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# Community Care Corps (C3) 2020–2024 Interim Report

Prepared by The Altarum Institute and The Oasis Institute for the Administration of Community Living



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## Executive Summary

The Community Care Corps program (C3) was established and funded by the Administration for Community Living (ACL) in 2019. C3 is a national program that awards grant funding to local organizations providing innovative volunteer-based nonmedical assistance to family and informal caregivers, older adults, and adults with disabilities. Grantee efforts have had a lasting impact on the families and individuals served, allowing them to maintain their independence and live with dignity in their homes and communities. Further, it provides volunteers with fulfillment and opportunities to explore career options.

The Leadership Team, consisting of the Oasis Institute, Caregiver Action Network (CAN), USAging, and Altarum Institute, provides technical assistance to grantees, supports data collection efforts for the program, and evaluates the results and impacts of the program. Grant funding has been awarded to four cohorts in total since 2022, and three of those cohorts have completed their full grant period with finalized results. This report details grantee programs from these first three cohorts of grantees. Organizations in Cohort 1 and 2 initiated their 12-month programs in 2020 and 2021 respectively. Cohort 3 grantees began their programs in 2022 and had the option to receive either 12 months or 18 months of funding.

The grantees implemented various volunteer-based program models. They focused on assisting care recipients and their caregivers with instrumental activities of daily living, training, support, and respite for family caregivers, assistance with transportation to medical appointments, and ensuring the needs of care recipients and caregivers were met through multiple models. Leadership Team technical assistance activities supported programs with implementation, maintenance, sustainability of volunteer services, and data collection for program evaluation. Data was collected through surveys, administered by grantees to volunteers, caregivers, and care recipients.

This evaluation reports survey response summaries for each cohort and all the cohorts combined. Outcome data for survey respondents are presented to demonstrate change over time and respondents who responded to initial and follow-up surveys were matched for comparison.

## Summary of Findings

### Care Recipients

- ▲ In all cohorts combined, most care recipients (82%) reported volunteer assistance helped them maintain their current living situation.
- ▲ The majority of care recipients (80%) who responded to both initial and follow-up surveys reported a decrease or no change in the difficulty of maintaining their current living situation.
- ▲ The proportion of all care recipients in all cohorts combined who reported good or excellent physical health was 42% in the initial survey and 40% in the follow-up survey.
- ▲ Most care recipients (86%) reported improvement or no change in their physical health.
- ▲ The proportion of care recipients in all cohorts combined who reported good or excellent mental health was 64% in the initial survey and 66% in the follow-up survey.
- ▲ Most care recipients (84%) who responded to both surveys reported improvement or no change in their mental health.
- ▲ In all cohorts combined, the proportion who felt worried most or all the time declined by 4 percentage points, from 24% in the initial survey to 20% in the follow-up survey for all cohorts.
- ▲ Most care recipients (88%) reported a decrease or no change in their frequency of feeling worried.
- ▲ The proportion of care recipients in all cohorts combined who felt downhearted or blue most or all the time fell from 20% in the initial survey to 18% in the follow-up.

- ▲ Most care recipients (88%) reported a decrease or no change in their frequency of feeling downhearted or blue.
- ▲ In all cohorts combined, 60% of care recipients reported good or very good quality of life in the initial survey and 62% reported the same in the follow-up survey.
- ▲ Most care recipients (87%) who responded to both surveys reported improvement or no change in their quality of life.
- ▲ The proportion of care recipients in all cohorts combined who reported they felt lonely most or all of the time decreased from 23% in the initial survey to 19% in the follow-up.
- ▲ Most care recipients (85%) who responded to both surveys reported a decrease or no change in how frequently they felt lonely.
- ▲ In all cohorts combined, 97% of care recipients would recommend their volunteer assistance to friends or family members and 72% reported it would not be easy to replace the volunteer assistance they received.
- ▲ Nearly three-quarters (70%) of one-time assistance recipients said volunteer assistance significantly alleviated a major life concern.

### Caregivers

- ▲ In all cohorts combined, the share of caregivers who reported it was difficult or extremely difficult to maintain the current living situation of their friend or loved one was 18% in the initial and follow-up surveys.
- ▲ The share of caregivers who responded to both surveys and reported a decrease or no change in difficulty was 80% for all cohorts combined.
- ▲ A large proportion of caregivers who reported good or excellent physical health was 73% in both the initial and follow-up surveys.
- ▲ Most caregivers who responded to both surveys reported either improvement or no change in their physical health (86%).
- ▲ The proportion of caregivers who reported good or excellent mental health was larger in the follow-up survey (78%) than in the initial survey (74%).
- ▲ Most caregivers (84%) who responded to both surveys reported either improvement or no change in their mental health.
- ▲ In all cohorts combined, 27% of caregivers in the initial survey felt worried all or most of that time, compared to 20% in the follow-up survey.
- ▲ Most caregivers (85%) who responded to both surveys reported either no change or decreased frequency in feeling worried.
- ▲ In all cohorts combined, a small share of caregivers felt downhearted or blue all or most of the time in the initial survey (12%) and the follow-up (11%).
- ▲ Most caregivers (86%) who responded to both surveys reported a decrease or no change in how often they felt downhearted or blue.
- ▲ In all cohorts combined, 86% of caregivers agreed or strongly agreed that volunteer assistance improved their quality of life.
- ▲ Most caregivers (76%) who responded to both surveys reported improvement or no change in their quality of life.
- ▲ Regarding loneliness, 11% of caregivers in the follow-up survey felt lonely most or all of the time, down from 14% in the baseline survey.
- ▲ Most caregivers (79%) who responded to both surveys reported a decrease or no change in how often they felt lonely.
- ▲ In all cohorts combined, 20% of caregivers in the follow-up survey reported that they felt overwhelmed, overworked, or overburdened most or all of the time, down from 22% in the initial survey.
- ▲ Most caregivers (81%) who responded to both surveys reported a decrease or no change in how often they felt overwhelmed, overworked, or overburdened.

- ▲ Over half of caregivers (60%) in all cohorts believed that replacing volunteer assistance would not be easy.

### **Volunteers**

- ▲ Over 90% of volunteers in all cohorts said volunteering made them feel good, supported connections with others, and promoted learning and growth.
- ▲ Most volunteers said the assistance they provided was valuable and purposeful.

This report outlines key findings from the survey data, demonstrating how C3 has affected the quality of life for care recipients, caregivers, and volunteers. The outcomes examined across these audiences included quality of life, physical and mental health, and difficulty maintaining the care recipients' living situation (from the perspectives of care recipients and caregivers). For all of these outcomes across every cohort, the evaluation found that most care recipients and caregivers reported consistent or better outcomes after receiving assistance from C3 volunteers. Evaluation results were remarkably consistent across cohorts, even though the types of services that C3 grantees offered in each cohort varied considerably. Based on the evaluation, it is clear that volunteer assistance, regardless of the type and duration, can significantly improve the lives of older adults and people with disabilities. These findings could have significant implications for the future of care.

## Introduction

The Community Care Corps program (C3), funded by the Administration for Community Living (ACL), is a national program that awards grant funding to local organizations to help them launch, enhance or expand innovative models in which volunteers provide nonmedical assistance to family and informal caregivers, older adults, and adults with disabilities. C3-funded assistance has a lasting impact on the families and individuals served, allowing them to maintain their independence and live with dignity in their homes and communities. It also benefits volunteers, providing a sense of fulfillment and opportunities to explore career options.

ACL established the Community Care Corps (C3)<sup>1</sup> program in 2019 by awarding a cooperative agreement to the Oasis Institute, Caregiver Action Network (CAN), USAging, and Altarum Institute (referred to as “the Leadership Team” in this report). C3 aimed to test and support local models to place volunteers in communities to support caregivers and provide nonmedical assistance to older adults and adults with disabilities so that they can maintain their independence. Volunteer assistance includes companionship, caregiver respite, and other forms of assistance. Not only does their presence support family caregivers and direct care workers, but volunteering can benefit the volunteers themselves, teaching them valuable skills and helping them pursue more formal employment in various health and human services settings. Through this program, ACL has increased the number of volunteer programs available to provide nonmedical care to older adults, adults with disabilities, and their caregivers and decreased the number of individuals and caregivers with unmet needs for home and community-based services.

The Leadership Team provides ongoing technical assistance and evaluation support to program grantees and administers funding to local organizations to establish, enhance, or grow model volunteer programs nationwide. This report details grantee programs from the first three cohorts of grantees. Organizations in Cohort 1, 2, and 3 initiated their programs in 2020, 2021, and 2022 respectively. Grantees in Cohorts 1 and 2 were funded for 12 months, while Cohort 3 grantees had the option to receive 18 months of funding.

### Grantees Cohorts

2020-2021 – 23 Grantees in Cohort 1  
 2021-2022 – 33 Grantees in Cohort 2  
 2022-2023 – 9 Grantees in Cohort 3  
 2022-2024 – 14 Grantees in Cohort 3, opting for 18 months

Grantees proposed, implemented, and maintained various programmatic models leveraging volunteers to support family caregivers. Specific services provided by grantees include:

- ▲ Assisting care recipients with instrumental activities of daily living, such as yard work, light housework and chores,<sup>2</sup> and home maintenance and modifications.<sup>3</sup>
- ▲ Offering training, peer support, and mentorship to boost family caregivers’ confidence and reduce their stress.<sup>4</sup>
- ▲ Providing door-through-door assistance to medical appointments, including arranging transportation, assisting with follow-up tasks like filling prescriptions, and communicating appointment outcomes and next steps to care recipients and their caregivers.
- ▲ Ensuring the needs of care recipients and family caregivers are met through wellness coaching, food and nutrition assistance, and support with various assistive devices to increase

<sup>1</sup> When first established, ACL titled this initiative the National Volunteer Care Corps. The members of the cooperative agreement collaboratively decided to name the program Community Care Corps (C3) when they began to administer funding to organizations.

