



POLICY BRIEF | APRIL 2024

Community Care Corps (C3)

Program Impact and Alignment with National Strategy to Support Family Caregivers

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Introduction

More than 53 million caregivers support their family members, allowing them to remain in the community.¹ Family caregivers are people of all ages providing long-term care and support, including children caring for aging parents, grandparents caring for grandchildren, and any other potential kin and relative providing care to a loved one. Family caregivers have always been a significant portion of the informal caregiving system, but when formal caregiving systems disintegrated during the COVID-19 pandemic, it highlighted and emphasized the role that unpaid family caregivers have played in supporting the health and well-being of millions of Americans.

The Community Care Corps program (C3), funded by the Administration for Community Living (ACL), is a national program that awards grant funding to individual organizations that implement innovative local models in which volunteers assist family caregivers, older adults, and adults with disabilities with nonmedical care to maintain their independence. C3 has helped 6,276 family caregivers with the various stresses of caregiving, as well as impacting 21,707 families caring for older adults and 2,319 families caring for adults with disabilities (see **Table 1** below). It has a lasting impact not just on the families and individuals served, allowing them to maintain their independence and live with dignity in their home and community, but also on those who serve their community as volunteers through emotional satisfaction and exploration of potential career options. It plays a critical role in realizing federal priorities to support family caregivers, most notably the [2022 National Strategy to Support Family Caregivers](#) (the Strategy).

The Strategy aims to bring awareness and attention to the fact that millions of family caregivers deserve greater recognition, assistance, support, and engagement in policy development and programmatic strategy. The Strategy was built on recommendations contained in initial reports submitted to Congress in 2021 by the [RAISE Act Family Caregiving Advisory Council](#) and the [Advisory Council to Support Grandparents Raising Grandchildren](#). To provide a comprehensive national approach to recognizing and supporting family caregivers, the Strategy lays out five main goals with outcomes and indicators of success tied to each.



- Goal 1: Increase awareness and outreach
- Goal 2: Build partnerships and engagement with family caregivers
- Goal 3: Strengthen services and supports
- Goal 4: Ensure financial and workplace security
- Goal 5: Expand data, research, and evidence-based practices

Federal agencies, state and local-level governments, health care providers, and many other social service and advocacy organizations can use these as guidance and metrics to focus attention and measure success in areas supporting family caregivers. The Strategy lays out nearly 350 actions federal agencies will take in the next three years to achieve the defined goals. The Strategy highlights C3 as an effective program to improve services and supports for family caregivers. However, program evaluations of C3 suggest its benefits are more cross-cutting and align with all five goals listed in the Strategy.

This issue brief details how C3 fits into each of the Strategy's goals – to help ACL and its partners

¹ (AARP and National Alliance for Caregiving, 2020)

effectively message and advocate for this program. Results show that further enhancing and expanding the role of C3, thereby increasing grantees' impact at the local level for family caregivers, can achieve additional outcomes and successes tied to each goal and overall advancement of support for family caregivers. As the RAISE Family Caregiver Act requires federal actions to remain within the scope of existing programs, enhancing and strengthening this program is a crucial opportunity to further national efforts to support family caregivers and ensure they have access to the services and resources required to continue supporting individuals in need of services and supports.

Community Care Corps (C3)

C3 is an active ACL program whose program goals and outcomes directly align with the vision and goals of the Strategy. The following section outlines the program, grantees' work since 2019, and the program's positive impacts to family caregivers.

Program Description

ACL established the Community Care Corps (C3)² program as a competitive grant opportunity in 2019. C3 aimed to test and support models of local programming designed to place volunteers in communities to assist family caregivers and/or assist older adults and adults with disabilities in maintaining independence by providing nonmedical care. With proper training and support, volunteers in these programs offer necessary services for individuals to maintain independence and receive companionship, caregiver respite, and other nonmedical forms of assistance. Not only does their presence offset some of the effects of a limited workforce, but volunteering can provide significant benefits for the volunteers. The various grant programs within C3 also provide opportunities for volunteers to learn valuable skills that can help them pursue more formal employment in various health and human services settings. Through this program, ACL has increased the number of volunteer programs available to provide nonmedical care to older adults, adults with disabilities, and their caregivers and decreased the number of individuals and family caregivers in need of home-based services and supports.

ACL awarded a cooperative agreement to establish a C3 Leadership Team to support grantees, consisting of the Oasis Institute, Caregiver Action Network (CAN), USAging, and Altarum Institute (referred to as "the Leadership Team"). This Leadership Team provides technical assistance and evaluation support to program grantees as well as administers funding to local organizations to establish, enhance, or grow model volunteer programs nationwide. This team has supported the national C3 program for the past four years and continues to provide support to current program grantees. Since the program's inception, 109 grantees have received funding across five cohorts, with 44 grantees currently implementing their C3.

Over the last 4 years, grantees proposed, implemented, and maintained various programmatic models leveraging volunteers to support family caregivers. Specific services



Grantee Cohorts

2020-2021 - 23 Grantees

2021-2022 - 33 Grantees

2022-2023 - 9 Grantees

2022-2024 - 14 Grantees

2023-2025 - 30 Grantees

*Grant period shifted to 18 months in 2022

² When first established, ACL titled this initiative the National Volunteer Care Corps. The members of the cooperative agreement collaboratively decided to name the program Community Care Corps (C3) when they began to administer funding to organizations.

provided by grantees include:

- Easing the stress family caregivers experience by providing nonmedical assistance with daily instrumental activities to care recipients, such as light housework and chores,³ home maintenance and modifications, and yard work.⁴
- Training, peer support, and mentorship to boost family caregivers’ confidence and reduce their stress while navigating the aging and disability service system.⁵
- Medical appointment chaperoning services and provision of transportation to ensure individuals are able to access medical care, and that both individuals receiving care and family caregivers understand outcomes of appointments and what information was shared.
- Ensuring the needs of care recipients and family caregivers are met through food and meal support, wellness coaching, and support with various assistive devices to increase independence.
- Supporting family caregivers’ emotional health through respite services and resiliency supports.

