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Caregiver Burnout

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Collaborative Health & Human Services

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Author Note

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Abstract

The Health Projects Center (HPC) was established in 1980 as a non-profit organization serving Monterey, Santa Cruz and San Benito counties. HPC offers the Multipurpose Senior Services Program (MSSP) to help older adults maintain their independence at home. At HPC there are many caregivers that suffer from caregiver burnout. One of the main reasons for caregiver burnout is that caregivers and clients don't want to accept help from others and don't look for resources. Contributing factors for caregiver burnout include not practicing self-care, not aware of resources available and caregivers feel alone/overwhelmed with no support system. There are consequences that can affect a caregiver and the care receiver. These include strain on other relationships, health problems, and the care receiver might lose support and help from the caregiver. This project's purpose was to prevent or help reduce caregiver burnout by providing resources that can help a care receiver. By seeking help, care receivers will get the help they need and caregivers will have one less thing to do. This project was developed for the MSSP clients to get information on the resources they are interested in and create less stress to caregivers. A needs assessment was conducted for the purpose to identify their needs for resources and programs. The results of the assessment were then utilized to develop a resource brochure that was disseminated to the caregivers for their immediate use. It was recommended for case managers to emphasize to clients when conducting the monthly phone call that they are there to help and advocate to find services or referrals to community resources.

Keywords: caregivers, burnout, resources

Agency & Communities Served

The Health Projects Center (HPC) is a 501(c)3 non-profit organization established in 1980 that offers health-related and social programs to health professionals, older adults, and caregivers in Monterey, Santa Cruz, and San Benito Counties. There are three programs HPC hosts, Del Mar Caregiver Resource Center (CRC), Multipurpose Senior Services Program (MSSP), and the Central Coast Area Health Education Center (AHEC). Each of these programs addresses the health and human needs of individuals, families, and communities of California's Central Coast by developing and implementing high-quality programs and strategies (The Health Projects Center, n.d.). Del Mar CRC supports family caregivers as they care for their loved ones with memory loss, dementia, or other brain impairment. MSSP helps older adults maintain their independence at home. AHEC works to improve access and the quality of health care for the medically underserved.

This project focused on the MSSP program. The MSSP program offers free social work and nursing services to underinsured older adults who are at risk for loss of independence in Santa Cruz and Monterey Counties. Care management services assist clients with daily living needs so that they may live healthy, active lives. To qualify for MSSP a client needs to be 65 years of age or older, Medi-Cal eligible, living in Santa Cruz or Monterey County, and willing to participate in an individualized care plan. MSSP can help coordinate services such as transportation, home safety equipment and/or modifications, home-delivered meals, money management and more (The Health Projects Center, n.d.).

MSSP is a program of the California Department of Aging and funded by Medi-Cal. From July 2016 to June 2017 HPC provided intensive care management support to 424 clients

whose average age is 82 years. These individuals are in need of significant help with activities of daily living: 96% require help with bathing; 63% with toileting; and 23% with eating (The Health Projects Center, n.d.). With the help of the MSSP program, many older adults are able to get the help they need to remain in their home for as long as possible.

Problem Description

Family caregivers is one of the most challenging jobs there is, providing care for a loved one takes time and energy that families are willing to give in order to help their loved one. Caregiver burnout is a problem that affects caregivers and it also can affect a care receiver. Caregivers are an essential component when an older adult can no longer care for themselves. Caring for a loved one is a full-time job that is not recognized enough. Caregivers who are caring for a person who is aging in place can be very difficult to accommodate. There are major changes that are necessary to make in their homes like installing a wheelchair ramp or grab bars inside the home. Family caregivers are more prone to burnout for a variety of reasons that accumulate and cause them to burn out more quickly. Caregiver burnout is a real problem because it is a full-time job that will require more of your time as the person caregivers are caring for becomes more independent. If there is only one caregiver that cares for a person, it can be difficult to practice self-care and it becomes very overwhelming since caregivers don't have a support system.

Contributing Factors

A contributing factor for caregiver burnout is not practicing self-care. Most family caregivers experience some type of burnout and can create stress and burden. For example, there

is a physical burden, psychological burden, social withdrawal and feelings of isolation, and a financial burden (Krishnan, York, Backus & Heyn, 2017). One of the main reasons why a caregiver does not practice self-care is because they simply don't have time or don't have anyone else to help them with taking care of the care receiver. Self-care can be thought of as “putting your oxygen mask first;” something flight attendants say to prepare passengers for air emergencies. You must be able to help yourself first so you can have the capacity to take care of others (Families for Depression Awareness, n.d.).

