



**The Hilltop Institute**

*analysis to advance the health of vulnerable populations*

# New Jersey Care Partner Support Pilot Program: Findings

---

November 15, 2012

Aaron M. Tripp & Cynthia H. Woodcock

Gerontological Society of America's  
65<sup>th</sup> Annual Scientific Meeting

# Partners



**The Hilltop Institute**

*analysis to advance the health of vulnerable populations*



# The Pilot Program's Goal

---

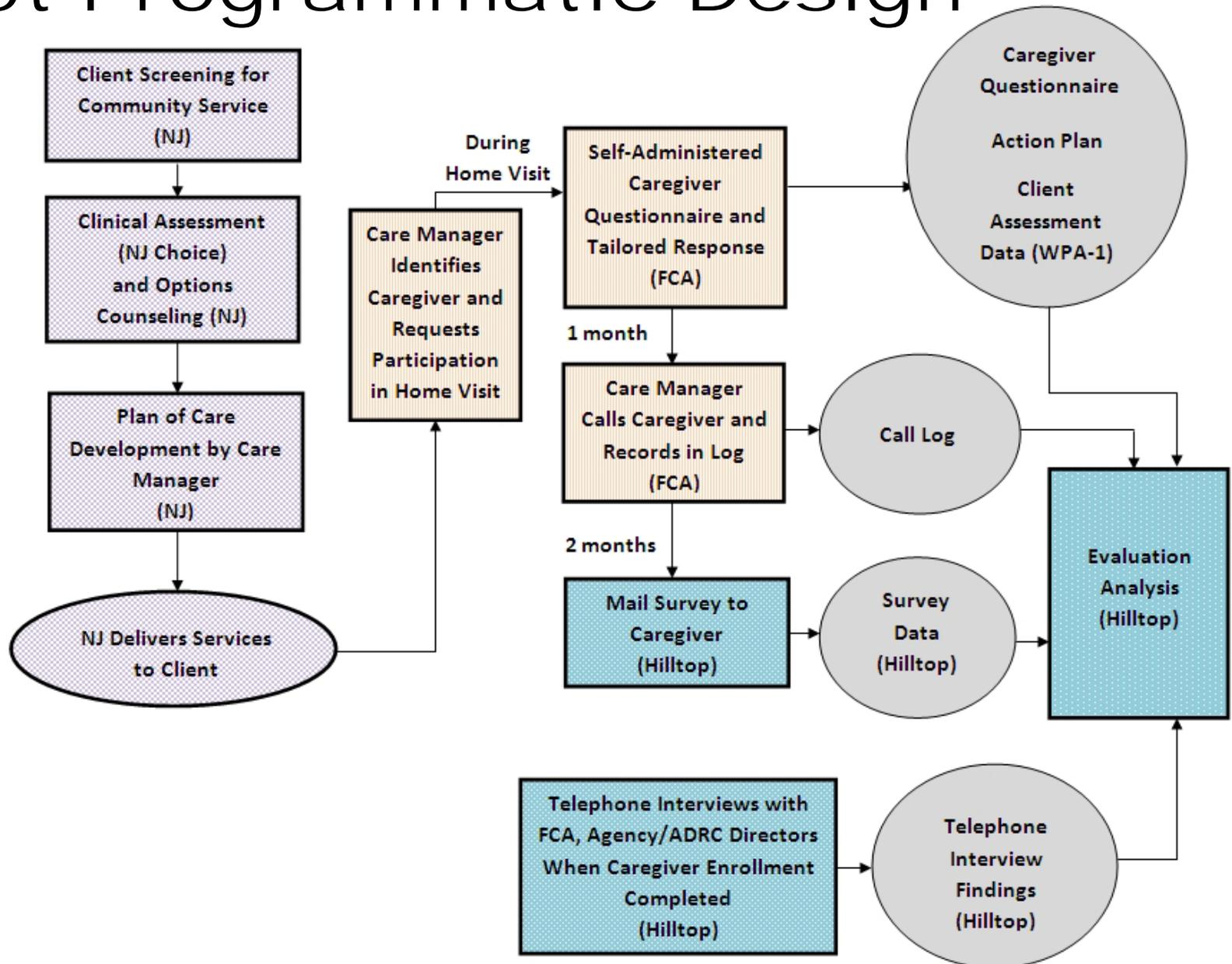
Improve the knowledge and skills of informal caregivers caring for loved ones in New Jersey's Medicaid Global Options (GO) Waiver and Jersey Assistance to Community Caregivers (JACC) Program

# What makes this pilot program unique?

Unlike in most prior caregiver programs, caregivers in the NJ pilot were not self-selected. Instead, pilot participants were caregivers of individuals receiving public services.