<sup>2</sup> Chores included but were not limited to picking up prescriptions and groceries, light housekeeping, pet care, and home modifications.

<sup>3</sup> Home modifications that were provided varied from yard work to ensuring safety within the home to support ambulation and making changes to improve that safety level.

<sup>4</sup> Training and education programming that was delivered consisted of relevant topic areas such as safety, system navigation, infection prevention, safe transfer and mobility, medication safety, and online safety and identity protection

independence.

- ▲ Supporting family caregivers' health through respite services.

As part of their participation in the C3 program, grantees received technical support from the C3 leadership team. Technical assistance activities support program implementation, maintenance, and sustainability of volunteer services. Examples include:

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

Furthermore, the Leadership Team supported grantees in collecting data to evaluate their individual and collective impact. The national evaluation aims to demonstrate how this program supports individuals to maintain their independence and high quality of life within the community, alleviates caregiver stress, and allows volunteers to provide meaningful support to those in their community. To capture data for the evaluation, grantees administered surveys to volunteers, caregivers, and care recipients.

This report outlines key findings from the survey data, demonstrating how C3 has affected the quality of life for care recipients, caregivers, and volunteers. In the following sections, the report describes survey results and administrative data captured from October 2020 through March 2024 by organizations in Cohorts 1, 2, and 3.

## Data Sources and Methodology

Data collection primarily involved surveys completed by care recipients, family caregivers, and volunteers. These surveys were administered by the grantees to their program participants. Throughout their grants, organizations disseminated initial and follow-up surveys to these groups, although the timing and content of the surveys varied somewhat by cohort, as described below. This report draws from surveys of all C3 program participants, including:

- ▲ **Care recipients** who receive ongoing, direct volunteer assistance.
- ▲ **One-time assistance recipients** who receive volunteer assistance once.
- ▲ **Caregivers** who receive ongoing, direct volunteer assistance (i.e., not indirect benefits like peace of mind).
- ▲ **Volunteers** who assist caregivers and care recipients.

As detailed in Table 1, respondents completed an initial survey when they started receiving assistance or volunteering and a follow-up survey when they stopped. If their first and last time receiving assistance was not within the grant funding cycle, they completed surveys at the start and end of the funding cycle. Starting in Cohort 3, volunteers only completed a follow-up survey, and a new follow-up survey was added for care recipients who received ad hoc volunteer assistance once.

All these surveys asked questions about respondents' demographic characteristics, experience providing or receiving assistance, and key outcomes. Outcomes for care recipients and caregivers focused on quality of life, mental and physical health, and maintaining care recipients' living situation in the community. Caregivers were also asked about their stress and confidence in providing care. One-time assistance recipients were asked about whether assistance alleviated a major concern in their lives. Finally, volunteers reported the benefits they experienced from providing

assistance. Survey questions changed somewhat across the cohorts, primarily to reduce the amount of time and effort required by respondents and grantee organizations. This report focuses on the questions and concepts addressed in all three cohorts.

Altarum and Oasis sent survey links and offline versions to the grantee organizations. The organizations then distributed the survey to respondents using various methods such as telephone calls, volunteer visits, and printed surveys. All the data collected offline were entered by grantees using the online surveys on a quarterly basis.

Across all cohorts, grantees successfully gathered responses from 6,395 care recipients (a 27% response rate); 2,099 caregivers (a 37% response rate); 4,729 volunteers (a 51% response rate). Additionally, in the third cohort, 382 one-time assistance recipients responded, resulting in a response rate of 15%. In total, grantees collected 13,291 responses, with an overall response rate of 32%. Response rates for follow-up surveys were consistently lower than for initial surveys, and response rates varied somewhat across cohorts. Additional details are provided in Appendix Table 1.

We generated descriptive statistics from the quantitative survey data using Stata statistical software. In this report, all percentages are rounded to the nearest whole percentage. Due to rounding, percentages do not always add up to 100 percent, and minor differences in chart values may not be reflected in labels.

This report presents summary frequencies for each cohort and all the cohorts combined. We present outcome data for caregivers and care recipients from the initial and follow-up surveys to demonstrate change over time. We also matched respondents who completed both surveys and compared the individual responses, although the sample size for this analysis was much smaller, as shown in Appendix Table 1. For outcomes that were measured in the initial and follow-up surveys, we hypothesized that volunteers would either help maintain or improve the health and well-being of care recipients and caregivers. This would be indicated by either no change or positive change in outcomes across the two surveys.

## Results

### Care Recipient Results

Older adults and people with disabilities who received assistance from C3 volunteers were diverse and had significant care needs. Many lacked the necessary support in their home from friends and family members. Their responses to the initial and follow-up surveys indicated that volunteers helped them maintain and improve their health and well-being. Detailed survey results for care recipients can be found in Appendix Tables 2 and 3.

#### Demographic Characteristics

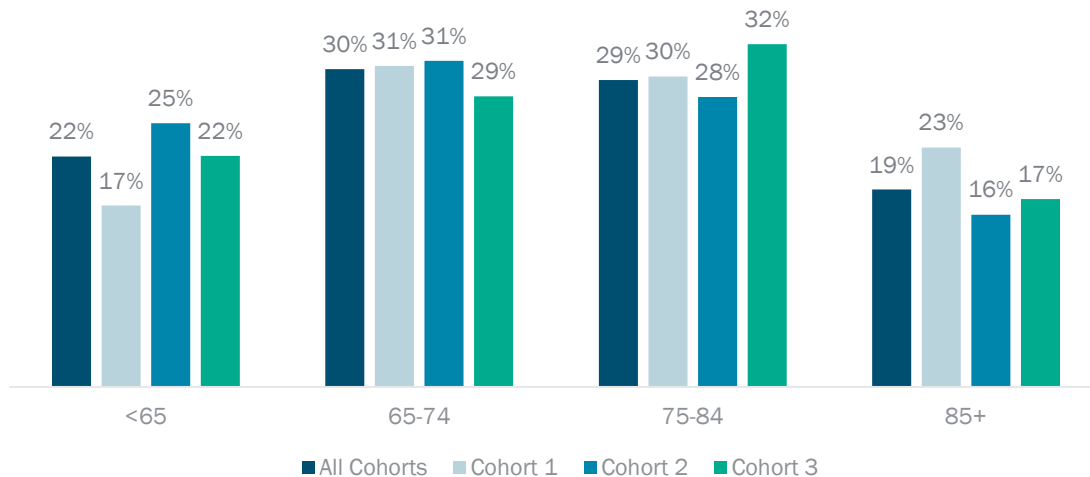
*Key Findings:*

- ▲ Care recipients tended to be older adults who lived at home.
- ▲ Care recipients were diverse according to gender, race, and ethnicity.

Nearly four in five (78%) were ages 65 and over, including 19% who were ages 85 and over, as shown in Figure 1. Care recipients in Cohort 1 tended to be older, with 83% ages 65 and older, compared to 78% of those in Cohort 3 and 75% in Cohort 2. In all three cohorts, most care recipients (76%) lived in their own homes, followed by senior housing communities (10%), and family members' homes (7%). Larger percentages of care recipients in Cohort 3 lived in senior housing (13%) and family members' homes (8%), compared to Cohorts 1 and 2.



Figure 1: Care Recipient Age Group, by Cohort



In all cohorts combined, 69% of care recipients were female, including 73% in Cohort 1, 66% in Cohort 2, and 67% in Cohort 3. Over half (54%) of all care recipients were White, followed by Hispanic or Latino people at 23%, Black or African American people at 14%, and Asian or Pacific Islander people at 3%. The remaining 6% were of another race or multiple races. Cohort 3 had the highest proportion who were White (62%) and Black or African American (18%), while Cohort 1 had the highest proportion who were Hispanic or Latino (28%) and Asian and Pacific Islander (6%).

Regarding socioeconomic characteristics, 39% of care recipients had a high school education or less, ranging from 34% in Cohort 1 to 43% in Cohort 2. Most care recipients in all cohorts combined (96%) were retired, and this figure was similar in each cohort.

### Care Recipient Needs and Volunteer Assistance

#### Key Findings:

- ▲ Survey results showed care recipients had significant care needs across all cohorts, including long-term health conditions and disabilities.
- ▲ Many care recipients (29%) reported having no family or informal caregiver.
- ▲ Companionship was the most common type of volunteer assistance, with 81% of recipients reporting they received companionship.

Survey data showed care recipients had significant care needs: 75% in Cohorts 2 and 3 had a long-term health condition, and over 60% in both cohorts reported having a disability.<sup>5</sup> In all cohorts combined, care recipients most frequently reported difficulty with home maintenance (75%), running errands (69%), grocery shopping (67%), and cleaning up (66%), as shown in Figure 2.

