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1 EXECUTIVE SUMMARY

1) Legacy Corps for Veterans and Military Families in Boise, Idaho offers the Powerful Tools for Caregivers (PTC) program several times a year, to help caregivers increase their confidence in caregiving and improve their own well-being while giving care to others. It is a six-week instructor-led program, and program participants are asked to complete a pre-survey before the program, an end-of-class survey at the end of the program, and a post survey six months after the program.

2) A research team from Boise State University volunteered to analyze the PTC program’s pre-survey data \( n = 227 \), end-of-class survey data \( n = 131 \), and post-survey data \( n = 100 \) collected between 2011 and 2017.

3) The majority of caregivers (86.3%) were healthy females, caring for their parent or spouse/partner. The average age of caregivers was about 62 (SD = 11.8); close to half of them were retirees, and another 1/3 of them were working full-time or part-time. They were taking care of their parent in either the parent’s home or their own home, whereas they were caring for their spouse/partner in their own home. Caregivers described that their care recipients as having cognitive and/or physical conditions requiring their care.

4) In the end-of-class survey, caregivers indicated that the quality of the PTC program and class leaders was Excellent. All of them felt they became a more confident caregiver than they were before participating in the program.

5) The pre- and post-survey questionnaires measure caregivers’ confidence in seven areas of caregiving. Factor analysis and reliability testing showed that the seven items measure a single dimension, “caregiver confidence,” and that the seven questions measure this dimension reliably.

6) By participant names, the team matched 81 sets of pre- and post-survey data. A statistical comparison between the 81 paired pre- and post-survey data confirmed that caregivers significantly improved their confidence in caregiving. More specifically,

1. Take better care of themselves (already good, so minimal improvement)
2. Improve communication skills (already good, so minimal improvement)
3. Have a positive attitude (substantial improvement)
4. Set goals and solve problems (significant improvement, with the highest post-confidence)
5. Make tough decisions (significant improvement, and the greatest improvement among all areas)
6. Manage stress better (significant improvement, but it is still challenging for caregivers)
7. Cope with their emotions (significant improvement, but it is still challenging for caregivers)

7) The team recommends that the PTC program focus more on the last two aspects of caregiving (managing stress and coping with emotions), which are most challenging for caregivers.

8) The team also offers a revised version of the pre-, end-of-class, and post-survey questionnaires, to make it easy for future data entry and data analysis.
2 LEGACY CORPS BY JANNUS, INC.

Legacy Corps for Veterans and Military Families is one of the programs offered by Jannus, Inc., a not-for-profit organization, in Boise, Idaho. It is a volunteer-powered program supporting family caregivers, with an emphasis on the unique needs of veteran and military families (Jannus, 2018).

More than 43 million American adults care for disabled or aging family members (NAC & AARP, 2015). Family caregivers provide “unpaid assistance and support to family members or acquaintances who have physical, psychological, or developmental needs” (Drentea, 2007). Family caregivers experience many psychological, physical, and social challenges, including depression, anxiety, increased vulnerability to health problems, and restriction of personal and social activities (Bjorn, et al., 2001; Calhoun, Beckham, & Bosworth, 2002; Gajraj-Sing, 2011; Razani, et al., 2014). Caregivers often develop a feeling of powerlessness over events, which makes a significant negative impact on their physical and emotional health (PTC, 2014a).

In response to these issues among family caregivers in the Boise area, Legacy Corps offers programs including Caregiver Respite, Powerful Tools for Caregivers, and Annual Family Caregiver Conference. Among them, Powerful Tools for Caregivers is an evidence-based workshop series, designed to help family caregivers learn to improve their self-care.

3 POWERFUL TOOLS FOR CAREGIVERS

3.1 THE PTC PROGRAM IN THE US AND OTHER COUNTRIES

Powerful Tools for Caregivers (PTC) is based on a chronic disease self-management program developed by a group of researchers at Standard University (PTC, 2014a; SMRC, 2018). After three years of pilot testing and revision to ensure effectiveness, the program has been offered to the public since 1998. PTC has been widely adopted, with 4,000 Class Leaders trained in 41 states of the United States, and in Canada and Korea (PTC, 2014a).

PTC consists of a series of once-a-week, classroom-based workshops for six consecutive weeks. Through instruction, PTC aims to improve caregivers’:

- Self-care behaviors (increased exercise, use of relaxation techniques and medical check-ups)
- Management of emotions (reduced guilt, anger, and depression)
- Self-efficacy (increased confidence in coping with caregiving demands)
- Use of community resources (increased utilization of community services) (PTC, 2014a)

The scripted curriculum of the program is outlined in Table 1.
### Table 1. Six-Week Course Descriptions and Learning Goals (PTC, 2014b)

<table>
<thead>
<tr>
<th>Week 1 – Taking Care of You</th>
<th>Week 2 – Identifying and Reducing Personal Stress</th>
<th>Week 3 – Communication of Feelings, Needs and Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Tools to overcome challenges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Formulate weekly action plan for self-care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● &quot;Focusing on YOU&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Early warning signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Sources of stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● What can you change?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Taking action</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Using &quot;I&quot; messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● &quot;I&quot; vs &quot;You&quot;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Practicing communication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 4 – Communicating in Challenging Situations</th>
<th>Week 5 – Learning from Our Emotions</th>
<th>Week 6 – Mastering Caregiving Decisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Assertiveness and Aikido</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● DESC 4-step process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Finding common ground</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Helping memory impaired</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Emotions are messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Feelings are good/bad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Dealing with feelings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Resources for help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Internal emotional process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Tools for decision-making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>● Family meeting tools</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3.2 The PTC Program in the Boise Area

Legacy Corps has been offering the PTC program to caregivers in the Boise area for more than a decade. Typical participants of the PTC program (caregivers) are:

- adult children of aging parents
- well-spouses/partners/siblings
- professional caregivers

Success of the program would make positive impact on not only the program participants, but also groups of other people, including:

- The chronically or terminally ill care recipients
- Healthcare providers including physicians, health groups, hospitals and those concerned with the quality of home-based care that patients are receiving
- Organizations who advocate for the support of caregivers such as the Idaho Caregiver Alliance

Caregivers who are interested in the PTC program call the Legacy Corps office and register for the class by phone. The registration records between 2011 and 2017 show that a total of 338 caregivers have registered for the PTC program during that period of time, although the number of actual participants may be slightly different than the recorded number of registrations (Table 2).
Table 2. Registration Data

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration #</td>
<td>73</td>
<td>50</td>
<td>43</td>
<td>62</td>
<td>53</td>
<td>27</td>
<td>30</td>
<td>338</td>
</tr>
</tbody>
</table>

Some challenges that Legacy Corps faces for running the PTC program as well as other programs include a small number of paid staff, and limited availability of volunteer support and resources to support the program workshops.