A second contributing factor is that caregivers don't have a support system. Most are not aware of known resources and are not utilizing them. Having a support system and reliable people caregivers can count on is essential because caregivers need a break and having someone to help with a small task can be very helpful. Seeking family and community support and keeping a list of simple activities that people can help with when they offer, having adequate support can reduce the feeling of isolation (Krishnan, et al, 2017). Most people will offer help and it is alright to accept the help and let others be a part of the caregiver journey.

The third contributing factor is that caregivers feel alone and overwhelmed and don't have any support system. Feelings of isolation and loneliness can be caused by a withdrawal from previous routines, some caregivers are left alone in their caregiver duties. Without support from family and friends, caregivers are forced to not have any time for themselves since they are so focused on caregiving that can lead to a withdrawal from social activities and will also find that they are literally facing isolation (Family Caregiver Alliance, n.d.). This can be a huge problem because they can feel trapped or alone, and it can affect both the caregiver and the care receiver. Being a caregiver is a full-time job that can take over the whole caregivers life and that

is why it is important to find a balance and take the time to take care of yourself so caregivers can provide the help their loved one needs.

Consequences

The strain on other relationships is one of the possible consequences a caregiver might experience. When a caregiver does not have any support from friends and family it can create a burden and affect the relationships they have. The inability to support family caregivers will likely have disastrous consequences for the caregiver and the care recipients. The consequences for family caregivers will involve declining health and reduced financial security (Rosallynn Carter Institute for Caregiving, 2010). Sometimes caregivers feel that they are alone and building a good support system with family, friends, and in the community can help them in their daily tasks and build better relationships with people who are willing to help.

Another consequence that caregivers often encounter is experiencing health problems due to stress. Family caregivers are responsible for providing a wide range of assistance to their loved ones involving complex nursing care, cognitive support, and care management at home and out of home. These caregivers are more prone to depression, grief, fatigue, and physical health problems, all of which have roots in stress, exhaustion, and self-neglect (Rosallynn Carter Institute for Caregiving, 2010). Additional risks like increased use of alcohol, smoking, and other drugs are uncommon for caregivers, as are poor health behaviors such as inadequate diet, exercise, and sleep (Rosallynn Carter Institute for Caregiving, 2010). There are many health problems a caregiver might experience if they don't take the time to take care of themselves. A simple task such as attending a medical appointment can be very beneficial since it ensures how the person's health might be. Caregiving has all the features of a chronic stress experience: It

creates physical and psychological strain over extended periods of time, is accompanied by high levels of unpredictability and uncontrollability, has the capacity to create secondary stress in multiple life domains such as work and family relationships, and frequently requires high levels of vigilance (Schulz & Sherwood, 2009). Based on the clinical observations being a caregiver can be stressful and burdensome.

The third consequence is that the care receiver loses support from the caregiver. If the caregiver does not take care of themselves they will not be able to provide the help the care receiver needs. Consequences for the care recipients will be increased rates of institutionalization, higher risk of abuse and neglect, and decreased quality of life (Rosalynn Carter Institute for Caregiving, 2010). The caregiver needs to take care of themselves before they can care for someone else. Caregivers' own health comes first and in order to provide care for someone else caregivers need to know how to keep a healthy balance so it won't take over their life. Caregiver burnout is an example of how repeated exposure to stress harms mental and physical health but there are ways to combat this. The counter-stress system is called the "relaxation response" which can be activated through mind-body practices like yoga, tai-chi, medication and deep-relaxation techniques (Wei, 2018).

Capstone Project

This project was designed to provide caregivers the resources needed to prevent caregiver burnout. A needs assessment was initially developed addressing what services are in most need from the caregiver perspective. Once the information was gathered, a resource brochure was then developed providing easy access to available resources and programs. The resource brochure was created for caregivers for the MSSP program. Most of the clients for the MSSP program have a

diagnosed type of dementia and the remaining clients are aging in place with some type of chronic illness. There are a variety of programs that focus on helping caregivers who are caring for a loved one with a memory impairment like the Del Mar CRC, but there are no known programs that help the other population. This project focused on family caregivers and clients who don't have any diagnosis of dementia.