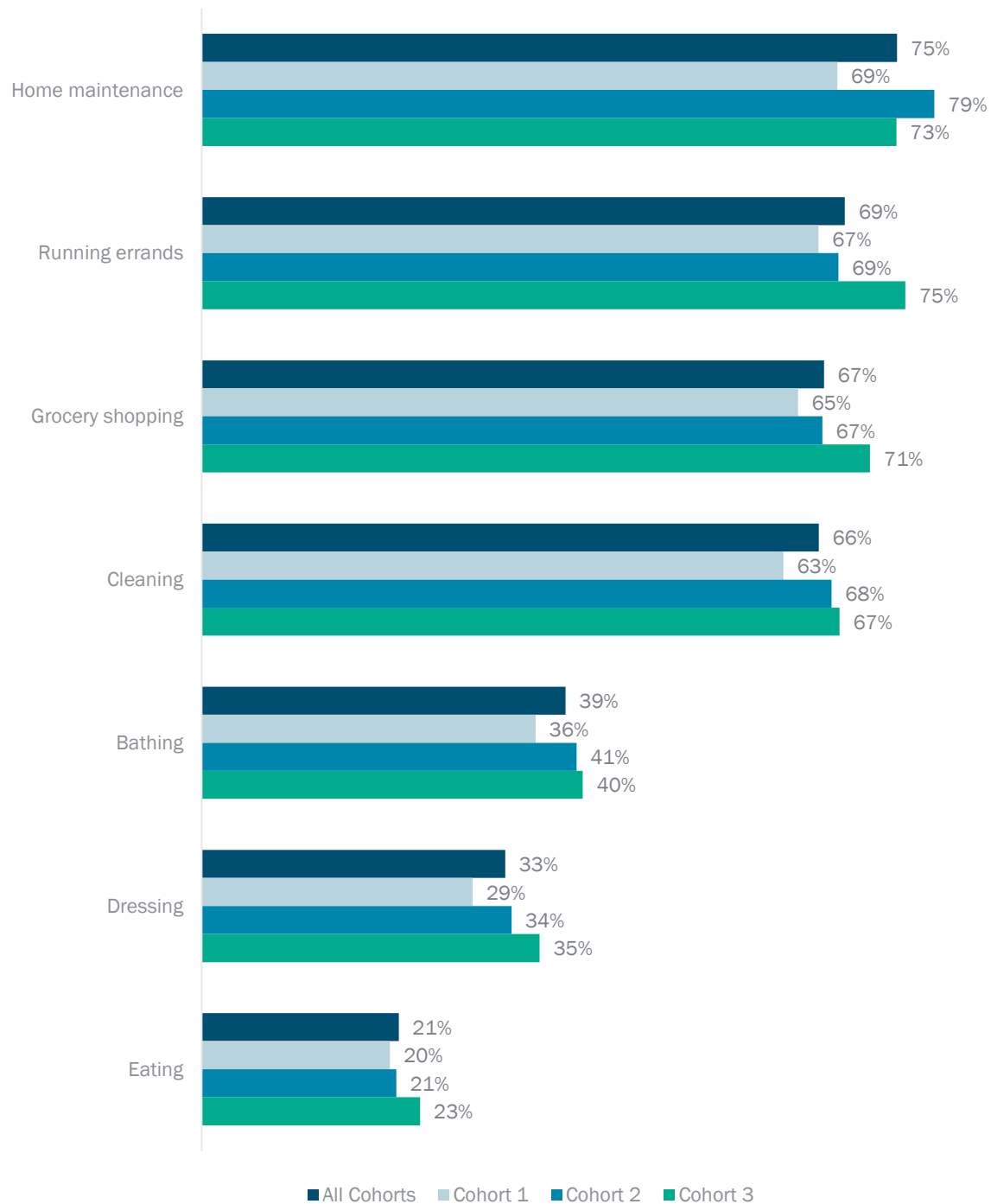
Despite significant care needs, a large percentage of care recipients (29%) reported having no family or informal caregivers. This figure ranged from 24% in Cohort 1 to 35% in Cohort 3. Those who had caregivers most commonly received assistance from children (40%), friends (27%), spouses (25%), neighbors (17%) and siblings (12%).

Figure 3 shows that the most common assistance that care recipients received from volunteers by far was companionship (81%). Other common forms of volunteer assistance across all cohorts were meal assistance (43%), transportation assistance (35%), non-emergency medical appointment chaperoning (30%), and running errands (24%). Companionship was the most common form of

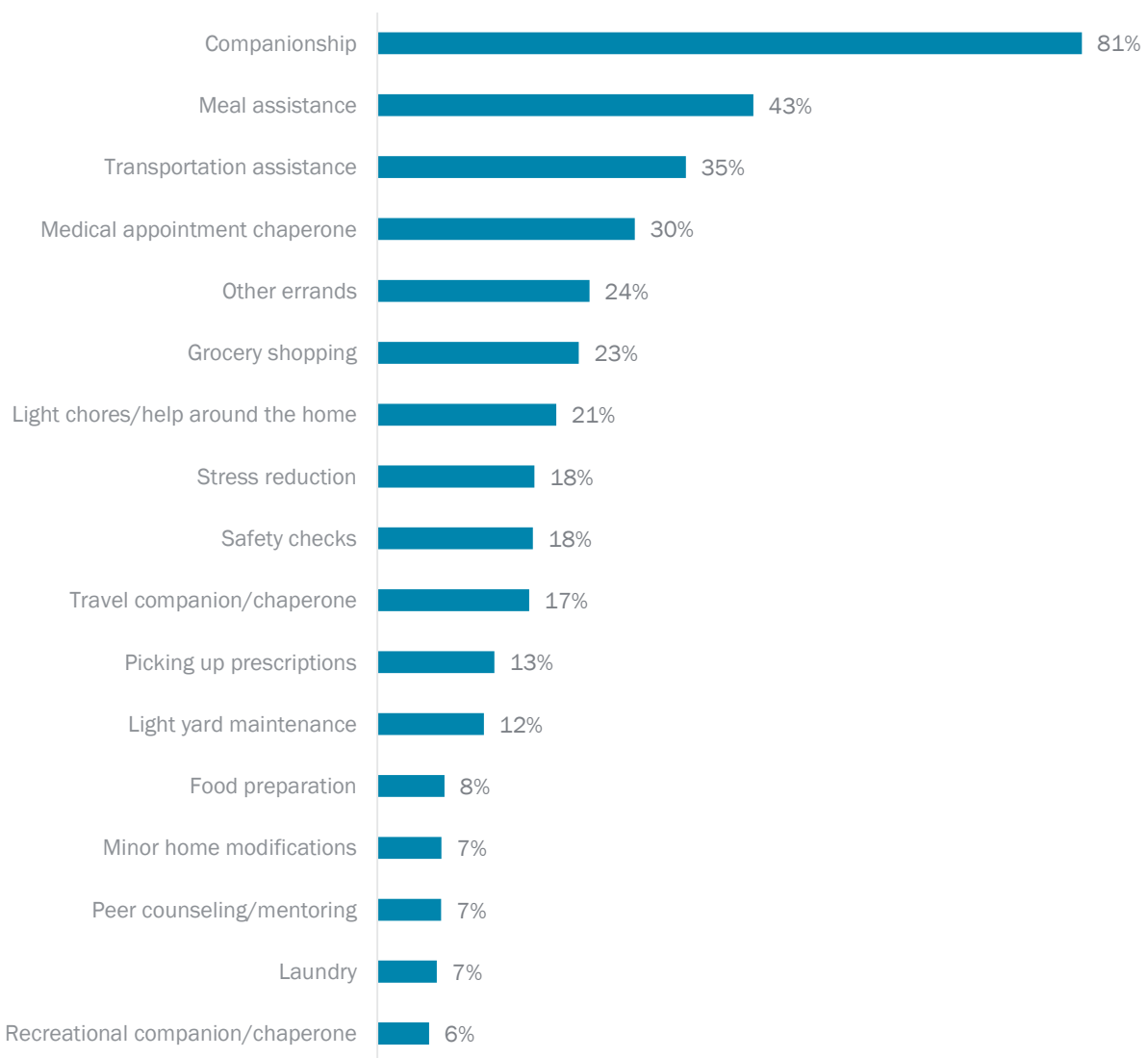
<sup>5</sup> Cohort 1 surveys excluded these questions.

assistance in each cohort, but other forms of assistance varied in prevalence. For example, in Cohort 2, which occurred at the height of the COVID-19 pandemic, 29% of care recipients received help with emergency preparedness from volunteers.

**Figure 2: Tasks That Care Recipients Experienced Any Difficulty Doing in the Past Month, by Cohort**



**Figure 3: Nonmedical Volunteer Assistance Received by Care Recipients, All Cohorts Combined**



**Health, Quality of Life, and Satisfaction with Services**

Care recipients were surveyed about various aspects of their health and well-being, including their ability to maintain their current living situations, physical and mental health, quality of life, and feelings of loneliness.

**Care Recipient Difficulty Maintaining Their Current Living Situation**

*Key Findings:*

- ▲ In all cohorts combined, most care recipients (82%) reported volunteer assistance helped them maintain their current living situation.
- ▲ The majority of care recipients (80%) who responded to both initial and follow-up surveys reported a decrease or no change in the difficulty of maintaining their current living situation.