Stakeholders at Legacy Corps who are involved in the delivery of the PTC program include:

- Jannus, Legacy Corps, Project Manager (Ms. Melissa Radloff)
- Jannus, Legacy Corps, Outreach Coordinator
- Jannus, Director of Grant Development
- Program volunteers
- Certified trainers and instructors
- Program funders

The PTC workshop locations in the Boise area vary depending on the facilities donated by local industries, including:

- AARP
- Boise State University
- Covenant Presbyterian Church
- Humphreys Diabetes Center
- Saint Alphonsus Hospital
- Sage Community Resources
- Western Community Action Partnership
- YMCA

Based on input gathered from the client, the research team developed a Program Logic Model for the PTC program (see Table 3), which outlines the planned resources, activities, outputs, outcomes, and impact of the program.
Table 3. Powerful Tools for Caregivers Program Logic Model

<table>
<thead>
<tr>
<th>Resources</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>What resources should be used to run the program?</td>
<td>What activities should be performed to run the program?</td>
<td>What products should be produced to support the intended outcomes?</td>
<td>Changes evident in stakeholders after 6-week program (short-term) or 6 months to 1 year later (long-term)?</td>
<td>What changes in the organization and its society are expected due to the outcomes?</td>
</tr>
<tr>
<td>• Project Manager (Melissa Radloff)</td>
<td>• Develop program pamphlet</td>
<td>• # of participants per session</td>
<td>• An increase in caregivers’ knowledge, confidence, effectiveness in caregiving</td>
<td>• Increased level of support and engagement from the general public</td>
</tr>
<tr>
<td>• Outreach Coordinator (Kelle Sweeney)</td>
<td>• Advertise program/Media coverage</td>
<td>• # of sessions offered per year</td>
<td>• An increase in caregivers’ well-being</td>
<td>• Increased level of support and involvement from healthcare organizations</td>
</tr>
<tr>
<td>• Diane Demarest, Director of Grant Development</td>
<td>• Obtain classroom location</td>
<td>• # of military families served per year</td>
<td>• An increase in care recipients’ comfort and well-being</td>
<td>• Increased collaborative opportunities with other agencies</td>
</tr>
<tr>
<td>• Volunteers</td>
<td>• Effective scheduling and management of classroom space and logistics</td>
<td>• Survey questionnaires</td>
<td>• Increased level of support for and engagement from caregivers</td>
<td>• Increased number of families utilizing the program</td>
</tr>
<tr>
<td>• Grant money</td>
<td>• Accept participant applications</td>
<td>• Survey data (pre, end-of-class, post)</td>
<td>• Increased level of competence and motivation among trainers and volunteers</td>
<td>• Increased opportunities for grant funding</td>
</tr>
<tr>
<td>• Certified trainers</td>
<td>• Administer the pre-survey in print via mail</td>
<td>• Identification of strategies to be used for continuous program improvement</td>
<td>• Increased communication and marketing of program effectiveness</td>
<td>• Increased implementation of PTC curriculum statewide and nationwide</td>
</tr>
<tr>
<td>• Program office space, computers, software, and Internet connection</td>
<td>• Run a 6-week program, 2-4 times a year</td>
<td>• Improved curriculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Non-financial resources (e.g., volunteers’ time, expertise, donated resources)</td>
<td>• Train in-home caregivers</td>
<td>• Improved, validated survey questionnaires</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Funding for program/Powerful Tools for Caregivers/training/staff/scholarships</td>
<td>• Administer the end-of-class survey in print in the classroom</td>
<td>• Identification of strategies to be used for continuous program improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Facility for PTC training</td>
<td>• Administer the post-survey 6-months later via mail</td>
<td>• Improved curriculum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Facility for Family Caregiver Conference</td>
<td>• Enter survey data into e-files and analyze data</td>
<td>• Improved, validated survey questionnaires</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Educated in-home caregivers</td>
<td>• Communicate with/among program participants</td>
<td>• Increased number of volunteers to train in-home caregivers in PTC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Care recipients</td>
<td>• Write grant proposals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Collaborators - Caregiver Alliance; Alzheimer’s Association; Hospitals; Clinics; Agency on Aging; Community Action Partnerships; AARP</td>
<td>• Train/support new volunteers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Research on PTC program</td>
<td>• Communicate with volunteers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Jannus board members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4 Data Analysis

4.1 Purpose

The PTC program offered by Legacy Corps asks participants to submit a pre-survey, an end-of-class survey, and a 6-month post/follow-up survey to measure the program effectiveness (see Appendix A, Appendix B, and Appendix C). The Legacy Corps Project Manager, Ms. Melissa Radloff, has made good use of the survey data by reflecting on the participant feedback, improving the program quality, and writing grant proposals. However, due to the limited resources, there has not been an opportunity to conduct a systematic analysis of the datasets accumulated over the last decade.

In the fall of 2017, a team of researchers from Boise State University’s department of Organizational Performance and Workplace Learning volunteered to take on a data analysis project to review the survey data collected over the years to help demonstrate the value of the program provided to the participants. The Program Manager, the client of this data analysis project, also approved the team to assess the design of the existing survey questionnaires and identify aspects that need to be improved.

4.2 Data Collection and Consolidation

Three types of survey questionnaires are administered in print form in the classroom or by mail:

1. The pre-survey is mailed to the caregivers who registered for the program by phone. Once they are registered, the Legacy Corps office mails them a confirmation letter with information about their class location and time, and asks them to return the completed pre-survey to the office in the enclosed self-addressed stamped envelope.
2. The end-of-class survey is administered in the classroom.
3. The post-survey is mailed to the caregivers six months after they have completed the program. They are asked to return the completed post-survey to the office in the enclosed self-addressed stamped envelope.

