucial to the successful completion of our project. We don’t expect that there will be many major changes in this short period of time since you were first interviewed. But we anticipate that there may be improvements in awareness, knowledge, opinions, or plans.

Please try to provide an accurate answer for each of the questions asked, and answer as honestly as you can. As was the case when you were first interviewed, all individual responses will be kept confidential. You can be assured that the results in evaluation reports based on the data will be grouped, so that no single organization may be distinguished. The data will be used exclusively for the purposes of this project, and the identifying information you provide will be viewed only by the evaluators and your personal liaison/contact on the Caregiver Coalition. Your responses will not be linked with your name in any database. Your participation is completely voluntary. You have the right to withdraw at any time or refuse to answer any questions.

Remember: When we refer to “eldercare” we are referring to any ongoing or periodic assistance or care provided to spouses, parents, grandparents, siblings, or other adults. Examples of eldercare include such things as helping with feeding, dressing, or bathing, providing transportation, managing finances, or simply visiting to check on their well-being.
Section 1: Availability of Eldercare Benefits

44. Since the time when you were first interviewed, has your company started offering any additional eldercare services or supports that were not in place previously?
   
   A. Yes  *GO TO Q2*
   B. No  *GO TO Q26*

45. Does your company currently provide employees with an information and referral service to professional groups and associations for their eldercare needs?

   A. Yes  *GO TO Q3*
   B. No  *GO TO Q4*

46. Is this information and referral service provided through a contract with an external company?

   A. Yes (please specify) _________________________________
   B. No
   C. Don't Know

47. Does your company currently offer on-site seminars and presentations on eldercare-related issues?

   A. Yes
   B. No
   C. Don't Know

48. Does your company have a Family Care Leave Policy that provides for unpaid leave with benefits to provide eldercare?

   A. Yes
   B. No
   C. Don't Know

49. Have any of your employees requested time off under the Family Medical Leave Act to assist an older person?

   A. Yes
   B. No
   C. Don't Know

50. Does your company have a Flexible Benefit Plan that provides employee options or a cafeteria plan that would assist with eldercare expenses?

   A. Yes (please explain) _________________________________
   B. No
   C. Don't Know
51. Does your company provide a Dependent Care Reimbursement Account that allows pre-tax dollars to be set aside for eldercare expenses?
   A. Yes
   B. No
   C. Don't Know

52. Does your company directly provide any eldercare support services (such as employer-sponsored adult daycare or case management)?
   A. Yes
   B. No
   C. Don't Know

53. Does your company provide cash subsidies for any eldercare support services (such as adult daycare, employee discounts, or case management)?
   A. Yes
   B. No
   C. Don't Know

54. Does your company provide any Health Benefits Coverage for Dependent Elders so that an elderly family member can be insured (e.g., to pay for a Medigap policy)?
   A. Yes
   B. No
   C. Don't Know

55. Does your company provide an Employee Assistance Program (EAP)?
   A. Yes GO TO Q13
   B. No GO TO Q15
   C. Don't Know GO TO Q15

56. Does your EAP provide counseling for employees with eldercare responsibilities?
   A. Yes
   B. No
   C. Don't Know
57. Does your EAP provide information and referral for employees with eldercare responsibilities?
   A. Yes
   B. No
   C. Don't Know

58. Does your company have a separate program exclusively for employees who provide eldercare? For example, do you provide help either directly or indirectly (through outside sources) with respite care, legal and/or financial consultation, support groups or assistive technology?
   A. Yes (please give example) __________________________________________ 
   B. No

59. Does your company provide Employee Caregiver Fairs with exhibits or presentations from community agencies that would assist with eldercare responsibilities?
   A. Yes
   B. No
   C. Don't Know

60. Has your company formed an Eldercare Task Force or Committee to address eldercare issues in the workplace?
   A. Yes
   B. No
   C. Don't Know