In the MSSP program there are caregivers caring for a family member who are aging in place. Finding resources to help clients will most likely prevent caregiver burnout. Finding resources that help clients will lead caregivers to have some help from programs that serve the older population.

Problem Model

Contributing Factors	Problem	Consequences
Caregivers do not practice self-care	Burnout in family caregivers is very common, especially when there are not enough resources for aging adults (with no dementia)	Strain on other relationships
Caregivers are not aware of resources and are not utilizing them		Caregiver experiences health problems due to stress
Caregivers feel alone/overwhelmed and don't have any support system		Care receiver loses support from caregiver

Capstone Project Description and Justification

Capstone Project and Purpose

This project focused on helping caregivers who are taking care of a family member who do not have some type of dementia. There are many resources and help for people who are diagnosed with dementia but there is not enough for those who are aging in place and need help and resources. The purpose of this project was to accurately assess the service needs of caregivers and consequently, develop a resources brochure providing easy access to information on available resources and programs. The needs were determined by mailing out a pre-questionnaire to learn what clients were in need of (See Appendix B). Having a resource brochure with specific resources for caregivers to utilize can be very beneficial for them. It can make their busy lives a little easier by having resources available and not stressing to find help. It was a good idea to ask the caregivers in what they are struggling with to be able to help them as much as possible. Mailing out a pre-questionnaire to clients and asking them their needs helped understand what they need and what this project would then focus on.

This project addressed the issue of caregivers not being aware of the resources and are not utilizing them. Having a resource brochure that is translated for those who only speak Spanish can be very beneficial in order for caregivers to know what type of help is in their community and take advantage of those services. It can also reduce the stress of caregivers by not overthinking on trying to find the help they need. It can be difficult to take time and search for services when caregivers have little to no time during the day. Not having phone numbers of the programs they are part of can be difficult for them to communicate and ask for the help they need. In the MSSP program, one of the problems care managers encounter is that caregivers

don't have the number of the pharmacy they get their supplies from or don't even know what pharmacy they are using. This creates more work for the care managers and by the caregiver having a resource guide it can be beneficial for both the care manager and the caregiver.

Project Justification

Caregivers often don't look for help because they think they are able to handle everything on their own. Accepting help can be something hard for a caregiver but it is important for their own health to obtain as much help as they can. There can be feelings of guilt and that their position as a spouse, adult child, or even a parent requires them to personally see to all of their loved one's needs (Aging Care, n.d.). It is a common problem for caregivers to feel this way but accepting they need help can be hard but a necessary thing they need to do. It is important to understand that caregivers feel very vulnerable and way out their comfort zone and will not ask for any assistance and may even refuse it when it is offered (Kember, 2013).

Having resources available can be beneficial to have once they are ready to look for the help they need. Resources like caregiver support, legal assistance, financial assistance, housing, in home care or transportation methods can be very useful to have when one has an emergency. This can be effective because caregivers don't have to research to find the resources they need, they can just look up specific programs they might be interested in and call to get help when they are ready. They may also think they might not need the resource guide but once they have it, they are more likely to use it.

Project Implementation

This project implemented a resource brochure to help clients use services available to them to prevent or reduce caregiver burnout. A needs assessment was created and mailed out to all active clients to determine what resources clients are in need of. The needs assessment was anonymous to encourage clients to respond and included questions such as age, gender, health illnesses, health problems and a list of resources that clients might benefit from. All needs assessments were mailed out with a return envelope to make it easier for clients to return needs assessment.

After receiving the needs assessment from clients, data was collected on what services clients needed more information on. From the data gathered from needs assessment, a brochure was created with contact information from local organizations. The purpose of the brochure was for clients to have easy access to services and know what services the community offers. It was beneficial for clients and caregivers, since it pushed for clients to take advantage of the services clients might need.

After receiving the needs assessment from the clients, it helped determine what type of services clients are looking for. There needs to be research done on possible programs or resources there are available in the community and check that the information is up to date. Next was to assemble the brochure with programs and organizations that might be beneficial to the caregivers. The brochure was mailed out along with a post-questionnaire to determine if the brochure was helpful for clients. After analyzing results, feedback was provided to the agency. A detailed implementation plan and timeline can be seen in the Scope of Work in Appendix A.