After paper-based survey data are collected, volunteers enter the data into an Excel file.

At the start of this data analysis project, the client provided the team with multiple Excel files that contained data collected from different years. After comparing the electronic data to print data, the team found that the Excel files did not contain complete data, and that different Excel files used slightly different columns and formats.

Upon discussion with the client, the team decided to use data collected between 2011 and 2017. The team spent several weeks transferring the remaining paper-based data to electronic data and consolidating the data files into one master file.
The analyzed numbers of survey data in the master file were:

- Pre-survey: N = 277
- End-of-class survey: N = 131
- Post-survey (6 months later): N = 100

The program participants were asked to complete the surveys voluntarily, and some participants might have not attended the class session when the end-of-class survey was administered. The mailed post-surveys suffered low return rates. Consequently, there were many missing data.

See the summary table in Table 4.

4.3 VARIABLES ANALYZED

With the collected survey data, the team analyzed the following demographic information:

1. Caregivers’ (program participants’) gender and age
2. Caregivers’ self-rated health levels
3. Caregivers’ employment status
4. For whom they are caring (care recipients)
5. Where they are providing care
6. Caregivers’ use of community resources
7. Health conditions of care recipients

In addition, the team statistically analyzed:

8. Validity and reliability of the survey questionnaires
9. Caregivers’ confidence levels before, immediately after, and six months after program participation

For statistical analysis, the team used SPSS v. 24.
### Table 4. Number of Survey Data Collected by Year and Session

<table>
<thead>
<tr>
<th>Year</th>
<th>Session</th>
<th>Pre</th>
<th>End-of-Class</th>
<th>Post (6-months)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>02/8/2011-3/15/2011</td>
<td>9</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>04/19/2011-5/24/2011</td>
<td>11</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>57</td>
<td>46</td>
<td>30</td>
</tr>
<tr>
<td>2012</td>
<td>02/1/2012-3/7/2012</td>
<td>13</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>02/2/2012-3/8/2012</td>
<td>8</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>05/16/2012-6/20/2012</td>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>09/20/2012-10/25/2012</td>
<td>15</td>
<td>8</td>
<td>9</td>
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<tr>
<td>Total</td>
<td></td>
<td>46</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>2013</td>
<td>02/12/2013-3/19/2013</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>03/7/2013-4/11/2013</td>
<td>8</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>05/16/2013-6/20/2013</td>
<td>12</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>09/12/2013-10/17/2013</td>
<td>10</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>36</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>2014</td>
<td>02/20/2014-3/27/2014</td>
<td>8</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>03/6/2014-4/10/2014</td>
<td>7</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>05/8/2014-6/12/2014</td>
<td>13</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>07/15/2014-8/19/2014</td>
<td>15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>09/18/2014-10/23/2014</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>56</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>2015</td>
<td>02/19/2015-3/26/2015</td>
<td>11</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>03/5/2015-4/9/2015</td>
<td>10</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>05/13/2015-6/17/2015</td>
<td>10</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>09/22/2015-10/27/2015</td>
<td>13</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>44</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>2016</td>
<td>02/16/2016-2/22/2016</td>
<td>9</td>
<td>0</td>
<td>0</td>
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<tr>
<td></td>
<td>10/27/2016-12/8/2016</td>
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<tr>
<td>Total</td>
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<td>3</td>
<td>0</td>
</tr>
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<td>2017</td>
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<td>7</td>
<td>0</td>
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<tr>
<td></td>
<td>10/12/2017-11/19/2017</td>
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<td>0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>20</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td><strong>277</strong></td>
<td><strong>131</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
5 FINDINGS

5.1 DEMOGRAPHICS
The majority of caregivers were healthy females, caring for their parent or spouse/partner. They were taking care of their parent in either the parent’s home or their own home, whereas they were caring for their spouse/partner in their own home. The average age of caregivers was about 62; close to half of them were retirees, and another 1/3 of them were working full-time or part-time.

The following sub-sections provide summaries of the results and bar graphs.

5.1.1 Caregivers’ gender and age
Among 277 caregivers who submitted their pre-survey data, 256 (92.4%) indicated their gender (see Figure 1):

- 211 (86.3%) were females, and
- 35 (13.7%) males.

The pre-survey did not ask for caregivers’ age. However, the post-survey asked for their date-of-birth as an optional question. Based on 88 caregivers who submitted their date-of-birth, the average age of caregivers was 61.9 (SD = 11.8).

5.1.2 Caregivers’ health
Regarding the caregivers’ own health, most caregivers (80.5%) rated their health as healthy (mean = 3.38 on a 5-point scale where 1 = Poor and 5 = Excellent), specifically indicating it as:

- Good (n = 100 or 36.6%),
- Very good (n = 889 or 32.6%), or
- Excellent (n = 34 or 12.5%).

See Figure 2.
5.1.3 Caregivers’ employment status
See Figure 3. One third of the caregivers were working:

- Full-time (n = 62 or 22.5%), or
- Part-time (n = 31 or 11.3%).

The remaining two-thirds were:

- Not employed (n = 58 or 21.1%), or
- Retired (n = 121 or 44.0%).

5.1.4 For whom they are caring
Most of the caregivers were caring for their parent or spouse/partner (see Figure 4):

- More than one third of the caregivers were caring for their parent (n = 111 or 40.7%), and
- Another third caring for their spouse/partner (n = 95 or 34.8%).

Other participants were taking care of:

- Their adult child (n = 12 or 4.4%),
- Their in-law (n = 7 or 2.6%), or
- Friend (n = 6 or 2.2%).

5.1.5 Where they are providing care
Most caregivers were providing care in their own home (n = 126 or 47.2%) or parent’s home (n = 100 or 37.5%) (see Figure 5). Specifically, they were caring for their parent in:

- The parent’s own home (46.8%),
- The caregiver’s home (32.1%), or
- A residential facility (14.7%),

and their spouse/partner in:

- The caregiver’s home (71.6%),
- The spouse/partner’s home (24.2%), or
- A residential facility (3.2%).
5.1.6 Caregivers’ use of community resources

About two thirds of the participants (n = 185 or 69.3%) had not used any community resources to help themselves as a caregiver prior to attending this program (see Figure 6).