61. Does your company have a Flextime Policy that would permit flexible working hours for employees with eldercare responsibilities?
   A. Yes
   B. No
   C. Don't Know

62. Does your company have a Flexplace Policy that would allow employees with eldercare responsibilities to work off-site or at home?
   A. Yes
   B. No
   C. Don't Know
63. Does your company have a Job Sharing policy that would allow employees with eldercare responsibilities to jointly fill one full time position?
   A. Yes
   B. No
   C. Don't Know

64. Does your company have a Permanent Part-Time Worker Classification that would allow employees with eldercare responsibilities to receive benefits even though they are not employed full-time?
   A. Yes
   B. No
   C. Don't Know

65. Does your company offer any other programs or policies that would be helpful for employees with eldercare responsibilities?
   A. Yes (please explain) ________________________________
   B. No
   C. Don't Know

Section 2: Awareness and Utilization of Eldercare Benefits.

66. How does your company inform employees about the availability of eldercare services?
   A. Information available on company Intranet
      1) Yes
      2) No
      3) Don’t Know
   B. Via electronic mail
      1) Yes
      2) No
      3) Don’t Know
   C. Literature (company newsletter, pamphlets, memos, posters etc.)
      1) Yes
      2) No
      3) Don’t Know
D. On-site presentations and/or orientations
   1) Yes
   2) No
   3) Don’t Know

E. During visits to HR and/or EAP offices offering work/life services
   1) Yes
   2) No
   3) Don’t Know

F. Other
   1) Yes (please explain) ________________________________
   2) No
   3) Don’t Know

67. Does your company evaluate employees' satisfaction with the company’s
eldercare programs and services?
   A. Yes
   B. No
   C. Don't Know

68. Do you believe that the current elder care programs and services in your
company adequately meet the needs of your workforce?
   A. Yes
   B. No
   C. Don't Know

69. Are you currently providing training for staff in your human resources program
who work with family caregivers?
   A. Yes
   B. No

70. Are you a member of or associated with a business group/coalition or other
organization involved in work-family issues?
   A. Yes (please name) ________________________________
   B. No
71. If an employee was having difficulty caring for an older person and came to you for assistance, where would you refer the employee for help?
_________________________________________________________________

72. Have any of your employees asked for time off to assist an older person?
   A. Yes
   B. No
   C. Don't Know

73. During the past year, how often have employees requested information on elder care services?
   A. Never or Seldom
   B. Occasionally
   C. Frequently
   D. Don’t Know

74. Do you believe your employees would be comfortable asking for time off to take care of or assist an older person?
   A. Yes
   B. No
   C. Don't Know

75. If an employee took time off to take care of or assist an older person, what kind of leave could they use?
   A. Paid vacation leave
      1) Yes
      2) No
   B. Paid sick leave
      1) Yes
      2) No
   C. Unpaid Leave
      1) Yes
      2) No
   D. Other
      1) Yes (please specify) ____________________________
      2) No
Section 3: Past and Future Changes in Eldercare Benefits

76. Has your company conducted focus groups or surveys of your workforce to determine current or anticipated elder care concerns?
   A. Yes *GO TO Q34*
   B. No *GO TO Q36*
   C. Don’t Know *GO TO Q36*

77. Have you significantly expanded or changed your elder care program as a result of your eldercare workforce focus group or survey?
   A. Yes *GO TO Q36*
   B. No *GO TO Q35*
   C. Don't Know *GO TO Q36*

78. If no, Why have there been no changes to the program?
   A. No additional needs were identified
      1) Yes
      2) No
      3) Don’t Know
   B. Lack of resources
      1) Yes
      2) No
      3) Don’t Know
   C. Lack of time
      1) Yes
      2) No
      3) Don’t Know
   D. Other
      1) Yes (please explain) ________________________________
      2) No
      3) Don’t Know
79. Are you aware of plans for additional elder care services and/or support for your workforce?
   A. Yes \textit{GO TO Q37}
   B. No \textit{GO TO Q38}
   C. Don't Know \textit{GO TO Q38}