Assessment Plan/ Expected Outcomes

This project measured the effectiveness by doing a needs assessment in the beginning to gather information on what clients needs were. By collecting information from the clients, it became easier to research local resources that clients qualify for and assemble a brochure for the clients needs and therefore prevent caregiver burnout. It was expected for clients to use services or at least make phone calls to organizations that were provided in the brochure. Being aware of these resources that they qualify for helps clients obtain and take advantage of the resources that are offered so caregivers would have some sort of relief and prevent stress/burnout. To measure how effective the brochure was to the clients, a post-questionnaire was mailed out to clients to measure its effectiveness.

This project measured effectiveness by doing a needs assessment in the beginning and a follow up at the end. The needs assessment collected information of the type of resources caregivers need and know what type of resources there needs to be implemented into the brochure. The needs assessment was done by mailing out a pre-questionnaire to all MSSP active clients (165 clients) and expected a return rate of 30%. The follow-up measured the effectiveness of the resource guide and received feedback from the caregivers to see how they used the guide and how useful it was. This project helped the caregivers prevent burnout and take more care of themselves. This project was intended to motivate caregivers in using the resource guide to contact local resources to use their services and get the help the community offers.

From the pre-questionnaire, information was gathered on what type of services clients were interested in. By knowing what type of services clients needed, it was clear on what to

include on the brochure that was created. This brochure includes services and contact information of local resources, clients wanted more information on (See appendix D). Making it easier for clients to access these services, helped clients receive more help and allowed the caregivers less stress. After mailing out the brochure a post-questionnaire was attached to measure how effective the information the brochure contained. Questions that were included were “Was the brochure easy to understand?” and “Have you contacted or plan to contact any resources that are provided in the brochure?” By asking these questions, data was gathered to determine if the resource brochure was effective or not (See appendix E).

Project Results

This project focused on the needs assessments of the clients who are aging in place to evaluate what resources they are in need or services they might be interested in. Mailing out a pre-questionnaire to all clients, was beneficial to learn what services clients were interested in and what resources to include in the brochure. By mailing out a pre-questionnaire to all clients, it made it clear that clients who do not have a diagnosis of dementia had a higher response rate and were going to be interested in more resources. Based on the needs assessment that were mailed back from clients, it showed that clients were interested in receiving more information on transportation services, adult day centers, in-home care, and financial assistance. Results in the following paragraphs were analyzed using google slides.

A total of 165 pre-questionnaires were mailed out to all clients and there were 49 responses. From the 49 responses, there were 33 (67.3%) responses from clients who did not

have a diagnosis of dementia and 16 (32.7%) responses of clients who had a diagnosis of dementia (See Appendix C, Figure 1).

From the responses, it was clear that the clients who did not have dementia, were interested in more resources and had a higher response rate. It was also determined that those participants who had dementia and qualify for more services did not check off as many services they were interested in as much as the participants who did not have dementia. This pre-questionnaire clearly shows that the participants who did not have dementia had a higher response rate and checked off more services that they were interested in.

After the resource brochure was created and approved by the mentor, it was mailed out to all 49 clients who participated in pre-questionnaire. Along with the brochure a post-questionnaire was attached to determine the effectiveness of the brochure. Some questions that were included in the post-questionnaire included: was the brochure easy to understand?; How useful did you find the brochure?; have you contacted any agencies listed in the brochure; (See appendix D).

Based on the 12 responses that were received from the post-questionnaire, the majority of the participants found the brochure useful. A total of 11(91.7%) participants found that the brochure was very useful, one (8.3%) participant found the brochure somewhat useful and no participants found it not useful at all (See appendix C, Figure B).

There were a total of five (41.7%) participants who stated that they have contacted agencies listed in the brochure. Six (50%) participants stated that they have not contacted any agencies but will do so if need arises. One (8.3%) participant was not sure if they were going to contact any agencies provided in the brochure (See appendix C, Figure C).

The outcome of this project was to help clients by providing them with resources that they can use to help prevent caregiver burnout. Having easy access to phone numbers of local organizations will benefit the clients by already having the contact information with them and making it much easier to contact. Most clients that participated found the brochure very useful and it will come in handy when in search of services.

Conclusion & Recommendations

Based on the results, it was clear that clients found the brochure helpful and have or will be using the information in the future. Clients are in need of services and might not always reach out to organizations. Having a resource brochure in hand will definitely make it much easier to contact agencies and become aware of what services they can use to get help. Based on the responses from clients, it showed that there was the need of providing services and it would be beneficial for the agency to continue to reach out to all clients every so often to see if any needs arise that are different from the needs provided in this project.