Detailed snapshots of grantee approaches and models are available through the [National Community Care Corps Grantee page](#)

The services offered through C3 programs benefit the people they serve and have positively impacted many family caregivers. Across the first four cohorts, 9,638 volunteers have assisted almost 24,000 older adults and adults with disabilities and over 6,600 family caregivers. The C3 program grantees provided assistance or services to individuals over 65 thousand times across the four cohorts and for over 143 thousand hours. The current cohorts of grantees are still providing services, and these counts increase week over week.

Table 1. Impact of C3 Programs since 2019

Impact Area	Count
Older Adults Served	21,707
Adults with Disabilities Served	2,319
Family Caregivers Impacted	6,276
Volunteers Providing Services	9,638
Occurrences of Assistance	65,864
Hours of Assistance	143,449

Grantees receive technical support from the C3 leadership team. Technical assistance activities support program implementation, maintenance, and sustainability of volunteer services. Examples include:

- Online resources, including referrals to helpful tools and a publicly available learning library for organizations to establish volunteer programs.
- Coaching on leveraging social media and other communications channels effectively.
- Technical assistance with crafting compelling value propositions to pursue additional funding and strategically expand partnerships.
- Opportunities for peer learning focused on common challenges C3 grantees face, like recruiting volunteers and sustaining funding, among other topics.

Program Results and Impacts

The leadership team evaluates the C3 program, primarily through surveys completed by care recipients, family caregivers, and volunteers. Altarum analyzes data, produces a final report of key findings, and disseminates organization-specific data to grantees weekly. Additionally, Altarum has completed special evaluations to showcase further impacts on family caregivers and the economic

³ Chores that were provided including but not limited to picking up prescriptions and groceries, light housekeeping, pet care, and home modifications.

⁴ Home modifications that were provided varied from yard work to ensuring safety within the home to support ambulation and making changes to improve that safety level.

⁵ Training and education programming that was delivered consisted of relevant topic areas such as safety, system navigation, infection prevention, safe transfer and mobility, medication safety, and online safety and identity protection

benefits of leveraging volunteer services. These data document the cross-cutting impact of the C3 program and its relevance to the entire Strategy.

Results from Cohort 2

According to the most recent comprehensive report on an entire Cohorts' results, the Cohort 2 grantee evaluation report describes survey results captured from October 2021 to October 2022 by organizations in the second cohort of the C3 program. These organizations disseminated an initial survey to caregivers, volunteers, and care recipients when they started receiving or providing services and a follow-up survey when services concluded. Survey results show that volunteers effectively maintained caregivers' physical and mental health and quality of life. 94% of the caregivers responded that the volunteer services provided relieved the stress that comes with being a family caregiver. Further, caregivers' assessments of volunteer services were overwhelmingly positive when looking across multiple metrics included in surveys. All caregiver respondents (100%) shared that volunteers were well-trained, 97% felt they were friendly, and 96% of family caregivers were satisfied with the services provided by volunteers. A few key results from the final report are included in the Caregiver Experience call out on the right.

Caregiver Experience Results from Cohort 2:

- 100% of respondents said volunteers were well-trained
- 97% said volunteers were friendly
- 96% were satisfied with volunteer services
- 94% of caregivers felt services relieved stress and burden
- 87% of caregivers would like to continue to receive services

Economic Impact Analyses

Survey data collected as part of ongoing evaluation activities can also help predict health utilization and spending, underlining how support for family caregivers can lead to an economic benefit to society. In 2023, Oasis and Altarum partnered to examine nonmedical volunteer assistance's economic costs and benefits for two grantee organizations, Ascension Saint Agnes and Lori's Hands.

Ascension Saint Agnes connects volunteer chaperones with people who need non-emergency medical transportation to medical appointments. Their services alleviated family caregiver stress when they cannot provide transportation to their family members themselves or whether they require respite to recharge physically and/or mentally. Through an economic analysis conducted in 2023, Altarum researchers also found that ensuring individuals have transportation to medical appointments could help ensure they receive adequate care. Using an existing model, the research team estimated the projected decrease in avoidable healthcare expenditures totaled \$658,977,

Ascension Saint Agnes' economic analysis projected a decrease in avoidable healthcare expenditures totaled \$658,977, representing more than a 2:1 return on investment.

Lori's Hands, a program that matches student volunteers with people with multiple chronic conditions who live at home, showed similar economic impacts. Student volunteers provide a range of services and supports to care recipients that decrease stress for family caregivers and result in improved health and well-being for older adults, adults with disabilities, and others. Altarum researchers used administrative and survey data from Lori's Hands to estimate their impact on loneliness, and subsequent effects on Medicare and Medicaid spending on acute care and nursing home care. The research team found the impact on Medicare and Medicaid spending to be \$331,448, compared to program costs of just \$175,100, yielding a net financial benefit to society was an estimated \$156,348.

Lori's Hands program showed a net financial benefit to society of an estimated \$156,348 through this economic analysis.