80. If yes, what is the emphasis of the plans?
   A. Expand the Employee Assistance Program
      1) Yes
      2) No
      3) Don’t Know
   B. Promote eldercare referral services
      1) Yes
      2) No
      3) Don’t Know
   C. Establish support groups
      1) Yes
      2) No
      3) Don’t Know
   D. Offer presentations and/or information sessions on elder care issues
      1) Yes
      2) No
      3) Don’t Know
   E. Distribute brochures, materials, email messages
      1) Yes
      2) No
      3) Don’t Know
   F. Other
      1) Yes (please explain) \underline{_________________________________________}
      2) No
      3) Don’t Know
81. Companies have identified challenges to establishing policies and programs for caregiving employees. Which of the following barriers would apply to your company?

A. Cost of policy and/or program
   1) Yes
   2) No

B. No perceived need for policy and/or program
   1) Yes
   2) No

C. Employees do not perceive eldercare as a work issue.
   1) Yes
   2) No

D. Management does not perceive eldercare as a work issue.
   1) Yes
   2) No

E. Other
   1) Yes (please explain) ____________________________________________
   2) No

82. In planning for the needs of your employees, what types of information would be helpful to you?

A. Information about no or low cost eldercare programs for the workplace
   1) Yes
   2) No

B. Information about available community resources for caregiving
   1) Yes
   2) No

C. Information about age-related conditions and diseases
   1) Yes
   2) No
D. Information about the Family and Medical Leave Act
   1) Yes
   2) No

E. Information on balancing work and family issues.
   1) Yes
   2) No

F. Other
   1) Yes (please identify)_________________________________________
   2) No

83. Employers have identified several reasons for adopting policies and programs to help their caregiving employees. **How important** would you say each of the following reasons might be for your company?

   A. To recruit and retain workers
      1) Very Important
      2) Somewhat Important
      3) Not Important

   B. To improve productivity of workers providing eldercare
      1) Very Important
      2) Somewhat Important
      3) Not Important

   C. To remain competitive with other companies
      1) Very Important
      2) Somewhat Important
      3) Not Important

   D. As a result of union negotiations
      1) Very Important
      2) Somewhat Important
      3) Not Important
E. To improve employee morale
   1) Very Important
   2) Somewhat Important
   3) Not Important

F. To respond to employee requests
   1) Very Important
   2) Somewhat Important
   3) Not Important

G. To create positive public image
   1) Very Important
   2) Somewhat Important
   3) Not Important

Section 4: Consequences of the Workplace Partners for Eldercare Assistance to Employers

84. As a consequence of the Workplace Partners for Eldercare assistance to employers, has there been any significant expansion or change in the support routinely provided by your company to employees trying to balance work/elder care responsibilities?
   1) Yes GO TO Q43
   2) No GO TO Q42
   3) Don’t Know GO TO Q43

85. If no, why has there been no expansion or change?
   A. No additional needs were identified
      1) Yes
      2) No
      3) Don’t Know
   B. Lack of resources
      1) Yes
      2) No
      3) Don’t Know
C. Lack of time
   1) Yes
   2) No
   3) Don’t Know

D. Other
   1) Yes (please explain) _________________________________________
   2) No
   3) Don’t Know

86. Difficulty balancing work/elder care responsibilities can have consequences for a number of job performance factors. As a consequence of the Workplace Partners for Eldercare assistance to employers, to what extent do you think there have been improvements in the following performance factors in your company?