Figure 6. Used community resources.

5.1.7 Health conditions of care recipients

In looking at the types of care recipients’ health conditions that caregivers were attending to, the research team grouped their conditions into five categories—Cognitive, Mental, Physical, Social, and Other. Caregivers often mentioned up to three diagnoses for the care recipients (e.g., Dementia, Parkinson’s, and Stroke) and those diagnoses fell into up to two different corresponding categories (e.g., Cognitive and Physical).

Shown in Table 5 are the numbers of times each category was mentioned and the percentages. Both Cognitive and Physical conditions were the most frequently mentioned reasons for caregiving.

Table 5. Types of Care Recipients’ Health Conditions

<table>
<thead>
<tr>
<th>Category</th>
<th>Condition</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive</td>
<td>dementia, Alzheimer’s, memory loss, etc.</td>
<td>130</td>
<td>35.5%</td>
</tr>
<tr>
<td>Physical</td>
<td>stroke-caused immobility, Parkinson’s, blindness, etc.</td>
<td>171</td>
<td>46.7%</td>
</tr>
<tr>
<td>Mental</td>
<td>depression, autism, bipolar disorder, etc.</td>
<td>17</td>
<td>4.6%</td>
</tr>
<tr>
<td>Social</td>
<td>avoidance of social gatherings, etc.</td>
<td>3</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other</td>
<td>too generic or non-specific descriptions</td>
<td>29</td>
<td>7.9%</td>
</tr>
<tr>
<td>Missing data</td>
<td>-</td>
<td>16</td>
<td>4.4%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>366</td>
<td>100%</td>
</tr>
</tbody>
</table>
5.2 Validity and Reliability of the Survey Questionnaires

The pre- and post-surveys contained seven questions that asked caregivers to rate their confidence levels in the following seven aspects, using a 5-point scale where 1 = Not at all confident and 5 = Very confident (see Appendix A and Appendix C):

C1. Take better care of myself
C2. Set goals and solve problems
C3. Improve my communication skills
C4. Cope with the emotions associated with caregiving
C5. Make tough decisions
C6. Use stress-reducing activities
C7. Have a positive attitude

First, using the pre-survey data (N = 277), the team performed factor analysis and reliability testing on the seven confidence-measuring items. The team found that these questions were valid and reliable items for measuring the ‘caregiver confidence’ dimension as intended:

- Validity testing results—The seven questions measure a single factor (dimension), which can be named “caregiver confidence” [KMO = .890, χ²(21) = 945.57, p < .000; factor loadings are: C1 = .701, C2 = .837, C3 = .676, C4 = .725, C5 = .683, C6 = .784, C7 = .760].

- Reliability testing results—The seven questions measure the “caregiver confidence” dimension reliably (Cronbach’s Alpha = .893) and all seven questions contribute to the measurement (see Table 6).

These findings allowed the team to proceed with the next step of analyzing the program’s effectiveness on changing caregivers’ confidence levels, using the set of seven items as a valid and reliable instrument.

<table>
<thead>
<tr>
<th>Confidence Question Item</th>
<th>Mean</th>
<th>SD</th>
<th>N</th>
<th>Factor Loading</th>
<th>Cronbach’s Alpha if Item Deleted</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. Take better care of myself</td>
<td>3.87</td>
<td>.91</td>
<td>265</td>
<td>.701</td>
<td>.881</td>
</tr>
<tr>
<td>C2. Set goals and solve problems</td>
<td>3.88</td>
<td>.93</td>
<td>265</td>
<td>.837</td>
<td>.867</td>
</tr>
<tr>
<td>C3. Improve my communication skills</td>
<td>3.86</td>
<td>.88</td>
<td>265</td>
<td>.676</td>
<td>.884</td>
</tr>
<tr>
<td>C4. Cope with the emotions</td>
<td>3.26</td>
<td>.92</td>
<td>265</td>
<td>.725</td>
<td>.878</td>
</tr>
<tr>
<td>C5. Make tough decisions</td>
<td>3.58</td>
<td>.99</td>
<td>265</td>
<td>.683</td>
<td>.883</td>
</tr>
<tr>
<td>C6. Use stress-reducing activities</td>
<td>3.52</td>
<td>1.04</td>
<td>265</td>
<td>.784</td>
<td>.872</td>
</tr>
<tr>
<td>C7. Have a positive attitude</td>
<td>3.71</td>
<td>.99</td>
<td>265</td>
<td>.760</td>
<td>.874</td>
</tr>
</tbody>
</table>
5.3 Caregivers’ Confidence Before, Immediately After, and 6 Months After Program

As shown in Appendix A, Appendix B, and Appendix C, the pre-survey and the post-survey measured caregivers’ confidence levels with seven questions on a 5-point scale, whereas the end-of-class survey asked them to select three of the seven areas where they felt more confident in doing as a result of completing the program. Thus, the team analyzed the end-of-class survey data separately, while comparing the pre- and post-survey data.

Higher confidence in some areas than others (based on the end-of-class survey data)

At the end of the program, a total of 131 caregivers submitted the end-of-class survey (Appendix B). They indicated that the quality of the program and Class Leaders was Excellent (M = 9.49, SD = .82, and M = 9.69, SD = .68, respectively, on a 10-point scale where 1 is Poor and 10 is Excellent). Except four missing data, all of them felt that they became a more confident caregiver than they were before participating in the program. Specifically (see Table 7), caregivers mentioned the following two items most frequently as the ones they felt more confident about:

- C1. Take better care of themselves, and
- C3. Improve their communication skills.

The next three frequently mentioned items were:
- C4. Cope with their emotions associated with caregiving,
- C6. Manage stress better by using stress-reducing tools, and
- C7. Understood the importance of having a positive attitude.

The two items that they indicated least frequently were:
- C2. Their ability to set goals and solve problems, and
- C5. Their ability to make tough decisions.