Moving forward, Altarum will continue to combine program data and existing research to create a tool that allows programs to repeat similar analyses for their organizations, estimating their impact

on loneliness and projecting the impact on nursing home spending. Economic analyses similar to those completed for these two organizations demonstrate how C3-funded supports for family caregivers and their care recipients can have a positive impact on overall healthcare costs for older adults and adults with disabilities.

Pilot Study on Indirect Impact Findings

Findings from C3 family caregiver surveys were confirmed in a pilot study conducted by CAN, a member of the C3 leadership team. The results highlighted the benefits that family caregivers experience when provided volunteer services. Through interviews with family caregivers, CAN found that, similar to the caregiver surveys conducted through C3 evaluation activities, volunteer services improve the health and well-being of family caregivers. These indirect benefits alleviate the mental or emotional stress on family caregivers and provide unique and alternative services to those from paid providers. The services provided by C3 programs reportedly had a significant impact on family caregivers' ability to support care recipients. Interviewees shared that C3 volunteer services made it easier to maintain the current living situation of the person to whom they provide services. The volunteers that supported caregivers' family members listened to the caregivers, understanding the need for the service and how best to support them.

All indirect benefits that caregivers identified during the study interviews are included to the right in the Benefits Identified by Caregivers. A few specific services were highlighted by caregivers as the most beneficial to them and their support of individuals receiving services, included support and resources, free time, home help, and errands.

Benefits Identified by Caregivers:

1. Frees family caregiver for mental, emotional, and physical breaks
2. Provides respite to help make it through the day, week, etc.
3. Provides emotional uplift to caregiver and care recipient
4. Relieves stress and the feeling of being overwhelmed for the caregiver
5. Companionship and socialization for both care recipient and caregiver
6. Volunteers provide a different perspective when it comes to providing services to care recipients with new and helpful ideas
7. Caregivers can pay more attention to their family member when someone else is helping inside and outside the home
8. Volunteer services can make the caregiver's family members happy, which then makes the caregiver happy
9. Light housework and help with chores allowed family caregivers to have more concentrated time with care recipients
10. Volunteer service providers seemed more eager to work and learn more about the caregiver and care recipient than the paid providers at times
11. The service volunteers are a positive influence for the care recipient

Overview of National Strategy

As the C3 program was ongoing, additional federal efforts focused on policies, challenges, and programs designed to support family caregivers and the direct care workforce. As a part of this, the Strategy was written and disseminated in 2022, when C3 was in the third year of program grantees.

Background and Development

According to the September 2022 press release statement from ACL, when caregivers lack necessary supports, their health, well-being, and quality of life suffer. Historically, there has never been a national approach to recognize and support caregivers through the physical, mental, and fiscal health challenges of their role. In response to this gap, exacerbated by the COVID-19 pandemic, multiple federal agencies and advocacy organizations came together to review current challenges and develop a roadmap for action, aiming to improve the supports available for family caregivers across the country. The Strategy outlines a comprehensive, streamlined strategic plan that leverages resources across the federal government and sets focused goals to pursue.

The Strategy is the product of extensive analysis and input from 15 federal agencies and more than 150 organizations representing a range of national stakeholders. It builds upon the initial reports delivered to Congress in 2021 by the RAISE Family Caregiving Advisory Council and the Supporting Grandparents Raising Grandchildren (SGRG) Advisory Council, linked above. These initial reports made recommendations to Congress around five key goals that carried through to this Strategy:

- Improved awareness of and outreach to family caregivers
- Inclusion of family caregivers in the care team
- Services and supports for family caregivers
- Financial and employment protections
- Data, research, and best practices

An inclusive approach aligned with these goals can address the lack of awareness of specific family caregiving issues and the continued fragmentation of support for specific populations of family caregivers. The development of the Strategy is an essential initial step in identifying and addressing the family caregiving challenges most Americans face at some point in their lifetime—whether providing care for a family member or needing that care themselves to remain in the community as they age or live with a disability.

Purpose and Structure

This effort to develop a framework of systemic support for family caregivers is the first time that stakeholders representing an inclusive range of sectors and stakeholders (including family caregivers and people receiving care themselves) have collaborated with multiple agencies across the federal government to develop a shared path toward this single shared vision.⁶ The components of the Strategy focus on:

- Aligning federal, state, tribal, local, and other stakeholder responses around a set of goals and outcomes informed by thoughtful recommendations.
- Fostering collaborations within and across stakeholder groups.
- Optimizing existing family caregiver support efforts by reducing redundancy, improving information sharing, and infusing best practices systemwide.
- Prioritizing efforts to advance equity for unserved and underserved populations of caregivers.
- Ensuring that all efforts to uplift caregivers are person- and family-centered, trauma-informed, and culturally competent.

The Strategy includes four component documents that provide a framework for action based on the Advisory Councils' recommendations. The [2022 National Strategy to Support Family Caregivers](#) provides an overview of the Strategy and its goals. This is the primary document referenced throughout, but three others support ongoing and future efforts to support family caregivers.

- The [First Principles: Cross-Cutting Considerations for Family Caregiver Support](#) describes four fundamental principles that must be reflected in all efforts to improve support to family caregivers.
- The [Federal Actions](#) component lays out nearly 350 actions that 15 federal agencies have committed to take in the near term to begin to move the Strategy to action.⁷
- The [Actions for States, Communities, and Others](#) document provides more than 150 actions others can take on this vision and initiative.

⁶ The Strategy was created through a public-private partnership and with support from the following organizations: The John A. Hartford Foundation, National Academy for State Health Policy (NASHP), Leading Age LTSS Center, Community Catalyst, and National Alliance for Caregiving (NAC).