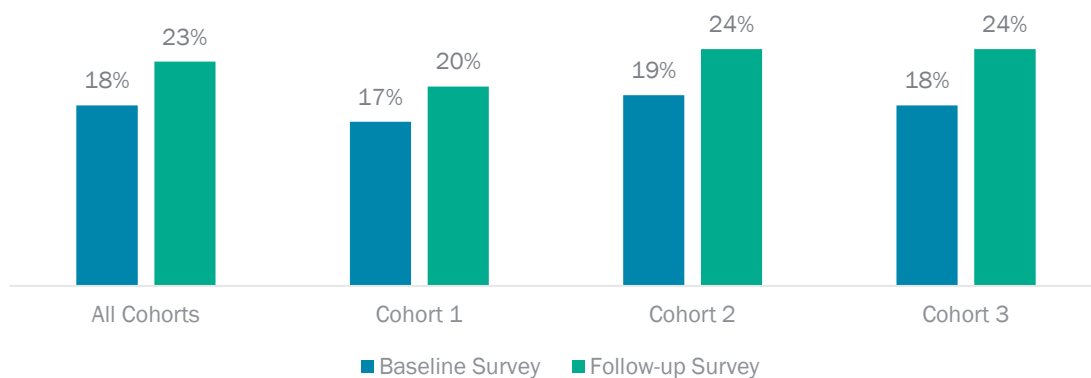
One of the primary goals of C3 is to ensure older adults and people with disability can maintain their

ability to live safely in the community. To measure this outcome, care recipients were asked to assess their difficulty maintaining their current living situation using a four-point scale, from “not at all difficult” to “extremely difficult.” From the initial to the follow-up survey, the percentage of care recipients who reported that maintaining their current living situation was difficult or extremely difficult rose from 18% to 23%, as shown in Figure 4. There were similar increases in each cohort. The increase in difficulty may reflect worsening disability and rising assistance needs among care recipients over time—unrelated to the services they received from volunteers.

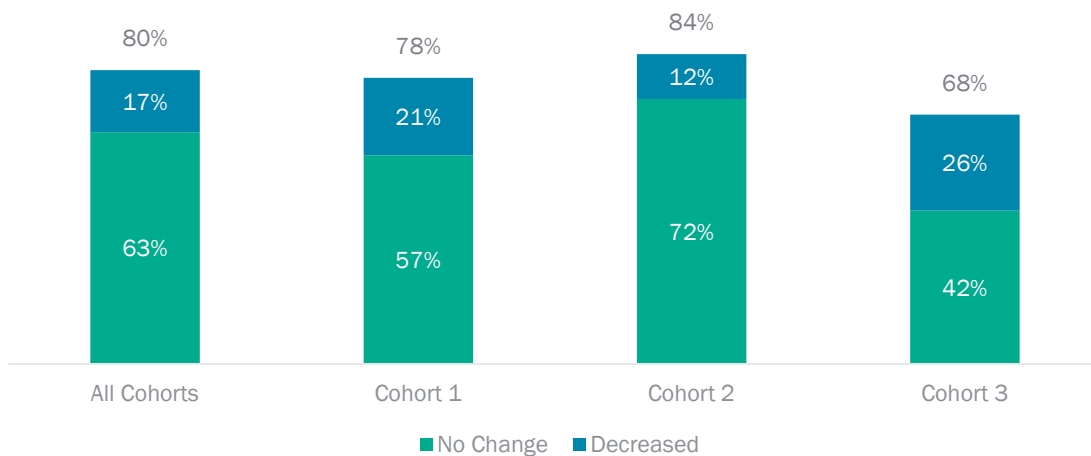
After matching care recipients who responded to both surveys, one in five care recipients (20%) indicated that their difficulty maintaining their current living situation decreased with some variation across cohorts, as shown in Figure 5. Over a quarter (26%) of care recipients in Cohort 3 reported decreased difficulty maintaining their current living situation, followed by 21% in Cohort 1 and 12% in Cohort 2. In all three cohorts, the share of care recipients who reported decreased difficulty was larger than that share whose difficulty increased, and most respondents (80%) had either decreased difficulty or no change in difficulty.

Additionally, most care recipients (82%) reported volunteer assistance helped them maintain their current living situation and this percentage was consistently high across cohorts, as shown in Figure 6. These data indicate that volunteer assistance likely helped care recipients avoid experiencing greater difficulty with maintaining their current living situation and, in some cases, may have made staying at home easier.

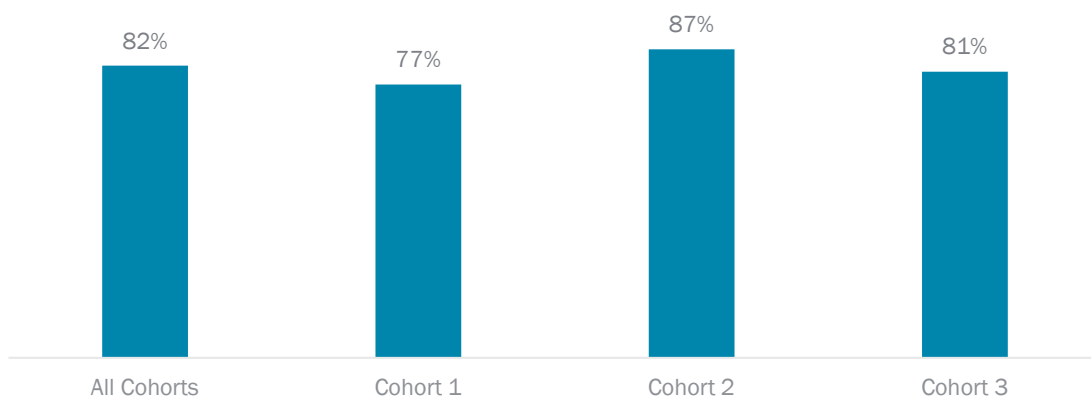
**Figure 4: Maintaining Current Living Situation was Difficult or Extremely Difficult for Care Recipients, by Cohort and Survey Period**



**Figure 5: Care Recipients Whose Difficulty Maintaining Their Current Living Situation Decreased or Stayed the Same, by Cohort**



**Figure 6: Care Recipients Who Agreed or Strongly Agreed that Volunteer Assistance Helped Them Maintain Their Current Living Situations, by Cohort**



### Care Recipient Physical Health

#### Key Findings:

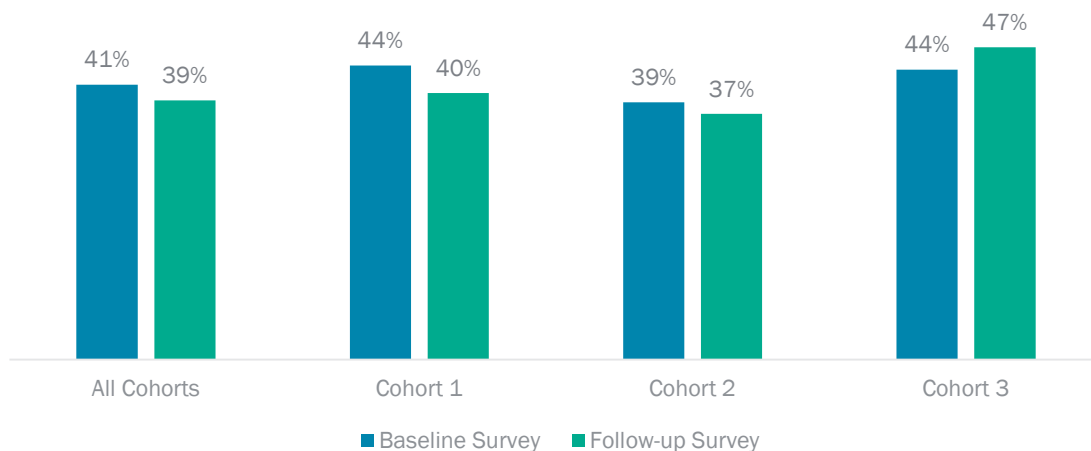
- ▲ The proportion of all care recipients in all cohorts combined who reported good or excellent physical health was 41% in the initial survey and 39% in the follow-up survey.
- ▲ Most care recipients (86%) reported improvement or no change in their physical health.

Care recipients were also surveyed about their physical health on a four-point scale from “poor” to “excellent.” In all cohorts combined, the proportion of those who reported good or excellent physical health was 42% in the initial survey and 40% in the follow-up survey, as shown in Figure 7. Physical health declined across the two surveys in Cohorts 1 and 2 but saw a reversal in Cohort 3. Similar to the analysis above, this slight decrease in physical health may have been caused by worsening health over time among care recipients unrelated to their volunteer assistance.