Table 7. Ranked-Ordered Items by Improved Confidence Levels

<table>
<thead>
<tr>
<th>Items rank-ordered by frequency</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. Take better care of myself</td>
<td>99</td>
</tr>
<tr>
<td>C3. Improve my communication skills</td>
<td>97</td>
</tr>
<tr>
<td>C4. Cope with the emotions associated with caregiving</td>
<td>71</td>
</tr>
<tr>
<td>C6. Use stress-reducing activities</td>
<td>70</td>
</tr>
<tr>
<td>C7. Have a positive attitude</td>
<td>52</td>
</tr>
<tr>
<td>C2. Set goals and solve problems</td>
<td>47</td>
</tr>
<tr>
<td>C5. Make tough decisions</td>
<td>34</td>
</tr>
</tbody>
</table>
Changes in caregivers’ overall confidence levels (pre-post comparison)

Between 277 pre-survey data and 100 post-survey data, the team matched 81 sets of pre- and post-survey data by caregivers’ names. The team performed a paired samples t-test on caregivers’ overall confidence levels, using the average scores of the seven items (Note: The team used the parametric t-test because the pre- and post-scores’ skewness values were between -1 and 1, and the nonparametric Wilcoxon Signed Ranks test revealed the same results).

The caregivers’ overall confidence levels improved from an average score of 3.66 before the program to 3.96 six months after the program. The increase of .30 points may look small; however, the t-test revealed that it was a statistically significant increase, \( t(75) = -3.973, p < .001 \), and its effect size (practical significance) was medium (Cohen’s \( d = .45 \)).

Changes in caregiver confidence levels in seven specific areas (pre-post comparison)

The team also compared the changes in caregivers’ confidence in seven individual aspects of caregiving. See the results shown in Figure 7 and Table 8.

Out of seven, two areas where the caregivers had high scores in their pre-survey results did not show a statistically significant improvement at the .05 level:

- C1. Take better care of myself (pre-M = 3.90, post-M = 4.05, \( p > .05 \))
- C3. Improve my communication skills (pre-M = 3.84, post-M = 4.02, \( p > .05 \))

The team noticed that these two items (C1 and C3) were among the top three highest pre-scores. Based on this, it seems that the caregivers were already fairly confident in taking care of themselves and their communication skills. As reported in the 5.1.2 section, the caregivers also rated their own health as Good, Very good, or Excellent. In other words, it is not that the program did not help them improve these areas (C1 and C3); in fact, their post-survey average scores on C1 and C3 are as high as those on other five areas. The no-significant-improvement results in C1 and C3 could be largely due to the fact that the caregivers’ pre-conditions on these areas were fairly good.

More positive results were found in five other areas that showed a statistically significant improvement at the .05 level:

- C7. Have a positive attitude (pre-M = 3.72, post-M = 4.02, \( p = .010 \))
- C2. Set goals and solve problems (pre-M = 3.87, post-M = 4.14, \( p = .006 \))
- C5. Make tough decisions (pre-M = 3.61, post-M = 4.10, \( p < .001 \))
- C6. Use stress-reducing activities (pre-M = 3.38, post-M = 3.78, \( p = .003 \))
- C4. Cope with the emotions (pre-M = 3.27, post-M = 3.73, \( p < .001 \))
When using a more rigorous *Bonferroni correction* method (*p* = .05 is divided by the number of measures, 7), “C7. Have a positive attitude” showed no significant improvement, but other four areas still showed a significant improvement at the .007 level.

Caregivers showed the highest post-confidence level in “C2. Set goals and solve problems” (M = 4.14), but its pre-score was also fairly high. The change from the pre-score to the post-score was statistically significant (*p* = .006); however, the effect size was small (*d* = .19).

More notable results were found in C5, C6, and C4. Caregivers showed the greatest improvement in their confidence in “C5. Make tough decisions” (*p* < .001), which is also evidenced by the highest effect size among all (*d* = .54).

Caregivers also significantly improved their confidence in “C6. Use stress-reducing activities” (*p* = .003, *d* = .34) and “C4. Cope with emotions” (*p* < .001, *d* = .55); however, their post-confidence levels on the two areas (3.78 and 3.73) are significantly lower than their post-confidence in other five areas (4.05, 4.02, 4.14, 4.02, and 4.10). It seems to indicate that reducing stress (C6) and coping with their emotions associated with caregiving (C4) are the most challenging aspects of caregiving.

*Figure 7. Line graphs comparing pre- and post-survey results.*
Table 8. Paired Samples T-Test Results

<table>
<thead>
<tr>
<th>Confidence Area</th>
<th>N</th>
<th>Mean</th>
<th>Mean Diff.</th>
<th>SD</th>
<th>t</th>
<th>df</th>
<th>P</th>
<th>Effect Size d</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>76</td>
<td>3.66</td>
<td>.30</td>
<td>.65</td>
<td>-3.97</td>
<td>75</td>
<td>.000*</td>
<td>.45</td>
</tr>
<tr>
<td>Pre: Caregiver confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post: Caregiver confidence</td>
<td>76</td>
<td>3.96</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C1</td>
<td>80</td>
<td>3.90</td>
<td>.15</td>
<td>.81</td>
<td>-1.71</td>
<td>79</td>
<td>.090</td>
<td>.19</td>
</tr>
<tr>
<td>Pre: Take better care of myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post: Take better care of myself</td>
<td>80</td>
<td>4.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C3</td>
<td>78</td>
<td>3.84</td>
<td>.18</td>
<td>.98</td>
<td>-1.60</td>
<td>77</td>
<td>.112</td>
<td>.18</td>
</tr>
<tr>
<td>Pre: Improve my communication skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post: Improve my communication skills</td>
<td>78</td>
<td>4.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C7</td>
<td>78</td>
<td>3.72</td>
<td>.30</td>
<td>1.00</td>
<td>-2.64</td>
<td>77</td>
<td>.010*</td>
<td>.29</td>
</tr>
<tr>
<td>Pre: Have a positive attitude</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post: Have a positive attitude</td>
<td>78</td>
<td>4.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C2</td>
<td>78</td>
<td>3.87</td>
<td>.27</td>
<td>1.82</td>
<td>-2.80</td>
<td>77</td>
<td>.006**</td>
<td>.32</td>
</tr>
<tr>
<td>Pre: Set goals and problem solve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post: Set goals and problem solve</td>
<td>78</td>
<td>4.14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C5</td>
<td>78</td>
<td>3.61</td>
<td>.49</td>
<td>.91</td>
<td>-4.77</td>
<td>77</td>
<td>.000**</td>
<td>.54</td>
</tr>
<tr>
<td>Pre: Make tough decisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post: Make tough decisions</td>
<td>78</td>
<td>4.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C6</td>
<td>78</td>
<td>3.38</td>
<td>.40</td>
<td>1.17</td>
<td>-3.04</td>
<td>77</td>
<td>.003**</td>
<td>.34</td>
</tr>
<tr>
<td>Pre: Use stress-reducing activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post: Use stress-reducing activities</td>
<td>78</td>
<td>3.78</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C4</td>
<td>77</td>
<td>3.27</td>
<td>.46</td>
<td>.83</td>
<td>-4.85</td>
<td>76</td>
<td>.000**</td>
<td>.55</td>
</tr>
<tr>
<td>Pre: Cope with the emotions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post: Cope with the emotions</td>
<td>77</td>
<td>3.73</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Significant at a .05 level.