⁷ Within the Federal Actions component, the Community Care Corps program is referenced as an action the federal government is taking in line with Goal 3 and associated outcomes. Further information is included below.

Goals, Outcomes, and Indicators of Success

As noted above, the Strategy provides a roadmap to drive the systemic change needed to bring family caregiving into the forefront of modern life and recognize family caregivers' role as an essential contribution to our society. The Strategy's roadmap of actions and priorities is organized into three components: Goals, Outcomes, and Indicators of Success.

Goals

Although they are slightly different in language, the Advisory Council's five goals in their reports to Congress were carried into the Strategy to provide a framework for action. Outcomes and indicators of success for all stakeholders are organized under these umbrellas.



Increase awareness of and outreach.



Advance partnership and engagement



Strengthen services and supports.



Ensure financial and workplace security.



Expand data, research, and evidence-based practices.

Outcomes

Based on the Advisory Councils' recommendations, the Strategy identifies 27 outcomes within the five goals. Each outcome includes priority actions. The intent is that actions that federal, state, local, and other organizations take on will achieve multiple outcomes.

Indicators of Success

For all goals and outcomes laid out in the Strategy, the discussion of each is accompanied by indicators of success. Any stakeholder or organization can use these when implementing changes and driving support and recognition for family caregivers. These indicators of success can serve as potential measures to gauge progress and impact. They can also serve as guideposts to show how change occurs as actions are taken, challenges are addressed, and systemic change is implemented.

Moving to Action

Multiple programs nationwide aim to support adults with disabilities and older adults in living in the community and maintaining their independence. Federal, state, and local agencies are dedicated to

supporting this population and those who care for them formally and informally. While the Federal Actions component lays out nearly 350 actions that federal agencies will take to enact the Strategy, there is a growing recognition of the continued need to invest in family caregiver support initiatives. Consistent with the RAISE Family Caregivers Act requirements, all federal actions are within existing programs, processes, and procedures. As opportunities arise to plan and budget for programming that can assist family caregivers in the future, there will be an opportunity to strategically and intentionally expand federal actions in future updates to the Strategy.

While this attention and intention is exciting, it is essential to continue to focus on successes from current investments and understand the programs' impact to remain strategic in expansion. The following sections of this brief provide additional detail and examples from C3, an existing federal program supporting family caregivers locally with a myriad of services and respite across the country. The impact of the models implemented through C3 has proven successful and aligns with multiple areas of the Strategy, as will be discussed and outlined. There is an opportunity to advance the goals of the Strategy through increased recognition of the alignment of C3 with numerous priority outcomes and encourage the promotion of the program, sharing resources from the program grantees, and further investing in the program.

C3 Alignment with Strategy

When considering current and future strategies that would impact family caregivers, C3 could serve as a core component and driving force for increasing education, availability of culturally competent services, financial stress relief, and availability of respite opportunities for family caregivers. The goals of C3 and the work that grantees have accomplished and are currently accomplishing are advancing key goals and outcomes of the Strategy beyond Outcomes 3.1 and 3.6.

The following sections detail areas where C3 overlaps with other goals and outcomes in the Strategy, which are listed at a high level in Table 2. Specifically, there are indicators of success that are aligned with the impacts that C3 grantees have achieved that must be acknowledged. Further expanding the C3 program with additional funding support would allow the federal government to continue driving change across all five goals.

Table 2. Goals, Outcomes, and Indicators of Success that Align with C3

Aligned Goal	Aligned Outcomes
Goal 1: Increase awareness and outreach	<p>Outcome 1.1: Americans are educated about and understand the family caregiving experience.</p> <p>Outcome 1.2: Caregiver self-identification and knowledge of services are enhanced.</p> <p>Outcome 1.3: Outreach to family caregivers is improved.</p> <p>Outcome 1.5: Public-private partnerships at all levels help drive family caregiver recognition and support.</p>
Goal 2: Advance Partnerships and engagement with family caregivers	<p>Outcome 2.1: Family caregivers are recognized as essential partners in the care teams of the person(s) to whom they are providing support.</p>

<p>Goal 3: Strengthen services and supports for family caregivers</p>	<p>Outcome 3.1: Person- and family-centered, trauma-informed, and culturally appropriate caregiver services and support are accessible for all family caregivers.</p> <p>Outcome 3.2: Family caregivers can obtain respite services that meet their unique needs.</p> <p>Outcome 3.3: A range of evidence-based education, counseling, and peer support services are available to family caregivers.</p> <p>Outcome 3.4: Family caregivers and families have safe places to live, nutritious food, and adequate transportation.</p> <p>Outcome 3.9: An agile, flexible, and well-trained direct care workforce can partner with and support family caregivers.</p>
<p>Goal 4: Ensure financial and workplace security</p>	<p>Outcome 4.1 Family caregivers can provide care without negatively impacting their near- and long-term financial health.</p> <p>Outcome 4.4: Long-term services and supports are more affordable, allowing family caregivers to reduce out-of-pocket costs.</p>
<p>Goal 5: Expand Data, Research, and Evidence-based Practices</p>	<p>Outcome 5.2: Family caregiver research facilitates the development and delivery of programs and services that support and enhance the health and well-being of the family caregiver and the person receiving support.</p> <p>Outcome 5.3: Promising and evidence-informed practices are promoted, translated, and disseminated to support family caregivers in delivering health care and social services.</p>

Goal 1: Increase awareness and outreach

Improving support for family caregivers requires increased awareness of the roles they play and the challenges they face. This applies to both organizations and the individual family caregivers themselves – many people provide support and do not think of themselves as caregivers. The Strategy focused Goal 1 on the need to empower individuals to see their critical role for what it is and require organizations to formally recognize the role of family caregivers in our society. Increasing awareness and recognition will take accessible, and linguistically and culturally competent education and outreach.