The recommendations for the agency is to continue to do a needs assessment every so often to be aware of the needs some clients may have. Most of the time case workers don't have enough time to spend enough time with each client and it would be easier to conduct a needs assessment by mail.

Personal Reflection

Caregiver burnout is a topic that is not talked about enough. There are many family caregivers that are taking the role and not realizing the huge impact it takes on their life. It is a life changing decision that will completely change your lifestyle based on the level of care the

care receiver needs. There are many changes that will likely happen for example not having enough time to go to medical appointments or not having enough time for yourself to go out and get a haircut or visit friends. Being a caregiver is a full time job that can consume your entire day and night if not prioritizing yourself as a person first and then a caregiver. Finding a balance between being a caregiver and your own personal life can be very hard for most people.

It is well known that caregivers often don't have time for themselves and it becomes hard to reach out for help from either family and friends or organization in their communities. While most caregivers are hesitant to receive help or even talk about their hardships, they should be able to be aware that there is help available to them and they should take advantage of the resources. This project was an opportunity for me to look at the needs the caregivers have and gave me an insight of the struggles they might have. By conducting a needs assessment to all of the programs clients, I was able to determine what kind of services they were interested in receiving more information on. Based on knowing the different areas of interest, I was able to create a resource brochure with community organizations that offered services caregivers might find beneficial. After mailing out the resource brochure to the participants who responded to the needs assessment, they were mailed out a post-questionnaire to determine how effective the brochure was. This brochure will be a contribution to the agency in its efforts to address caregiver burnout.

A strength of developing this project would be that a client will be provided with a resource brochure if the need arises. It will be more likely to reach out to services when the contact information is available. It will give some help to case managers to have a guide for clients to use when the need arises. The challenges that my project has was that clients returned

the needs assessment but they did not fill it out completely with the information that they might be interested in. Another challenge was trying to fit in contact information of services clients requested. Since the space was limited in the brochure, I had to determine what services might be more important to the clients.

The broader social problem that my project relates to is to prevent health problems. Often health problems develop because of stress or not taking care of yourself. Having more time for yourself allows you to take a break from being a caregiver. By reaching out to community organizations and receiving help from others will alleviate some stress and have some time to yourself. To further address this issue, it would be helpful to create another brochure with a different variety of resources caregivers might find helpful. For example, creating a brochure of activities that caregivers can attend to destress and focus on their mental and physical health. It can help caregivers find time to perform some type of self-care and encourage them to participate in different activities their communities might offer.

I would advise future capstone students working in the agency to not be afraid to ask for feedback to care managers and mentor. The case managers are very well informed of their clients and their input is very important since they work with them on a daily basis. I would also recommend to not be afraid and share ideas that they may have and see what comes out from it. It is also important to talk with all staff since everyone has a different role that can help you look at things from different perspectives.

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Appendix A

Scope of Work- All activities below were accomplished within these timelines

Activities	Timeline/Deadlines	Supporting Staff
Meet with mentor to finalize population	November 19	Claudia Mendez
Create a list of caregivers to focus on	November 26	Claudia Mendez
Come up with questions to ask when calling clients and get mentor to approve	November/December	Claudia Mendez
Conduct calls	December/January	Claudia Mendez
Collect info on needs assessment	January	Claudia Mendez
Start researching on possible resources for guide	February	Claudia Mendez
Assemble resource guide	February	Claudia Mendez
Mail out guides	February	Claudia Mendez
Mail out post questionnaire	April	Claudia Mendez
Collect post questionnaire	April	Claudia Mendez
Analyze results	April	Claudia Mendez
Provide feedback to agency	April	Claudia Mendez

Appendix B

Pre- Questionnaire with Cover Letter



- Gender
- Male
 - Female

Age _____

- Do you have any diagnosis of Dementia?
- Yes
 - No

If you answered yes, what type of Dementia?

- Do you have any type of health illnesses?
- Yes
 - No

If you answered yes, what type of health problems?