** Significant at a .007 level, when using Bonferroni correction.
6 CONCLUSIONS

6.1 CONCLUSIONS
From the analysis of the survey data collected between 2011 and 2017, the research team found sufficient evidence to conclude that:

The Powerful Tools for Caregivers program provided by Legacy Corps in Boise, Idaho is an excellent and valuable program for caregivers.

Caregivers who completed the program appreciated the high quality of the program and Class Leaders. Because of their participation in the program, caregivers significantly improved their confidence in caregiving.

This program has been particularly useful in helping caregivers be able to make tough decisions and handle their emotions during the process. These benefits are also supported by their improved skills in setting up their goals and solving problems, using stress-reducing activities they learned from the program, and handling issues with a positive attitude. It is, however, evident that it is tough for caregivers to cope with their stress and emotions associated with caregiving.

6.2 LIMITATIONS
The main limitation of this study lies in the many missing data in the three surveys. Not all participants submitted their pre-survey, end-of-class survey, and post-survey questionnaires, resulting in a substantially reduced number of data for analysis. On top of that, many participants did not supply their names in their post-survey, limiting the number of matched datasets (i.e., 81 matched sets of pre- and post-survey data, compared to 271 pre-survey data). This gave the team only about 30% of the data to analyze participants’ improvement in confidence levels.

Another related limitation of the study is that attendance has not been systematically recorded; therefore, it is difficult to determine if participants actually completed all six sessions of the program. It is understandable that some participants might have had to skip some sessions because of their responsibility as a caregiver or due to their work schedule (about 1/3 of the participants were full-time or part-time employees). The program requires the participants to complete at least three classes to be considered as a completer. It is unknown whether the 81 matched sets of data came from participants who completed all six classes, or five, four, or three of them. Those who attended all six classes could show different (most likely more positive) end-of-class and post-survey data, compared to those who attended only three or four classes.

Due to these limitations, the data analysis findings and conclusions presented in this report need to be taken with some caution.
7 RECOMMENDATIONS

The research team generated two types of recommendations: 1. Recommendations for the program, and 2. Recommendations for survey design and data recording.

7.1 RECOMMENDATIONS FOR THE PROGRAM

Since this was a survey data analysis project, rather than a comprehensive evaluation of the PTC program, the research team was not able to generate comprehensive recommendations for the program. However, the team would like to make a suggestion for the program’s future focus.

The team suggests that while continuing to provide the content for teaching caregivers how to:

- Take better care of themselves (C1)
- Improve their communication skills (C3)
- Develop and maintain a positive attitude during caregiving (C7)
- Set goals and solve problems that caregivers often face (C2)
- Make tough decisions during caregiving (C5)

the program should emphasize or enhance the content for teaching caregivers how to:

- Use stress-reducing activities (C6)
- Cope with the emotions associated with caregiving (C4)

The last two areas appear to be where caregivers would get the most benefits from the program.

7.2 RECOMMENDATIONS FOR SURVEY DESIGN AND DATA RECORDING

The research team observed some areas in the survey questionnaires for improvement for future data collection, recording, and analysis. Based on the analysis, the team proposes a revised version of pre-, end-of-class, and post-survey questionnaires (see separate attachments as indicated in Appendix D).

The main recommended changes include:

1. Collect caregivers’ names in all three surveys to allow paired data comparison

2. Collect caregivers’ demographic information (date-of-birth, gender, ethnicity) in the pre-survey since most participants complete their pre-survey (consider asking caregivers’ age instead of their date-of-birth in case they are concerned about security of the data)

3. Collect information about the care recipients’ health condition by using a structured question (rather than the current open-ended question), which makes data entry and analysis easier
4. Collect information about the care recipients’ age, which, along with the care recipients’ health conditions, can help better understand the caregiving conditions.

5. In the pre-survey, ask which of the seven areas caregivers want to improve (their needs), and provide this information to the Class Leaders.

6. Revise some of the phrases used in seven confidence-measuring questions to include a specific reference to caregiving— for example,
   - (not at all) confident
   - (barely) confident
   - (slightly) confident
   - (somewhat) confident
   - (fairly) confident
   - (very) confident
   - (extremely) confident

   Using a 7-point response scale (compared with a 5-point scale) can produce more variance in data. Numerical response scales without descriptions may cause a response shift bias (Howard, 1980) because respondents may apply different meanings to numbers at different times. A response scale with descriptive wording associated with the numerical points can help prevent survey respondents from shifting the meanings of numbers.

7. In the end-of-class survey, ask caregivers which of the six classes they attended.

8. Include the seven confidence-measuring questions in all three surveys to allow paired data comparison.

9. For the confidence-measuring questions, use a 7-point response scale with descriptive wording associated with each numerical option as shown below:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all confident</td>
<td>Barely confident</td>
<td>Slightly confident</td>
<td>Somewhat confident</td>
<td>Fairly confident</td>
<td>Very confident</td>
<td>Extremely confident</td>
</tr>
</tbody>
</table>

10. Use a master Excel file that stores all data obtained from registration phone calls, pre-surveys, end-of-class surveys, and post-surveys (each participant’s records are stored in multiple columns of the same row).
8 REPORTING AND FOLLOW-UP

This report is submitted to Ms. Melissa Radloff, Project Manager of Legacy Corps. The research team will request to have a face-to-face meeting with Ms. Radloff to make an oral presentation of the findings, answer questions, and discuss other follow-up tasks to be completed.