Multiple models of services implemented by C3 programs focus on education, training, and awareness building among local communities. Across the various grantees, there is an

acknowledgment that their unique community requires messaging uniquely designed for family caregivers. This is evident in the multiple languages used for communication and surveys and the partnerships with service organizations and faith-based organizations that are trusted community members. As the outcomes and indicators of success are laid out in the Strategy for Goal 1, the following specific elements of C3 align and can further advance the goal overall.

Goal 1 Indicators of Success Aligned with C3

As the C3 programs are implemented, the following social changes occur:

- When caregivers seek assistance, they have trusted and easily accessible sources of reliable, appropriate, and actionable information regarding available services and supports.
- Family caregivers feel more comfortable seeking assistance.
- Family caregivers in underserved communities have increased access to services because of improved culturally competent outreach from those services.

Outcome 1.1: Americans are educated about and understand the family caregiving experience.

The priority outcome under this section is a national campaign to increase awareness of family caregiving. Multiple grantees have worked closely with the Leadership Team to present data and impacts from their programs at national conferences and through other, relevant, channels. This important work will continue, and there is an opportunity to increase C3's focus on more broad education and promotion around family caregiving. The Leadership Team is in the process of developing a public library of resources and information from the C3 program, aligning with the central information platform mentioned in the Strategy tied to this Outcome.

This library will house tools and resources for replicable, conceptual approaches that effectively reduce barriers to support, improve outcomes and can be harnessed by an array of organizations responding to diverse needs. This compendium of practices informed by the successes, challenges and missteps of former grantees will spur future innovation and implementation of C3 models. This library will enable organizations to create impactful C3 volunteer models of nonmedical assistance. The information included in this collection is not intended to be prescriptive, rather it is meant to help organizations explore how to tailor models of support, coordinate volunteer assistance, and adapt resources to appropriately serve their communities within organizational capacity.

Further, C3 programs conduct outreach to underserved and hard-to-reach populations and other providers in their communities to share awareness of services with unmatched success. The education provided on the local level can be scaled up to the national level to broaden the reach and continue to advance this Outcome through sharing and understanding lessons learned and best practices for the various populations of focus.

Outcome 1.2: Caregiver self-identification and knowledge of services are enhanced.

C3 programs focus on increasing the number of individuals served and the number of family caregivers impacted. To do so, C3 programs make concerted efforts to inform family caregivers about services and supports available within their community. These C3 activities align directly with Outcome 1.2.

Diving deeper into Outcome 1.2, it is important to note that the partnerships leveraged across the C3 programs with service providers are directly in line with the priority of partnering with providers and organizations in the health industry. C3 programs that provide nonmedical transportation services and meal/nutrition services to individuals in the community, have already established and implemented these partnerships with multiple industry providers.

Outcome 1.3: Outreach to family caregivers is improved.

The inherent benefit of local-level service delivery models is the connection to the community's culture. C3 programs ensure that their outreach and promotion of available services fit the existing social structures. Programs leverage faith-based organizations, community level wellness programming, and volunteers from trusted sources within the community such as professional school programs. The reference to recruiting and partnering with trusted members of diverse communities to create communication pathways to reach family caregivers is already something that C3 grantees incorporate into their approaches. Enhancing these models could further increase impact within each of their communities.

Outcome 1.5: Public-private partnerships at all levels help drive family caregiver recognition and support.

As previously mentioned, C3 grantees have focused on public-private partnerships across all cohorts. Several organizations have partnered with TrustedRiders to provide volunteer-chaperones non-emergency medical transportation. They include Ascension St. Agnes Foundation, Agency on Aging of South Central Connecticut, Jewish Family Services of Greenwich, and Georgia Southern University Research and Service Foundation, Inc. Through these partnerships, C3 grantees gain access to training, scheduling tools, and other resources and support. These partnerships have included working with faith-based organizations, academic institutions, formal training programs, transportation providers, wellness and exercise providers within communities, and many more. The successes of these partnerships are evident across multiple grantees.

Grantee Example – Outcome 1.5
Meals on Wheels People (MOWP) partners with local chapters of Rotary, the Urban League and Centro Cultural, as well as other organizations such as gardening clubs, veterans’ groups, and cultural organizations. Details are available in the [2021-2022 Grantee Snapshots](#) report.

Goal 2: Advance Partnerships and engagement with family caregivers

A holistic, person- and family-centered caregiver support system fully integrates the family caregiver into care processes within existing systems with the consent of the care recipient. The outcomes for Goal 2 focus on including family caregivers in the service systems from which the recipients of care receive services. While fewer areas of these Outcomes directly align with C3, it is important to flag that family caregivers, as community members served, are included, and informed about the services that C3 programs provide care recipients. As the findings from the CAN Pilot Study demonstrated above, family caregivers are listened to across the C3 program. The impact to family caregivers is a key outcome and only identified through their direct engagement and inclusion in the programs’ service delivery and the Leadership Team’s evaluations. The following specific elements of C3 align with the outcomes and indicators of success for Goal 2:

Outcome 2.1: Family caregivers are recognized as essential partners in the care teams of the person(s) to whom they are providing support.