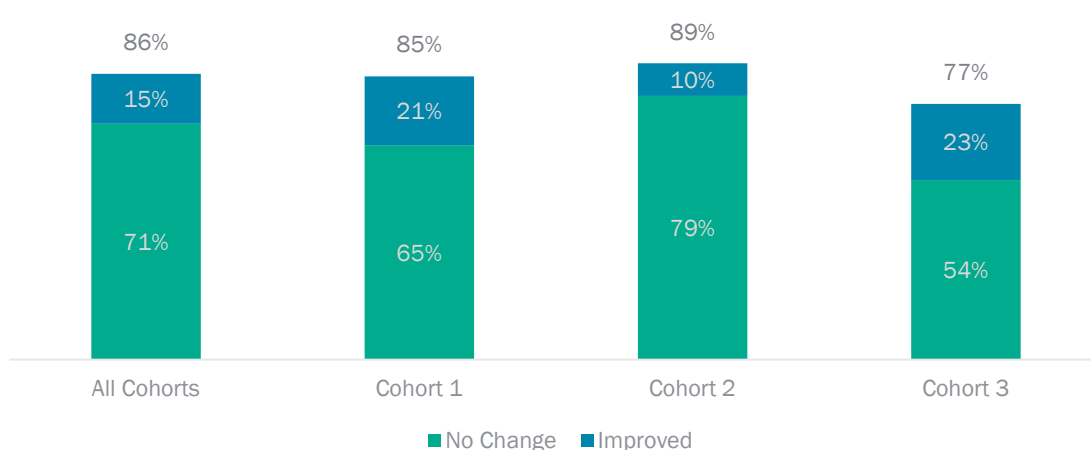
However, 15% of care recipients who responded to both surveys indicated their physical health

improved, as shown in Figure 8. Care recipients in Cohort 3 were the most likely to report improved physical health, at 23%, followed by Cohort 1 at 21% and Cohort 2 at 10%. Compared to the share that reported worse physical health, the share reporting improved physical health was larger in Cohort 1, similar in Cohort 3, and smaller in Cohort 2. Similar to the analysis above, this may indicate respondents in Cohort 2 had health issues that volunteer assistance could not address. In any case, most care recipients (86%) reported improvement or no change in their physical health.

**Figure 7: Care Recipients with Good or Excellent Physical Health, by Cohort and Survey Period**



**Figure 8: Care Recipients Whose Physical Health Improved or Stayed the Same, by Cohort**



### Care Recipient Mental Health

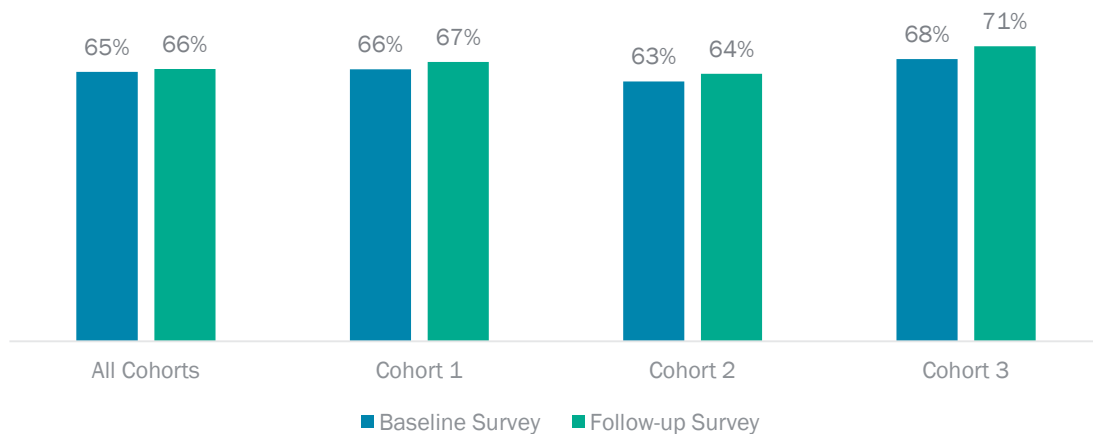
**Key Findings:**

- ▲ The proportion of care recipients in all cohorts combined who reported good or excellent mental health was 64% in the initial survey and 66% in the follow-up survey.
- ▲ Most care recipients (84%) who responded to both surveys reported improvement or no change in their mental health.

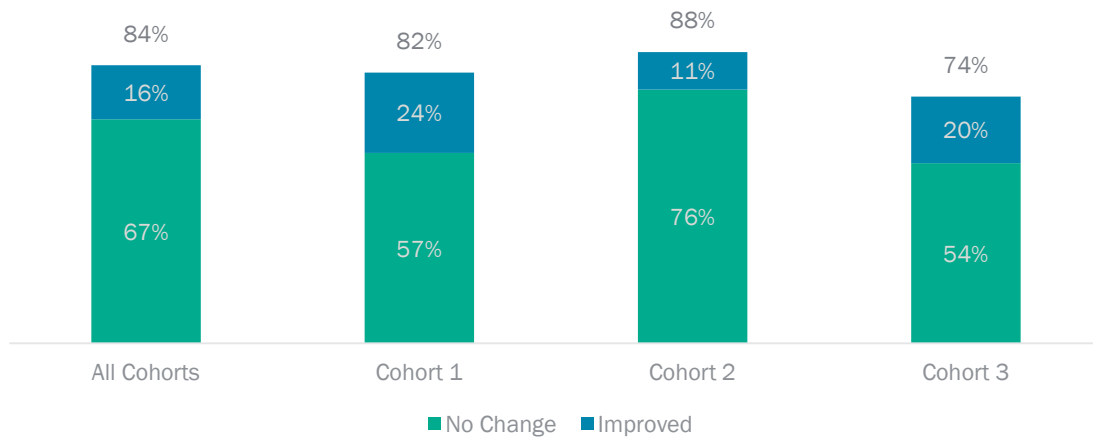
Results for overall mental health were similar to physical health. The proportion of care recipients who reported good or excellent mental health was 64% in the initial survey and 66% in the follow-up

survey, as shown in Figure 9. Mental health improved for 16% of care recipients who responded to both surveys, with variation across cohorts. The proportion of care recipients (24%) who reported improved mental health was higher than those with worse mental health in Cohort 1. However, the share of care recipients with worse mental health was larger in Cohorts 2 and 3. In all three cohorts, most care recipients (84%) reported improvement or no change in their mental health.

**Figure 9: Care Recipients with Good or Excellent Mental Health, by Cohort and Survey Period**



**Figure 10: Care Recipients Whose Mental Health Improved or Stayed the Same, by Cohort**



### Care Recipient Frequency of Feeling Worried

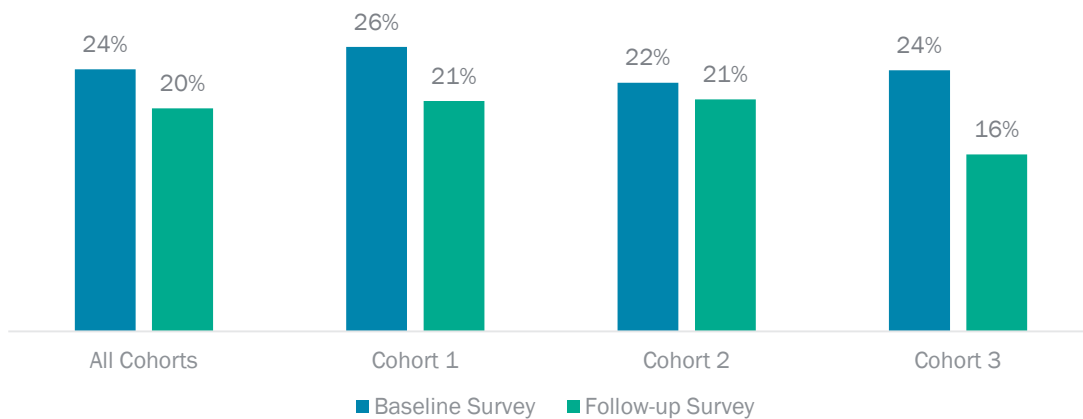
**Key Findings:**

- ▲ In all cohorts combined, the proportion who felt worried most or all the time declined by 4 percentage points, from 24% in the initial survey to 20% in the follow-up survey for all cohorts.
- ▲ Most care recipients (88%) reported a decrease or no change in their frequency of feeling worried.

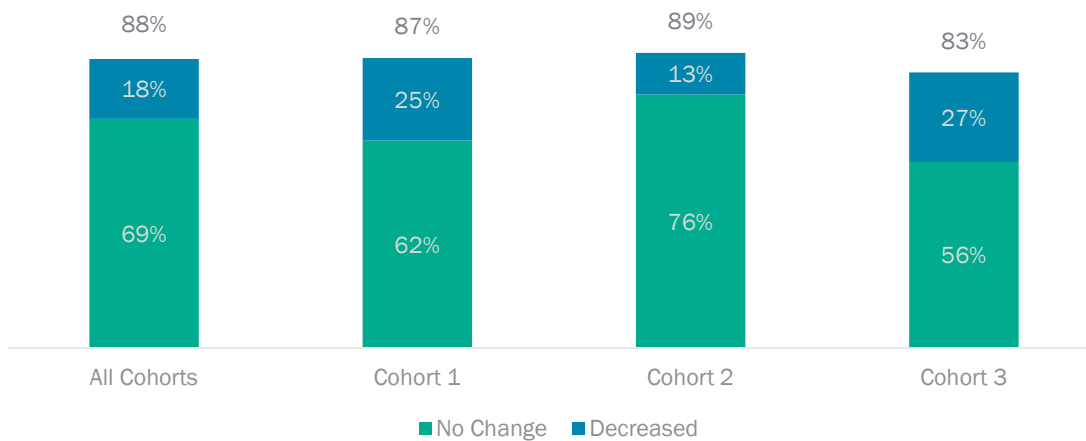
Delving further into mental health issues, care recipients were asked about the frequency in the past month that they felt worried (a symptom of anxiety) and downhearted or blue (a symptom of depression). For both questions, four response options ranged from “never” to “all of the time.”