The team also suggests that this report be shared with the Class Leaders who can use the findings to develop new and more appropriate instructional strategies in their classes.
9 References


Powerful Tools for Caregivers Questionnaire

Thank you for completing and returning this questionnaire in the enclosed stamped envelope. Your prompt response is important so that we can provide you with useful information and resources.

Name:________________________________________________________________________

(1) How did you hear about this program?__________________________________________________

(2) I am currently caring for:
___Parent   ___Spouse/Partner   ___In Law   ___Adult child   ___Friend
___Other____________________________ (Please describe)

(3) The person I care for needs care because:
______________________________________________________________________________
_____________________________________________________________________________________
________

(4) The person I care for lives:
___In his/her home   ___In my home    ___In a residential facility (assisted living or nursing home)
___Long-distance   ___Other____________________________ (Please describe)

(5) I am currently:
___Employed full time   ___Employed part time   ___Not employed   ___Retired

(6) I would rate my own health as: (Circle the number that best describes your current health)

1 Poor      2 Fair       3 Good         4 Very good       5 Excellent

(7) Please circle the number that best describes how confident you are that you can:

* Take better care of myself

1 Not at all confident  2 Somewhat confident  3 Not at all confident  4 Somewhat confident  5 Very confident

* Set goals and problem solve

1 Not at all confident  2 Somewhat confident  3 Not at all confident  4 Somewhat confident  5 Very confident

* Improve my communication skills
Continued.....Please circle the number that best describes how confident you are that you can:

* Cope with the emotions associated with caregiving

1……………………………….2……………………………….3……………………………….4………………………………..5
Not at all confident       Somewhat confident                Very confident

* Make tough decisions

1……………………………….2……………………………….3……………………………….4………………………………..5
Not at all confident       Somewhat confident                Very confident

* Use stress-reducing activities

1……………………………….2……………………………….3……………………………….4………………………………..5
Not at all confident       Somewhat confident                Very confident

* Have a positive attitude

1……………………………….2……………………………….3……………………………….4………………………………..5
Not at all confident       Somewhat confident                Very confident

(8) Have you used, or are you currently using, any community resources to help you as caregiver?
   ___Yes       ___No

If yes, what community resources have you used or do you currently use?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Check all statements that describes you

Immediate Family include parents, children, siblings, spouse (including diseased)
Extended family includes cousins, in-laws, grandparents and other distant relations: (including diseased)

____ I am a veteran
____ I am an Immediate family member of someone on Active Duty
____ I am an extended family member of someone on Active Duty
____ I am an immediate family member of a member of the National Guard or Reserves
____ I am an extended family member of a member of the National Guard or Reserves
____ I am an immediate family member of a Veteran
____ I am an extended family member of a Veteran
____ I have no personal or family connection to current or previous military service

Thank you for returning this questionnaire promptly! Please call our office if you have any questions.
Appendix B. Powerful Tools for Caregivers: End-Of-Class Survey

Powerful Tools for Caregivers
Class Evaluation

Dates of class: ___________________________  Class Location: ___________________________

(1) How did you hear about this program? ________________________________________________

(2) I am currently caring for:

___Parent  ___Spouse/Partner  ___In Law  ___Adult child  ___Friend  
___Other                                           (Please describe)

(3) The person I care for lives:

___In his/her home  ___In my home  ___In a residential facility (assisted living or nursing  
home)  ___Long-distance  ___Other                                           (Please describe)

(4) I am currently:

___Employed full time  ___Employed part time  ___Not employed  ___Retired

(5) Overall, how would you rate this program? (Please circle the appropriate number)

1  2  3  4  5  6  7  8  9  10
POOR                                                                 EXCELLENT

(6) Overall, how would you rate the class leaders? (Please circle the appropriate number)

1  2  3  4  5  6  7  8  9  10
POOR                                                                 EXCELLENT

(7) What did you like best about the program? (Please refer to weekly topics):

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

PLEASE CONTINUE ON BACK SIDE........
(8) As a result of this class, do you believe that you are a **MORE** confident caregiver than you were before participating in this program?

___Yes   ___No

I feel more confident that I can:

(please check **THREE** areas where you feel more confident as a result of this program)

___take better care of myself
___improve my ability to set goals and problem solve
___improve my communication skills
___understand the emotions associated with caregiving
___improve my ability to make tough decisions
___manage stress and use stress-reducing tools
___understand the importance of a positive attitude

(9) Please give us your thoughts about how we can make this program better.

_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

We appreciate your participation in the Powerful Tools for Caregivers program. The following information is **optional**. The information is used for data in grant funding and reporting.

What is your date of birth?   ____ / ____/ ____

Month   Day   Year

What is your gender?   ____(Male)   ____(Female)

Which of the following best describes your ethnicity? Please check one box.

___White (Non-Hispanic)
___Asian or Pacific Islander
___Native American, Alaskan-American, Aleut
___Black/African-American
___Hispanic, Mexican-American, Latin-American
___Other ___________________________________________________

Name: ____________________________________________________________
12 Appendix C. Powerful Tools for Caregivers: Post Survey

Powerful Tools for Caregivers
_____ Months Later....

Dates of class you participated in:______________ Class Location:______________

(1) I am currently caring for:
   ___Parent ___Spouse/Partner ___In Law ___Adult child ___Friend
   ___Other ________________ (Please describe)
   ___I am no longer a caregiver

(2) The person I care for lives:
   ___In his/her home ___In my home ___In a residential facility (assisted living or nursing home) ___Long-distance ___Other __________________________ (Please describe)
   ___The person I cared for has passed away.