Numerous C3 programs are focused on ensuring family caregivers receive the respite or support needed to provide appropriate and supportive care for the care recipient. Services such as errands, chores, and respite, focus on family caregivers’ emotional needs as they are essential to the care of the older adult or individual living with a disability. Supporting family caregivers through these services can reduce stress and improve overall emotional health – as demonstrated in C3 impact studies.

Based on the nature of C3 services, volunteers are in the home with family caregivers and connected to their day-to-day activities. Training to bring volunteers into the program includes partnering with

Goal 2 Indicators of Success Aligned with C3

As the C3 programs are implemented, the following social changes occur:

- Medical and paraprofessionals are trained on culturally competent and linguistically appropriate ways of engaging caregivers.
- Family caregivers have a better understanding of the care planning process and are better informed and prepared to assist the individual in need of their care.
- When a caregiver needs assistance, support, or training, professionals have the knowledge and resources to make referrals. This integrated network of support includes medical, legal, social services, and educational professionals.

Grantee Example – Outcome 2.1
Ascension St. Agnes volunteer chaperones close information loops with family caregivers when they bring their clients home.

and supporting family caregivers when they interact with and provide services to the care recipient. The family caregiver is naturally included as an essential partner as they provide services.

Goal 3: Strengthen services and supports for family caregivers

Goal 3 focuses on what family caregivers need to continue to support their care recipients. To ensure caregivers can provide support, flexible services and supports must be tailored to unique needs and preferences, trauma-informed and culturally and linguistically appropriate to the populations they aim to serve. This goal focuses on strengthening the available range of services and supports overtime to ensure family caregivers can provide services appropriately.

C3 is a federal program that advances the vision of Goal 3 – Strengthen Services and Supports under Outcome 3.6. This outcome specifically mentions volunteer services as an avenue to ensure expansion of assistance for family caregivers, directly in line with C3’s purpose of ensuring volunteers of all ages and abilities are trained, vetted, and ready to assist family caregivers.

Outcome 3.6: Volunteers of all ages and abilities are trained, vetted, and ready to assist family caregivers.

State agencies, community-based organizations, and faith-based organizations can support the coordination and training of volunteers to provide services that alleviate the stress on family caregivers. C3 “is a national program that fosters innovative models in which local volunteers assist with nonmedical tasks, provide companionship, and relief to family caregivers. The program benefits family caregivers, older adults, and adults with disabilities.” In their capacity as a program, C3 helps organizations with the elements of this outcome including disseminating education, providing volunteers with learning opportunities that build experience, and necessary training to provide high quality services to care recipients.

However, additional outcomes can be tied to C3 programs and models. The following specific elements of C3 align with the outcomes and indicators of success for Goal 3, including additional detail for those already referenced:

Outcome 3.1: Person- and family-centered, trauma-informed and culturally appropriate caregiver services and support are accessible for all family caregivers.

C3 is grounded in a person- and family-centered approach to provide the services and supports it does. The education, experiences, and training provided to volunteers ensures that more person- and family-centered services are available to family caregivers and care recipients. Continued funding allows the federal government to move towards meaningful change in this area.

Since C3 works at the community level to foster innovative models that leverage volunteer engagement to support caregivers and provide older adults and adults living with disabilities with nonmedical services, it is a clear action that the federal government has previously taken to support

Goal 3 Indicators of Success Aligned with C3

As the C3 programs are implemented, the following social changes occur:

- Person- and family-centered, trauma-informed supports are the norm.
- Information about services and supports for individuals needing care and to support those providing that care is available on a family caregiving information platform so when a caregiver faces a new challenge they immediately know where to turn.
- When family caregivers need a short break, they have a robust array of trained respite options available that are local, convenient, and affordable.
- Caregivers can tap into a community of fellow family caregiver who can empathize with their experiences and share insights from their own experiences.
- Communities have robust pools of vetted and trained volunteers to assist family caregivers.

Outcome 3.6 and 3.1. The Federal Action document highlights that ACL will issue, in 2024, a notice of funding opportunity to continue the program. This demonstrates the commitment to carrying the work forward to support family caregivers through this program. However, there are opportunities to advance additional outcomes and achieve further indicators of success should further investment or enhancement of program capacity be pursued.

Ensuring that services are designed with the individual care recipient in mind – meeting their needs best for them and their family caregiver – is a key element to the C3 program. In this way, C3 ensures that services and supports that are accessible to family caregivers remain person- and family-centered and culturally appropriate. But furthermore, C3 programs include organizations that provide services to rural and underserved populations, which were specifically called out in this outcome.

Outcome 3.2: Family caregivers can obtain respite services that meet their unique needs.

C3 models provide multiple services that can serve as respite to family caregivers. Including unique approaches such as running errands and completing light household chores for family caregivers to reduce stress. True respite, or providing time free from caregiving demands completely, is also provided by 21 C3 programs across all cohorts. This goal is directly aligned to multiple service models implemented by C3 grantees – enhancing C3 program capacity can scale these services to a broad population, increasing the availability of services that meet unique respite needs.

Outcome 3.3: A range of evidence-based, education, counseling, and peer support services are available to family caregivers.

Multiple C3 organizations have leaned heavily on research-informed models that have proven success, leveraged peer-support programs to help family caregivers to learn about managing stress and having emotional support channels to support their overall wellness, and provided education and counseling to family caregivers. There is no single model of providing these services with greater success than others. Still, C3 organizations have taken on the initiatives to ensure they are available in their communities for family caregivers to benefit from.