Please check off the services you might be interested in receiving more information on:

- Transportation
- Financial assistance
- Housing
- Home delivered meals
- In-home care
- Adult day centers (La Casa, Generations by the Bay)
- Legal services
- Counseling
- Hospice, VNA (Visiting Nurse Association)

Other Services:

150 Cayuga St, Suite 3 • Salinas, CA 93901

If you have any questions please contact: Julia Cruz Moreno
Telephone: (831)975-5849 E-mail: julia@hpcn.org



To whom it may concern:

My name is Julia Cruz Moreno and I am a student at California State University of Monterey Bay. I am working towards my degree in Collaborative Health in Human Services with a concentration in Social Work and I am currently an intern at the MSSP (Multi-purpose Senior Services Program). I have been with the MSSP Program for more than a year and am working towards helping the clients and meeting their needs by looking for additional resources that are available in the community.

I am conducting a short questionnaire to learn more about your needs. In order for me to provide resources from the community, it would be very helpful if you could please fill out the questionnaire and mail it back.

Please note that:

- Your participation is completely voluntarily
- Your feedback will be completely confidential
- Your feedback will not affect you in any way within the MSSP program

By obtaining feedback from you, I will be able to summarize the needs of the clients and summarize my findings with MSSP to better service you.

Please mail the questionnaire back at your earliest convenience. A self-addressed stamped envelope has been provided.

I hope to hear from you soon. Please feel to contact me if you have any questions or concerns. My contact information is provided at the bottom of this page.

Thank you,

Julia Cruz Moreno
MSSP Intern

150 Cayuga St, Suite 3 • Salinas, CA 93901

Si tiene alguna pregunta comuníquese con: Julia Cruz Moreno
Telefono: (831)975-5849 Correo electrónico: julia@hpcn.org

Appendix C

Figure 1

Figure 1: Breakdown of Participants

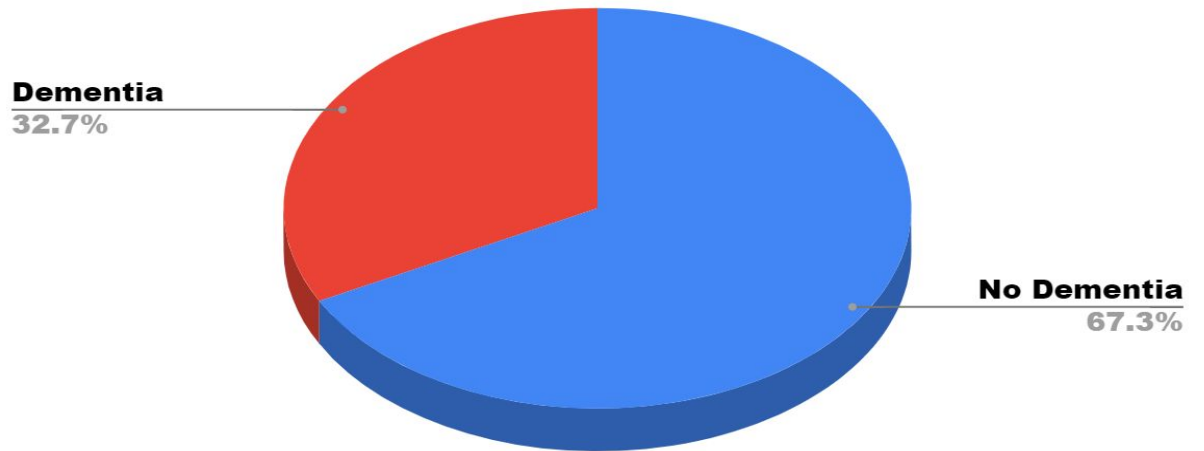


Figure 2

Figure 2: Was the brochure useful?