(3) I am currently:
   ___Employed full time ___Employed part time ___Not employed ___Retired

(4) I would rate my own health as: (Circle the number that best describes your current health)
   1 2 3 4 5
   Poor Fair Good Very good Excellent

(5) Please circle the number that best describes how confident you are that you can:

* Take better care of myself
   1..............................2..............................3..............................4..............................5
   Not at all confident Somewhat confident Very confident

* Set goals and problem solve
   1..............................2..............................3..............................4..............................5
   Not at all confident Somewhat confident Very confident
* Improve my communication skills

1. Not at all confident 
2. Somewhat confident 
3. Very confident

* Cope with the emotions associated with caregiving

1. Not at all confident 
2. Somewhat confident 
3. Very confident

* Make tough decisions

1. Not at all confident 
2. Somewhat confident 
3. Very confident

* Use stress-reducing activities

1. Not at all confident 
2. Somewhat confident 
3. Very confident

* Have a positive attitude

1. Not at all confident 
2. Somewhat confident 
3. Very confident

(6) Have you referred to the Caregiver Helpbook?  ____Yes  ____No

(7) Have you used, or are you currently using, any community resources to help you as caregiver?  ____Yes  ____No

If yes, what community resources have you used or do you currently use?

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
We appreciate your participation in the Powerful Tools for Caregivers program and thank you for responding to this follow-up evaluation. Your responses are confidential.

The following information is optional. The information is used for data in grant funding and reporting.

What is your date of birth? ____ / ____/ _____

Month    Day    Year

What is your gender? ______(Male) ______(Female)

Which of the following best describes your ethnicity? Please check one box.

____White (Non-Hispanic)
____Asian or Pacific Islander
____Native American, Alaskan-American, Aleut
____Black/African-American
____Hispanic, Mexican-American, Latin-American
____Other ______________________________________________________

Name: ____________________________________________________________
## 13. Appendix D. Revised Survey Questionnaires

Based on the observations and suggestions presented in the table below, revised survey questionnaires are presented in separate attachments. The Program Manager, Ms. Melissa Radloff, has reviewed and approved the revised questionnaires.

1. PTC Pre-Class Questionnaire – final (03-08-2018).docx
2. PTC End-of-Class Evaluation – final (03-08-2018).docx
3. PTC Post Survey 6 months later – final (03-08-2018).docx

<table>
<thead>
<tr>
<th>Observation</th>
<th>Suggestion</th>
<th>Criticality 1. Critical 2. Important 3. Nice to have</th>
<th>Feasibility 1. Easy to implement 2. Some work needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The current pre-survey, end-of-class survey, and post-survey questionnaires are designed with slightly different sets of questions, which make it difficult to compare.</td>
<td>When the same type of information is sought, use the identical questions in all three surveys—especially, the questions asking confidence levels in seven areas. Also present the same questions with the same question numbers, to make data entering easy.</td>
<td>Critical</td>
<td>Easy to implement</td>
</tr>
<tr>
<td>2. The seven phrases used to measure caregiver confidence are not specific to caregiving — e.g., have a positive attitude.</td>
<td>Rephrase the items to make them specific to caregiving — e.g., have a positive attitude during caregiving.</td>
<td>Critical</td>
<td>Easy to implement</td>
</tr>
<tr>
<td>3. Several open-ended questions that generate qualitative data make it time-consuming for data entering and data analysis.</td>
<td>Convert some of the open-ended questions (e.g., care recipients’ health conditions) to closed-ended questions based on the data pattern identified from the previous years of data.</td>
<td>Critical</td>
<td>Easy to implement</td>
</tr>
<tr>
<td>4. Some participants did not enter their names on the surveys, which resulted in inability to compare data.</td>
<td>Encourage/require participants to enter their names in all three surveys for the data analysis purpose.</td>
<td>Critical</td>
<td>Easy to implement</td>
</tr>
<tr>
<td>5. Demographic information about the caregivers (DOB, gender, and ethnicity) is collected as optional</td>
<td>Ask demographic information in the pre-survey. If not critical to collect DOB (which respondents may</td>
<td>Critical</td>
<td>Easy to implement</td>
</tr>
<tr>
<td></td>
<td>questions in the end-of-class survey, which resulted in a lot of missing data and lost opportunities for other data analysis.</td>
<td>hesitant to supply, causing missing data), ask for their current age.</td>
<td></td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>6</td>
<td>Registration data and three types of survey data are stored in separate Excel files, making it difficult to combine the data later for analysis.</td>
<td>Use an Excel template that contains all data collected from the phone-in registrations, pre-surveys, end-of-class surveys, and post-surveys.</td>
<td>Critical</td>
</tr>
<tr>
<td>7</td>
<td>Some participants returned their post-surveys without writing information about date of class and class location, which makes it difficult to identify to which session the post-survey data belong.</td>
<td>Fill in the date of class and class location information on the post-surveys before mailing them out to the participants (esp., because the participants may not remember the information six months later).</td>
<td>Important</td>
</tr>
<tr>
<td>8</td>
<td>Participant attendance of six classes is not consistently recorded, making it difficult to assess completion rates.</td>
<td>1. Enter participant attendance of six classes to the Excel file. 2. Alternatively, add a question in the end-of-class survey and ask which of the six classes they completed.</td>
<td>Important</td>
</tr>
<tr>
<td>9</td>
<td>Surveys do not ask participants’ needs – e.g., which one(s) of the seven areas do they feel they need to improve?</td>
<td>In the pre-survey, add a question asking which one(s) of the seven areas they feel they need to improve.</td>
<td>Important</td>
</tr>
<tr>
<td>10</td>
<td>Questions that measure participants’ confidence levels use a 5-point scale. Using a response scale with more options can show more variance in data.</td>
<td>Use a 7-point response scale to show more variance in data. Also, add descriptive wording to help survey respondents associate individual numerical values with certain values.</td>
<td>Important</td>
</tr>
<tr>
<td>11</td>
<td>The care recipients’ age information is not collected.</td>
<td>Add a question asking the care recipients’ age.</td>
<td>Nice to have</td>
</tr>
<tr>
<td>12</td>
<td>Three surveys use slightly different headers and footers.</td>
<td>Use the same header and footer.</td>
<td>Nice to have</td>
</tr>
</tbody>
</table>