A. Workplace stress
   1) No Improvement at All
   2) Some Improvement
   3) Quite a Bit of Improvement
   4) Extensive Improvement

B. Absenteeism
   1) No Improvement at All
   2) Some Improvement
   3) Quite a Bit of Improvement
   4) Extensive Improvement

C. Late Arrivals to Work
   1) No Improvement at All
   2) Some Improvement
   3) Quite a Bit of Improvement
   4) Extensive Improvement

D. Early Departures from Work
   1) No Improvement at All
   2) Some Improvement
   3) Quite a Bit of Improvement
   4) Extensive Improvement
E. Mental/Emotional Distraction
   1) No Improvement at All
   2) Some Improvement
   3) Quite a Bit of Improvement
   4) Extensive Improvement

F. The Amount of Personal Phone Calls/E-mails Made at Work
   1) No Improvement at All
   2) Some Improvement
   3) Quite a Bit of Improvement
   4) Extensive Improvement

G. Excessive Sick Days/Call-Offs
   1) No Improvement at All
   2) Some Improvement
   3) Quite a Bit of Improvement
   4) Extensive Improvement

87. As a consequence of the Workplace Partners for Eldercare assistance to employers, to what extent do you think overall job performance has been improved at your company?
   1) No Improvement at All
   2) Some Improvement
   3) Quite a Bit of Improvement
   4) Extensive Improvement

88. As a consequence of the Workplace Partners for Eldercare assistance to employers, do you now have greater awareness of the resources to assist employed caregivers available through members of the Richmond Area Caregiver Coalition?
   1) Yes
   2) No
89. Did you visit the Workplace Partners for Eldercare website or SeniorNavigator’s Employed Caregivers website (www.employedcaregivers.org)?
   1) Yes GO TO Q 47
   2) No Go TO Q55

90. If yes, how useful did you find these websites?
   1) Not At All Useful
   2) Not Very Useful
   3) Somewhat Useful
   4) Very Useful

91. Approximately how much time did you spend visiting SeniorNavigator’s Employed Caregivers website? _______ hours _______ minutes

92. How informative did you find the pages displaying statistics on employed caregiving?
   1) Not Very Informative
   2) Somewhat Informative
   3) Very Informative
   4) Did Not Access this Section

93. As suggested on the web page, did you encourage your employed caregivers to access information and link to local services through SeniorNavigator.org?
   1) Yes
   2) No

94. As suggested on the web page, did you refer employees to the Employed Caregiver page for additional resources?
   1) Yes
   2) No

95. As suggested on the web page, did you respond to the suggestion to have your Human Resources department send E-QUICKTIPS to employees as a quiet reminder that your company is caregiver-friendly?
   1) Yes
   2) No
96. How informative did you find the page displaying resources for employers and employees?
   1) Not Very Informative
   2) Somewhat Informative
   3) Very Informative
   4) Did Not Access this Section

97. What aspect of these websites did you find most helpful?_____________________

_______________________________________________________________________

98. In general, how did the assistance provided to you by the Workplace Place Partners for Eldercare initiative help you better meet the needs of employees trying to balance work/elder care responsibilities?_________________

_______________________________________________________________________

99. Please provide a specific example that illustrates how the assistance provided to you by the Workplace Place Partners for Eldercare help you better meet the needs of employees trying to balance work/elder care responsibilities?_________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

100. What did you like most about your company’s participation in the Workplace Place Partners for Eldercare initiative? ______________________

_______________________________________________________________________

101. What did you like least about your company’s participation in the Workplace Place Partners for Eldercare initiative? ______________________

_______________________________________________________________________

102. Is there anything else that you would like to comment about related to the Workplace Place Partners for Eldercare initiative? ______________________

_______________________________________________________________________

Thank you for your participation in this interview. Your responses will be very helpful as we document improvements in awareness, knowledge, opinions, or plans. We hope that you will continue to participate in the Workplace Place Partners for Eldercare initiative.
TO BE COMPLETED BY INTERVIEWER

Date ____________

Name of Person Conducting Interview ____________________________________________

Name of Person Being Interviewed _____________________________________________

Name of Company ____________________________________________________________

Interviewee’s Position Title in Company _________________________________________

Mode of Conduct (Circle One): In Person Over the Telephone

Interviewer Comments ____________________________________________________________

____________________________________________________________________________

____________________________________________________________________________