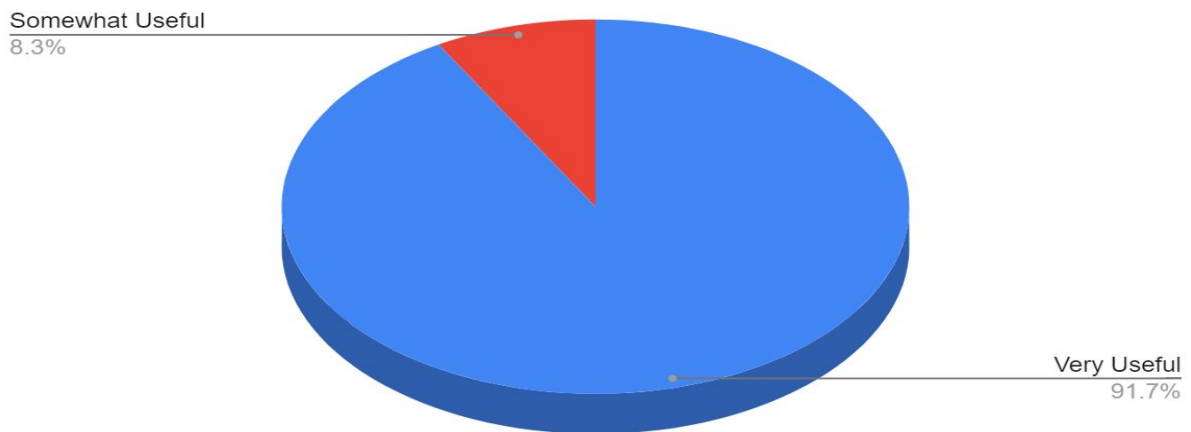
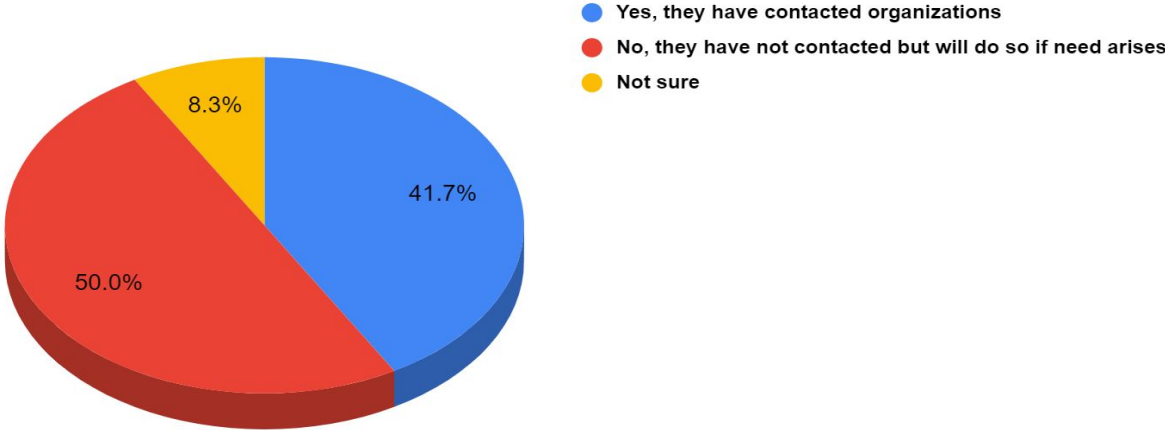



Figure 3

Figure 3: Have participants contacted the agencies?



Appendix D

Resource Brochure (Front and Back)




FINANCIAL ASSISTANCE

Hands to Help Seniors
 (831)204-0402
 www.h2hs.org
 *Provides financial assistance to the disabled and to individuals 65 years and older

Alliance on Aging
 (831)655-1334
 *Benefits Outreach Services
 *Senior Tax Assistance Program

COUNSELING SERVICES

Alliance on Aging
 Monterey (831)655-1334
 Salinas (831)758-4011
 *Senior Peer Counseling Program

Gateway Center
 Pacific Grove (831)372-8002
 Salinas (831)422-3999

COVID-19- Information Services

“Stay Home. Save Lives. Check In”
 1(833)544-2374
 *Seniors can call this line to receive assistance with grocery, medication delivery and for any COVID-19 related questions


COVID-19 Information Call Center
 (831)769-8700
 Monday-Friday 8am-5pm
 *You can call to ask questions regarding the coronavirus and the shelter-in-place order

Monterey County DSS
 1(800)510-2020
 *Specializes in formation related to the needs of seniors, people with disabilities and to the general public

Health Projects Center
 Multi-purpose Senior Services Program
 150 Cayuga Street Suite #3
 Salinas CA 93901
 831-459-6639
 1-800-6248304

Multi-purpose Senior Services Program

Resource Brochure for
 Monterey and Santa Cruz
 Counties



TRANSPORTATION

ITN Monterey County- Dignified transportation for seniors
 Monterey- (831) 233-3447
 Salinas- (831) 240-0850

Alliance on Aging
 (831)655-1334 or (831)758-4011
 *Offers taxi voucher enrollment and bus passes for seniors

IN-HOME CARE

Central Coast Senior Services Inc.
 www.centralcoastseniorservices.com
 (831) 649-3363