Grantee Example – Outcome 3.3

New Mexico Caregivers Coalitions (NMCC) has provided locally tailored trainings and interventions on a variety of topics aimed at family caregivers and their care recipients, including infection prevention, safe transfer and mobility, opioid overdose and reversal, online safety and protecting your online identity. Details are available in the [2021-2022 Grantee Snapshots](#) report.

Outcome 3.4: Family caregivers and families have safe places to live, nutritious food, and adequate transportation.

Nonmedical transportation, home modifications to ensure safety in the home, and meal delivery programs are very common among C3 grantees. The provision of these services for care recipients can ensure that family caregivers do not need to expend additional worry around these social needs and can experience a level of respite in that manner. Many program grantees providing nutrition support assess the entire household, which would provide meals and food for family caregivers alongside care recipients, and transportation services to medical appointments include family caregivers so that they may attend the appointment alongside their family member. These services have an immense positive impact on the care recipient and their family caregivers and are aligned well to the Strategy.

Grantee Example – Outcome 3.4

Christine B Foundation provides nutrition services and ensures that care recipients receiving care who have family members receive enough nutritious food for the entire household.

Outcome 3.9: An agile, flexible, and well-trained direct care workforce can partner with and support family caregivers.

Indirectly, the volunteers who provide services to care recipients in the C3 program impact the availability of the direct care workforce to provide key medical services for which they are trained. Secondly, exposure to providing services as volunteers shown to effectively encourage individuals to pursue professional careers and become members of the direct care workforce themselves. As a result, C3 increased the current capacity of the direct care workforce by providing 143,449 hours of volunteer service for individuals in the past four years and has set up a pathway for these volunteers to pursue careers in direct care, increasing formal participation in the direct care workforce.

Grantee Example – Outcome 3.9
United for Seniors engages older adults and students studying health and helping professions who provide volunteer support and non-medical assistance to older adults. Details are available in the [2021-2022 Grantee Snapshots](#) report.

Goal 4: Ensure financial and workplace security

Personal finances and future financial security are a significant source of stress for family caregivers. Family caregivers may find themselves with very high out-of-pocket costs for care recipients, including meals, maintenance for the home, and many others. This goal and the associated outcomes focus on decreasing family caregivers' financial stress, risk to employment, and financial health. The following specific elements of C3 align with the outcomes and indicators of success for Goal 4:

Goal 4 Indicators of Success Aligned with C3
As the C3 programs are implemented, the following social changes occur:

- Caregivers are able provide care without being anxious about their financial status later in life.
- Caregivers do not have to choose between paying for their own necessities and caregiving expenses.

Outcome 4.1 Family caregivers can provide care without negatively impacting their near- and long-term financial health.

Grantee Example – Outcome 4.1
To help ensure that family caregivers are rested, refreshed and able to attend to their own needs, FamilyMeans supports caregivers through a successful and established volunteer respite model. In addition to support groups, education, resource referral, and coaching and consultation, FamilyMeans offers multiple respite options through its Caregiving & Aging Program. Day Out! group respite offers caregivers an opportunity to engage with others through volunteer-led activities. Details are available in the [2021-2022 Grantee Snapshots](#)

Having volunteer services available to support family caregivers at no cost decreases potential financial stress of needing to pursue services from private organizations or companies that would incur a cost. C3 services are provided at no cost to the individual, directly in alignment with the focus of Goal 4 on ensuring there is no negative impact to family caregivers' financial health. Home modifications, meal delivery, transportation services, time for respite, and many other services are free of charge by volunteers from organizations funded by C3 programs.

Outcome 4.4: Long-term services and supports are more affordable, allowing family caregivers to reduce out-of-pocket costs.

Providing some necessary services to maintain independence and living at home while in need of long-term care through funded volunteer programs and not reliant on consumers for sustainability decreases overall cost for individuals. Volunteer programs are inherently lower cost to recipients of services and can offset other costs. Economic analyses conducted with multiple C3 grantees have shown the economic impact from ensuring care recipients can access the care they need and have

decreased social isolation. As discussed above in the [Economic Impact](#) section, this has positive return on investment from avoiding costly nursing home stays and preventive health services.

Goal 5: Expand Data, Research, and Evidence-based Practices

There is limited infrastructure for collecting data across the country demonstrating the role of family caregivers, their experiences, and the impact of policies or programs on their wellness. Further, information about the value of services provided by family caregivers is minimal. While only on the local level, the C3 program focused on data collection and supporting grantees in understanding their available data since the program's inception. The following specific elements of C3 align with the outcomes and indicators of success for Goal 5:

Goal 5 Indicators of Success Aligned with C3

As the C3 programs are implemented, the following social changes occur:

- Surveys are available in a variety of formats and languages to ensure language and communication access for diverse family caregivers.
- Family caregiver support programs (i.e., interventions) are adapted to the real-world experiences of diverse caregivers.
- Family caregiving programs and interventions are evaluated to inform the evidence base for promising practices and lessons learned (i.e., what works and what does not).
- Organizations can scale up practices and supports that are proven to be impactful and cost-effective.

Outcome 5.2: Family caregiver research facilitates the development and delivery of programs and services that support and enhance the health and well-being of the family caregiver and the person receiving support.

C3 program data collection and evaluation focus on ensuring that research on the impacts to family caregivers is a primary focus. Surveys administered to care recipients, volunteers, and family caregivers, aligned with national-level instruments when applicable, focus on the impact on the overall wellbeing of those served. These surveys are available in multiple languages and are culturally appropriate.