The proportion who felt worried most or all of the time declined by 4 percentage points, from 24% in the initial survey to 20% in the follow-up survey for all cohorts, as shown in Figure 11. This decrease was largest for Cohort 3 (8 percentage points) and Cohort 1 (5 percentage points) and smaller for Cohort 2 (2 percentage points). In all cohorts combined, 18% of care recipients who responded to the initial and follow-up survey reported feeling worried less frequently. This figure includes 27% of those in Cohort 3, 25% of those in Cohort 1, and 13% of those in Cohort 2, as shown in Figure 12. In all three cohorts, the share who felt worried less frequently was larger than the share who felt worried more frequently, and most (88%) reported either a decrease or no change in the frequency they felt worried.

**Figure 11: Care Recipients Who Felt Worried Most or All of the Time in the Past Month, by Cohort and Survey Period**



**Figure 12: Care Recipients Whose Frequency of Feeling Worried in the Past Month Decreased or Stayed the Same, by Cohort**





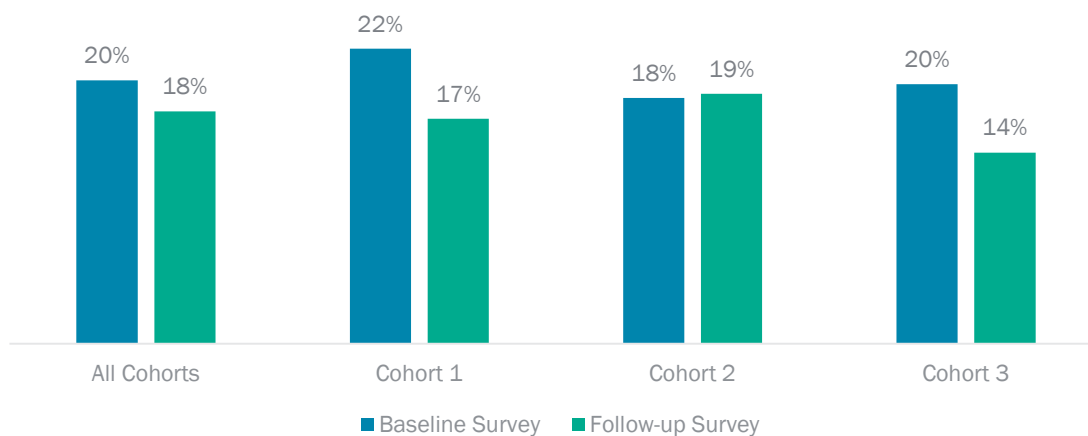
### Care Recipient Frequency of Feeling Worried

*Key Findings:*

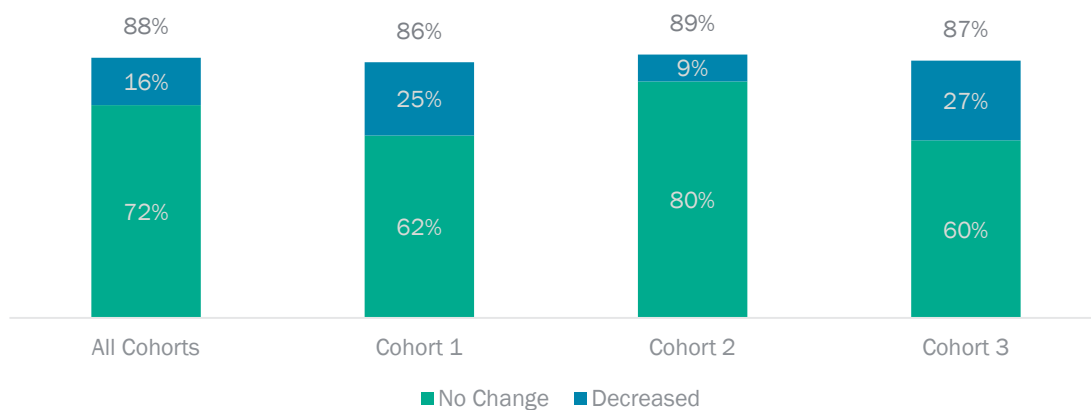
- ▲ The proportion of care recipients in all cohorts combined who felt downhearted or blue most or all the time fell from 20% in the initial survey to 18% in the follow-up.
- ▲ Most care recipients (88%) reported a decrease or no change in their frequency of feeling downhearted or blue.

The proportion of care recipients in all cohorts who felt downhearted or blue most or all the time fell from 20% in the initial survey to 18% in the follow-up, as shown in Figure 13. However, the decrease was large for Cohort 1 (22% to 17%) and Cohort 3 (20% to 14%) but reversed and smaller for Cohort 2 (18% to 19%). In all cohorts combined, 16% of care recipients who responded to the initial and follow-up surveys felt downhearted or blue less frequently from the initial to the follow-up survey, as shown in Figure 14. This figure includes 25% of care recipients in Cohort 1, 27% of those in Cohort 3, and 9% of those in Cohort 2. In Cohorts 1 and 3, a larger share of people felt downhearted or blue less frequently compared to those who felt downhearted or blue more frequently. In Cohort 2, these proportions were similar. Similar to their responses about feeling worried, most care recipients (88%) reported a decrease or no change in their frequency of feeling downhearted or blue.

**Figure 13: Care Recipients Who Felt Downhearted or Blue Most or All of the Time in the Past Month, by Cohort and Survey Period**



**Figure 14: Care Recipients Whose Frequency of Feeling Downhearted or Blue in the Past Month Decreased or Stayed the Same, by Cohort**



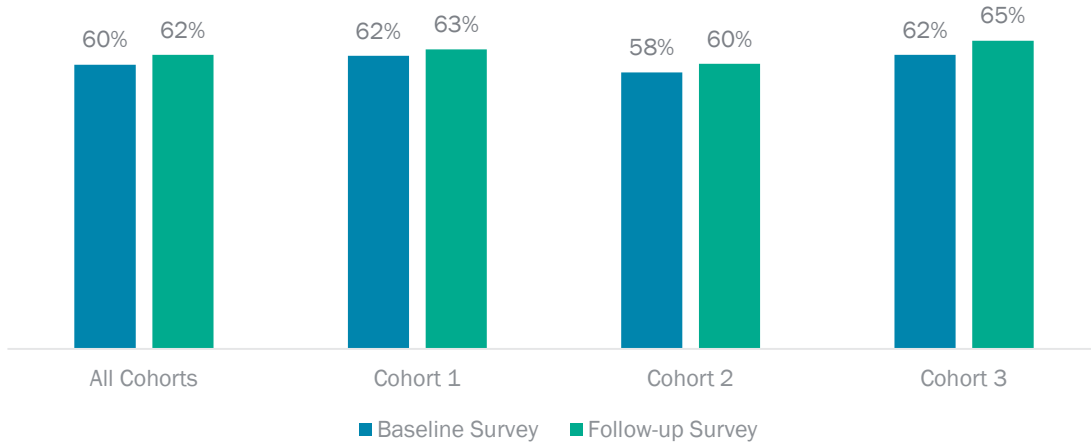
### Care Recipient Quality of Life

#### Key Findings:

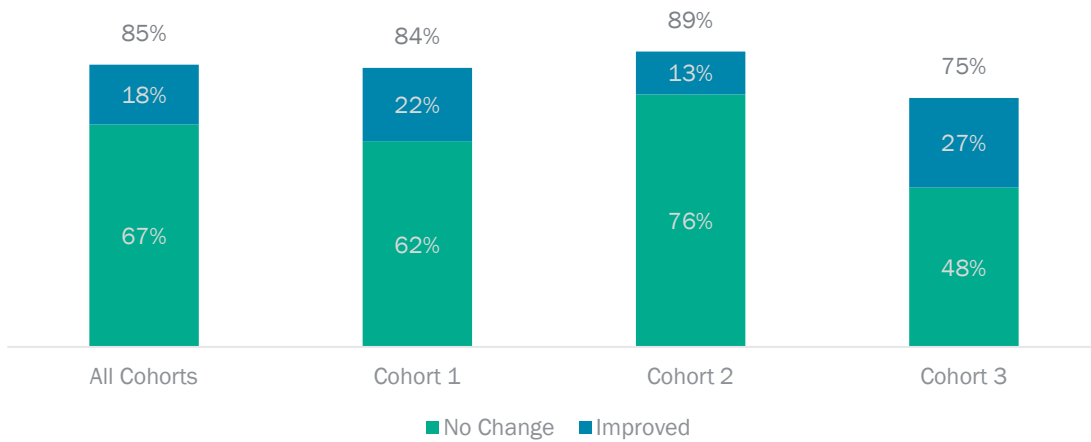
- ▲ In all cohorts combined, 60% of care recipients reported good or very good quality of life in the initial survey and 62% reported the same in the follow-up survey.
- ▲ Most care recipients (85%) who responded to both surveys reported improvement or no change in their quality of life.