Peggy's Home Care- Assistance with Daily Living in your Home
 (831) 659-5887

HOSPICE

Heartland Hospice
 (831) 373-8442
 www.heartlandhospice.com

Hospice of the Central Coast
 (831)649-7750
 1-800-364-7001
 www.chomp.org

VNA Hospice
 (831)751-5500
 www.ccvna.com

HOUSING/ ASSISTED LIVING

CHISPA-Affordable Housing
 (831) 757-6251
 (831) 758-9481
 www.chispahousing.org

Housing Authority Monterey County
 (831) 775-5000
 www.hamonterey.org

Gateway Center
 Pacific Grove- (831) 372-8002
 Salinas- (831) 422-3999
 www.gatewaycenter.org

Housing Resource Center
 (831)424-9186
 1-800-946-1911
 www.hrcmontereycounty.org

HOME DELIVERED MEALS

Meals on Wheels of the Salinas Valley
 40 Clark Street, Suite C
 Salinas, CA 93901
 (831) 758-6325

Meals on Wheels of the Monterey Peninsula
 (831)375-4454
 www.mowmp.org

ADULT DAY CENTERS

Generations by the Bay
 Monday-Friday 8:30am- 4:30pm
 (831) 264-1228
 1460 Hilby Avenue
 Seaside, CA

La Casa Adult Day Center
 Monday-Friday 8:00am- 2:00pm
 (831) 998-8130
 909 Blanco Circle Suite B
 Salinas, CA 93901

Elderday Adult Day Health Care Center
 Monday- Friday 9:00am- 3:00pm
 (831) 458-3481
 100 Pioneer Street, Suite C
 Santa Cruz, CA 95060

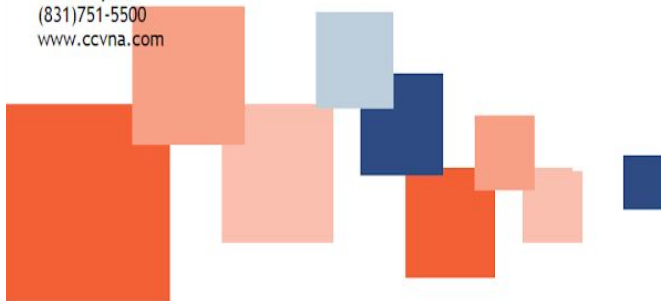
SENIOR CENTERS

Firehouse Senior Center
 1330 E Alisal St, Salinas CA 93905
 (831)775-4286

Prundale Senior Center
 8300A Prundale North Rd #A, Prundale CA
 (831)663-5023

Marina Senior Center
 211 Hillcrest Ave, Marina CA 93933
 (831)384-6009

Live Oak Senior Center
 1777 Capitola Rd, Salinas CA 95060
 (831)476-3272



Appendix E

Post-Questionnaire with Cover Letter



Was the brochure easy to understand?

- Yes
- No

How useful did you find the brochure?

- Very Useful
- Somewhat Useful
- Not useful at all

Have you contacted any agencies listed in the brochure?

- Yes
- No

If you answered NO, do you think you will contact these agencies in the future? _____

Comments/Feedback:

150 Cayuga St, Suite 3 • Salinas, CA 93901

If you have any questions please contact: Julia Cruz Moreno
Telephone: (831)975-5849 E-mail: julia@hpcn.org



To who it may concern:

Thank you for participating and returning the MSSP questionnaire. I have looked through the responses and gathered services that are in our communities and can possibly help you. I have created a brochure with resources in Monterey and Santa Cruz counties that can be beneficial to you. Please take time to look through the brochure and reach out to organizations.

In order to help you as much as possible, I have created a short post-questionnaire to gather information and receive feedback on the brochure.

Please note that:

- Your participation is completely voluntarily
- Your feedback will be completely confidential
- Your feedback will not affect you in any way within the MSSP program

By obtaining your valuable feedback, I will be able to summarize the findings on providing clients with resourceful information and how to better improve our services. Please mail the questionnaire back at your earliest convenience. A self-addressed stamped envelope has been provided.

I hope to hear from you soon. Please feel free to contact me if you have any questions or concerns. My contact information is provided at the bottom of this page.

Thank you,

Julia Cruz-Moreno
MSSP Intern

150 Cayuga St, Suite 3 • Salinas, CA 93901

If you have any questions please contact: Julia Cruz Moreno
Phone: (831)975-5849 E-mail: julia@hpcn.org