# Pilot Programmatic Design



# Research Questions

---

- **Caregivers:** Who are they and how are they coping? How satisfied were they with the information and referrals? Was their caregiving burden lessened in some way?
- **Care Managers:** How experienced and comfortable are they in working with caregivers? Did the pilot enable them to better provide assistance and guidance to caregivers?

# Who are the 86 caregivers who participated in the pilot?

---



On average, a 60-year-old woman currently not working who has cared for her loved one for 9 years; she reports good or excellent health but still has health issues that get in the way of caregiving duties.

# Who are the care managers?

---

- Sixteen care managers and four supervisors
- Atlantic and Warren Counties use public employees; Mercer and Monmouth Counties contract with visiting nurse services
- Mix of social workers and nurses with an average of 9 years of experience; 50% report personal caregiving experience

# Who are the care recipients?

---

- Of the 86 care recipients, 72% enrolled in GO Waiver and 28% enrolled in JACC Program
- All had functional deficiencies in at least 3 of 7 areas; 21% had deficiencies in all 7 areas
- 65% had a cognitive impairment at the time of their last evaluation

# Caregivers' Roles and Burden

---

- For each of the 11 direct care needs, more than 70% of caregivers indicated that their friend or relative needed help
- From among 12 “troublesome behaviors” that they often manage, caregivers most frequently cited short-term memory loss, trouble with decision making, and communicating with friend/relative

# Caregivers' Roles and Burden

continued

---

- 40% of caregivers reported receiving about the right amount of help from family and friends; 38% said they receive far less help than they need
- Caregivers' average score on the four-item Zarit Burden Interview was 7 (out of a possible 16), but many scores were significantly higher

# Caregivers Following Up on Referrals from the Care Manager

The care manager referred me to:		Yes, I contacted the referral.
	% (n)	% (n)
Health care providers	Yes: 43% (20)	44% (7)
	No: 57% (26)	
Service organizations	Yes: 65% (30)	46% (12)
	No: 35% (16)	
Support groups	Yes: 38% (17)	14% (2)
	No: 62% (28)	
Respite services	Yes: 65% (30)	44% (12)
	No: 35% (16)	
Websites	Yes: 53% (24)	48% (10)
	No: 47% (21)	

# Care Managers' Views on the Pilot

---

- On average, assessment added 30-45 minutes to the home visit
- 42% had difficulty talking with the caregiver alone, but most had strategies for doing so
- Care managers wanted more and better resources for caregivers

# Views of New Jersey Agency Staff and Pilot Partners

---

- Caregiver support is crucial to rebalancing and should be a priority
- Caregiver assessment should be integrated into normal business practices
- “If you assess it, you must address it”

# Recommendations

---

- Integrate family caregivers into business practices
- Develop a system to provide up-to-date information on local resources for caregivers

# Recommendations continued

---

- Consider targeting caregivers who are new to caregiving and “the system”
- Position caregivers as clients and provide reimbursement for caregiver services

# Reference

---

Woodcock, C., Tripp, A., Holt, B., & Reaves, E. (2012, March 12). *New Jersey Care Partner Support Pilot Program: Final report*. Baltimore, MD: The Hilltop Institute, UMBC. Retrieved from <http://www.hilltopinstitute.org/publications/NewJerseyCarePartnerSupportPilotProgramFinalReport-March2012.pdf>

# About The Hilltop Institute

---

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

# Contact Information

---

Aaron M. Tripp  
The Hilltop Institute  
410.455.6861

[atripp@hilltop.umbc.edu](mailto:atripp@hilltop.umbc.edu)

[www.hilltopinstitute.org](http://www.hilltopinstitute.org)

Cynthia H. Woodcock  
IMPAQ International, LLC  
443.718.4343

[cwoodcock@impaqint.com](mailto:cwoodcock@impaqint.com)

[www.impaqint.com](http://www.impaqint.com)