As well as their mental and physical health, care recipients were asked to assess their quality of life. The five response options ranged from “very poor” to “very good.” In all cohorts combined, 60% of care recipients reported good or very good quality of life in the initial survey and 62% reported the same in the follow-up survey, and results were similar across all three cohorts, as shown in Figure 15. In line with this finding, 18% of care recipients who responded to both the initial and follow-up surveys reported improved quality of life, as shown in Figure 16. This figure includes 27% of those in Cohort 3, 22% of those in Cohort 1, and 13% of those in Cohort 2, which were all larger than the share of care recipients whose quality of life worsened. In all cohorts, most care recipients (85%) reported improvement or no change in their quality of life. These findings suggest volunteers were effective in maintaining care recipients' quality of life and may have improved the quality of life of some care recipients.

**Figure 15: Care Recipients with Good or Very Good Quality of Life, by Cohort and Survey Period**



**Figure 16: Care Recipients Whose Quality of Life Improved or Stayed the Same, by Cohort**



### Care Recipient Loneliness

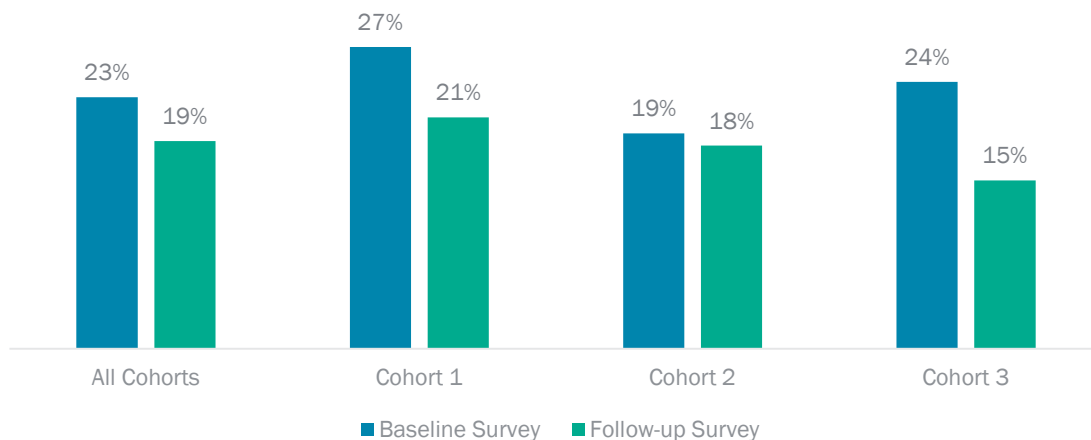
**Key Findings:**

- ▲ The proportion of care recipients in all cohorts combined who reported they felt lonely most or all of the time decreased from 23% in the initial survey to 19% in the follow-up.
- ▲ Most care recipients (87%) who responded to both surveys reported a decrease or no change in how frequently they felt lonely.

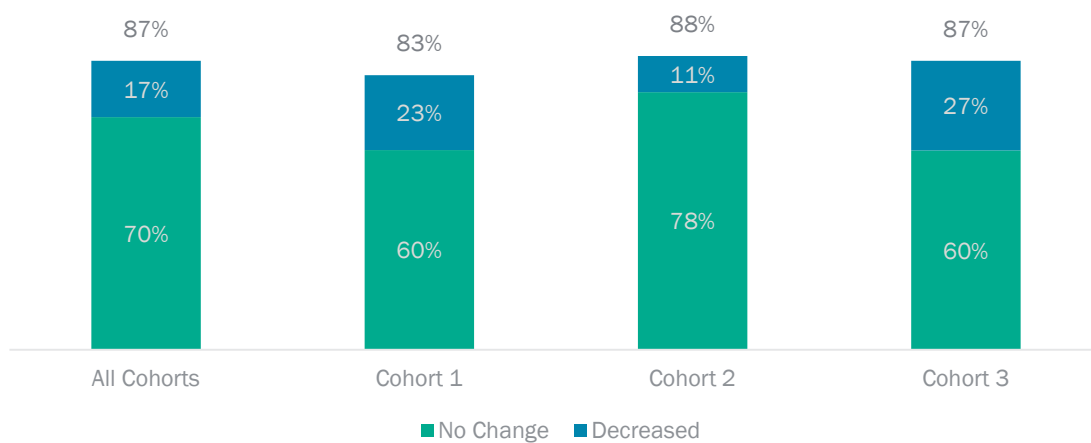
Finally, care recipients were asked how frequently they felt lonely, with four response options ranging from “never” to “all of the time.” The companionship most volunteers provided appears to have reduced the frequency that care recipients felt lonely most or all of the time, from 23% in the initial survey to 19% in the follow-up, as shown in Figure 17. This decrease was larger for Cohort 3 (24% to 15%) and Cohort 1 (27% to 21%) than in Cohort 2 (19% to 18%). Additionally, in all cohorts combined, 17% of care recipients who responded to both surveys reported feeling lonely less frequently over time. Care recipients in Cohort 3 were the most likely to feel lonely less frequently, at 27%, followed by 23% of those in Cohort 1 and 11% in Cohort 2. The proportion of care recipients in

Cohort 2 who reported increased loneliness was larger than the share with decreased loneliness. However, as with other outcomes, most care recipients (87%) reported a decrease or no change in how frequently they felt lonely.

**Figure 17: Care Recipients Who Felt Lonely Most or All of the Time in the Past Month, by Cohort and Survey Period**



**Figure 18: Care Recipients Whose Frequency of Feeling Lonely Decreased or Stayed the Same, by Cohort**



In sum, most care recipients across cohorts reported consistent or better outcomes over time. These findings demonstrate how volunteers can help maintain or improve the health and well-being of older adults and people with disabilities.

### Care Recipient Satisfaction

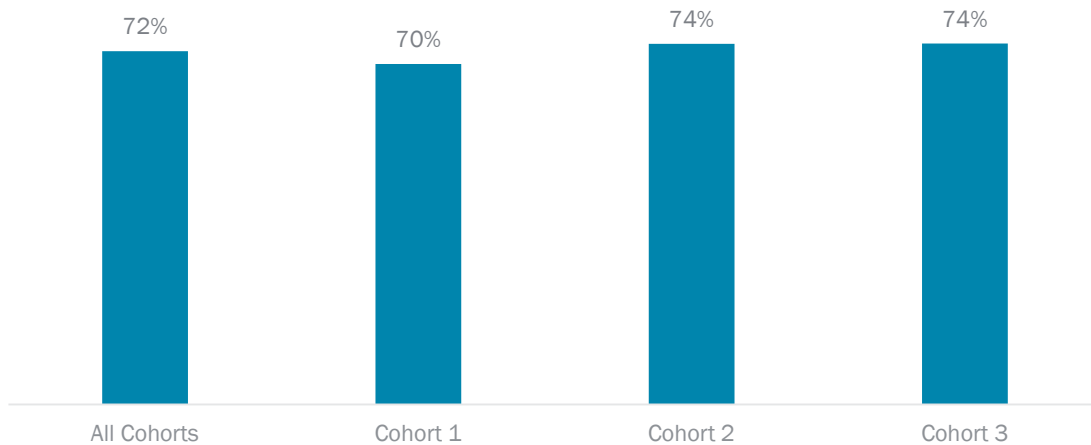
#### Key Findings:

- ▲ In all cohorts combined, 97% of care recipients would recommend their volunteer assistance to friends or family members and 72% reported it would not be easy to replace the volunteer assistance they received.

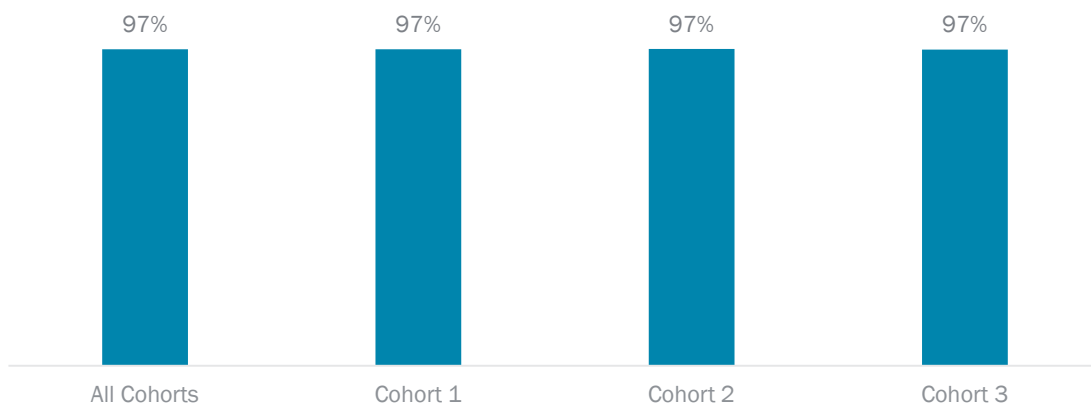
The critical impact of volunteers in care recipients' lives was reflected in their responses to questions

about replacing volunteer services and their satisfaction with the assistance they received. First, 72% of care recipients in all cohorts reported it would not be easy to replace volunteer assistance, with rates ranging from 70% of those in Cohort 1 to 74% of those in Cohorts 2 and 3, as shown in Figure 19. Additionally, in each cohort and all cohorts combined, 97% of care recipients said they would recommend this organization to friends or family members who needed assistance, as shown in Figure 20.