The CAN Pilot Study further investigated the impact to family caregivers. C3 Leadership Team is committed to ensuring that all research is translated and disseminated across the current programs and future programs to showcase programs that have proven successful. This can then in turn support development, enhancement, and expansion of programs and services that leverage volunteers within similar models.

Lastly, grantees also frequently partner with academic institutions independently to advance research on family caregiving.

Outcome 5.3: Promising and evidence-informed practice are promoted, translated, and disseminated to support family caregivers in delivering health care and social services.

The Leadership Team of C3 is dedicated to working with individual grantees and entire cohorts of the C3 program to analyze and promote successful approaches through multiple channels. Through the online library of resource and national conference presentations, C3 shares findings and key elements of successful program models with the public. With enhanced support for the C3 program additional promotional efforts can be taken on, increasing the reach of any messaging and dissemination.

Grantee Example – Outcome 5.2

Grantees also partner with academic institutions independently to advance research on family caregiving. Lori's Hands partnered with the University of Delaware to evaluate its program, including the impact on family caregivers. Their [Final Program Report](#) is available online [here](#).

Recommendations

ACL is committed to continuing the C3 program and awarding opportunities to more community organizations to ensure volunteer services are available to support family caregivers.⁸ However, there are potential activities that federal agencies, state and local level governments, and private organizations can do to drive more accelerated results. Our key recommendations fall into three categories: promotional communications, resource sharing, and increased partner funding or investment. The recommendations listed are examples of what stakeholders can do and can be acted on by many stakeholder groups. They are not intended to be an exhaustive list but to give a sense of potential activities that could drive additional awareness, change, and impact for family caregivers.

Promotional Communications

Broadening awareness of C3 program efforts and impacts through existing communication channels and platforms would grow awareness and recognition of the role of family caregivers across the nation and within all stakeholder groups. Promoting the work of C3 program organizations on a national scale through media and conference promotion can broaden awareness of the program's impact on volunteers providing services, care recipients, and family caregivers can encourage others to learn more and potentially move towards replication of successful models.

Actions

- Associations hosting national conferences can support C3 Leadership Team and organizations to present and share their models and describe the impact evidenced from data.
- ACL can promote C3 program successes and achievements through social media platforms and press releases tied to supporting family caregivers.
- Federal recognition of C3 as a caregiver support program, in line with where National Family Caregiver Support Program (NFCSP), the Lifespan Respite Program, and the Alzheimer's Disease Program Initiative (ADPI) are mentioned to increase program awareness.
- Formal dissemination by state and local level agencies that volunteer services are available in communities to provide supports and services both for family caregivers and adults with disabilities and older adults.
- Individual organizations should feel empowered to promote their successes and volunteers' role in their communities by connecting to local news organizations and implementing social media tactics.
- ACL can lead continued promotion and action across all federal agencies, coordinating with agencies and departments to ensure social services are incorporated into strategies (e.g., housing, transportation, etc.).

Resource Sharing

Recognition of C3 as a caregiver support program can formalize its role on the national level, increasing awareness of the opportunity for organizations to implement volunteer programs and encouraging family caregivers to seek volunteer services to support their family members in need or provide themselves with needed respite. Furthermore, establishing a clearinghouse of resources available to the public can share replicable strategies for more organizations to feel equipped to implement volunteer programs.

⁸ ACL will award a notice of funding opportunity in 2024 to continue the C3 program.

Actions

- ACL can broadly promote and disseminate the Learning Library that houses resources, success stories, and tools that organizations outside the C3 program can use to establish or grow their volunteer service programs.
- Share models that proved successful for replication and scalability opportunities – optimizing impact for C3 and other programs.
- Federal investment can cross-pollinate other ACL-funded or private libraries with materials from C3’s Learning Library and vice versa, elevating the availability of materials and tools even further.

Increased Funding or Investment

Recent presentations from the Leadership Team have focused on the economic impact that volunteer services have on decreasing overall healthcare costs. Volunteer services providing nonemergency medical transportation have reduced the number of appointments missed and improved prevention care, reducing the likelihood of adverse events. Further, volunteer programs have reduced loneliness among care recipients, reducing the likelihood of nursing home admission.

Actions

- Pursue opportunities to fund this program as an Older Americans Act program and therefore redirect the funding source and processes.
- Leverage the upcoming Return on Investment (ROI) tool to tell the story of program impact with strong data and value propositions. Invest in the broad usage of this tool – encouraging organizations to learn about others’ successes and pursue their own models.
- Increase funding for additional C3 programs in future cohorts or increase funding to enhance the capacity of organizations to provide additional volunteer services to more care recipients.
- Encourage investment and partnership with private sector organizations – growing the capacity of volunteer programs to reach more older adults and adults with disabilities and their family caregivers.
- Federal recognition of C3 as a caregiver support program, in line with NDCSP, Lifespan Respite, and ADPI are mentioned for increased funding opportunities.

Conclusion

The Strategy narrative and activities will be updated every two years. The updates will be based on public input and the continued work of the advisory councils and communities, states and tribes, and federal agencies developing, implementing, and adapting policies and programs to support family caregivers. As the time comes to review the 2022 National Strategy to Support Family Caregivers, the actions above could advance the five goals. The Leadership Team anticipates having the ROI tool and additional evaluation showing the impact of the program models available before the end of 2024. The findings from using this tool and additional evaluations assessing impact on loneliness, healthcare costs, and nursing home admission rates could further demonstrate the value a C3 program can deliver. Enhancement and expansion of the C3 program could drive change and provide improved support for family caregivers nationwide.