**Figure 19: Care Recipient Belief That Replacing Volunteer Assistance Would Not Be Easy**



**Figure 20: Care Recipients Who Would Recommend This Organization to a Friend or Family Member, by Cohort**



**One-Time Assistance Recipients**

*Key Findings:*

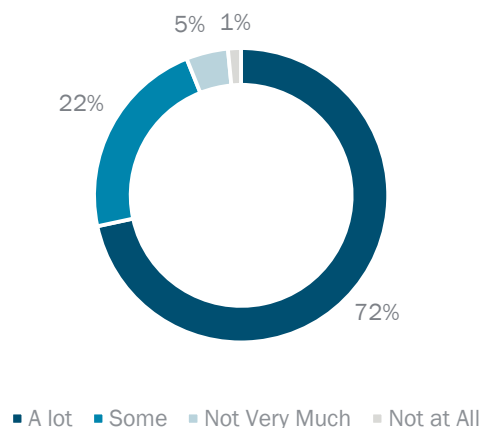
- ▲ The majority of one-time assistance recipients were women (76%) and ages 65 and older (71%).
- ▲ Most one-time assistance recipients (70%) said volunteer assistance significantly alleviated a major life concern.

Recipients who received assistance from volunteers one time only were similar demographically to care recipients who received assistance on an ongoing basis. Appendix Table 4 includes comprehensive survey results for these care recipients.

Most were women (76%) and ages 65 and older (71%), and a large share were people of color (46%). Regarding socioeconomic characteristics, 44% had a high school education or less, and 88% were retired. Compared to other care recipients, fewer one-time assistance recipients reported having a disability (51%) or long-term health condition (61%). However, a larger share reported not having family or informal caregivers (47%).

The services one-time assistance recipients received from volunteers included home repairs (37%), assistance accessing resources and programs (20%), virtual conversations on caregiving topics (15%), and various others. Although short-term, the services were impactful: 72% of one-time assistance recipients said services alleviated a major concern in their lives a lot, as shown in Figure 21. Additionally, 74% said it would not be easy to replace volunteer assistance.

**Figure 21: Amount One-Time Volunteer Assistance Alleviated a Major Life Concern**



## Caregiver Results

Caregivers were racially and ethnically diverse, and most were over age 45. They also provided assistance to their friends and loved ones with a range of tasks. Reflecting the challenging nature of their roles, some caregivers indicated their health and quality of life worsened, but the majority reported either improvement or no change in these outcomes. Additionally, when caregivers were asked directly, a large majority reported volunteer assistance alleviated their stress and improved their quality of life. For detailed survey results for caregivers, see Appendix Tables 5 and 6.

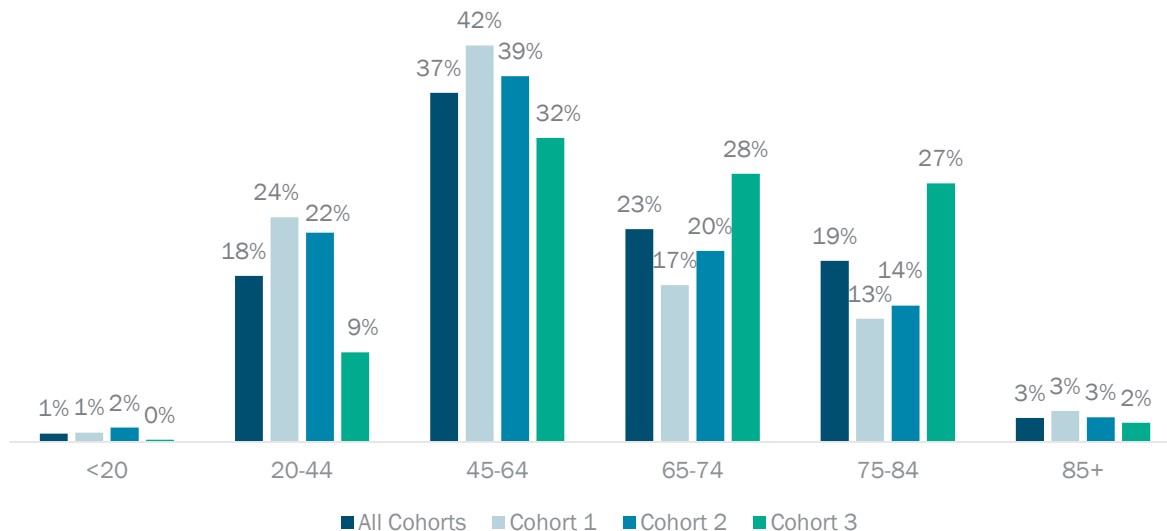
### Demographic Characteristics

#### Key Findings:

- ▲ Across all cohorts, most caregivers were female (81%), and a large share (46%) were people of color.

Across all cohorts combined, 81% of caregivers were female. This figure was highest in Cohort 1 (84%), followed by Cohort 2 (81%) and Cohort 3 (78%). As shown in Figure 22, caregivers were typically ages 45 to 64. Overall, nearly half of caregivers (46%) identified as people of color, although people of color caregivers constituted a larger share of Cohort 1 (57%) and Cohort 2 (68%), and a smaller share in Cohort 3 (22%). Additionally, most caregivers had received at least some college education (83%), and most reported that they were retired (67%).

Figure 22: Caregiver Age Group, by Cohort



### Experience Caring for Friends and Loved Ones

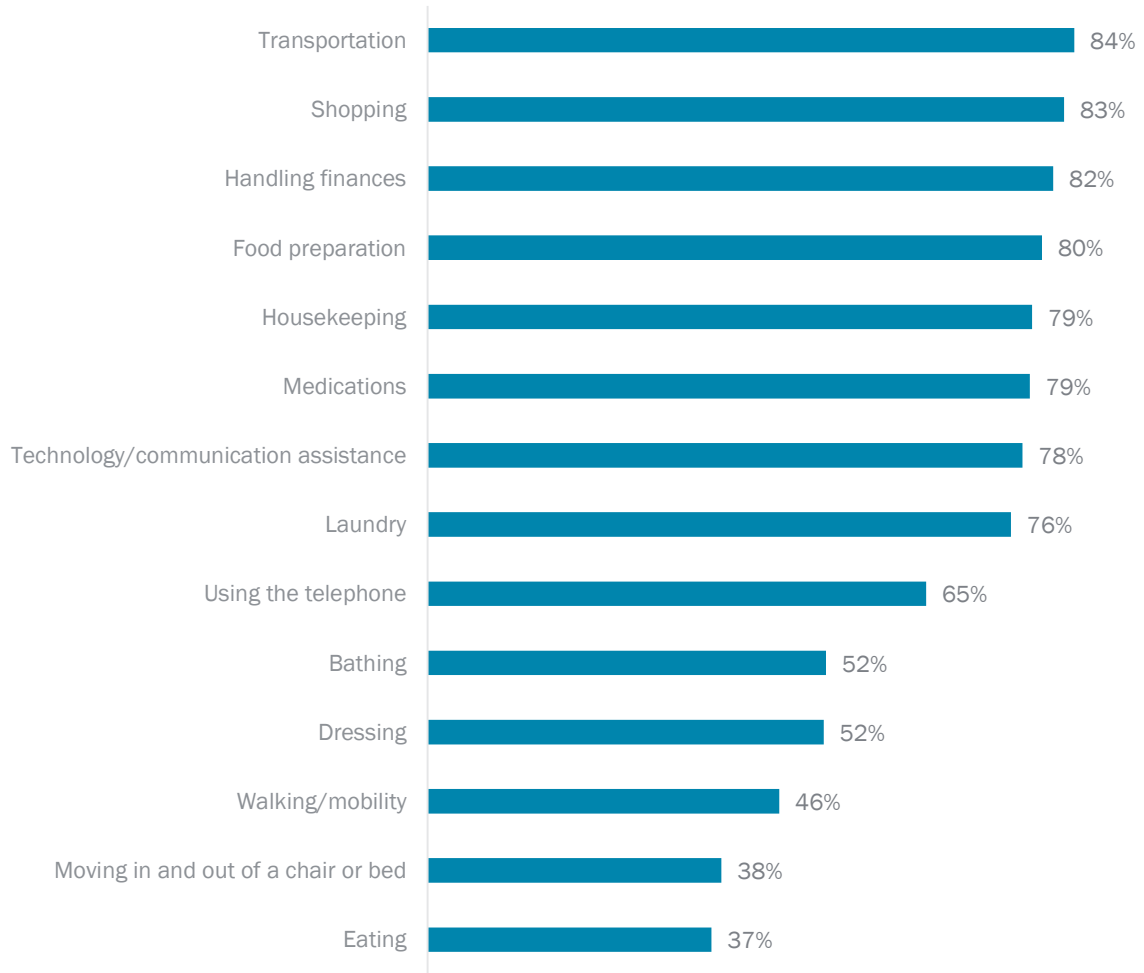
#### Key Findings:

- ▲ Caregivers most often assisted friends and loved ones with instrumental activities of daily living (e.g., transportation and handling finances).
- ▲ The most common form of volunteer assistance they received was stress reduction, with 60% of caregivers receiving this assistance.

Overall, as shown in Figure 23, caregivers most commonly helped with transportation (84%), shopping (83%), handling finances (82%), food preparation (80%), housekeeping (79%), and medications (79%). However, these rates varied significantly by cohort. For instance, while 96% of caregivers in Cohort 1 and 90% in Cohort 2 provided assistance with transportation, only 74% of caregivers in Cohort 3 provided assistance with transportation.

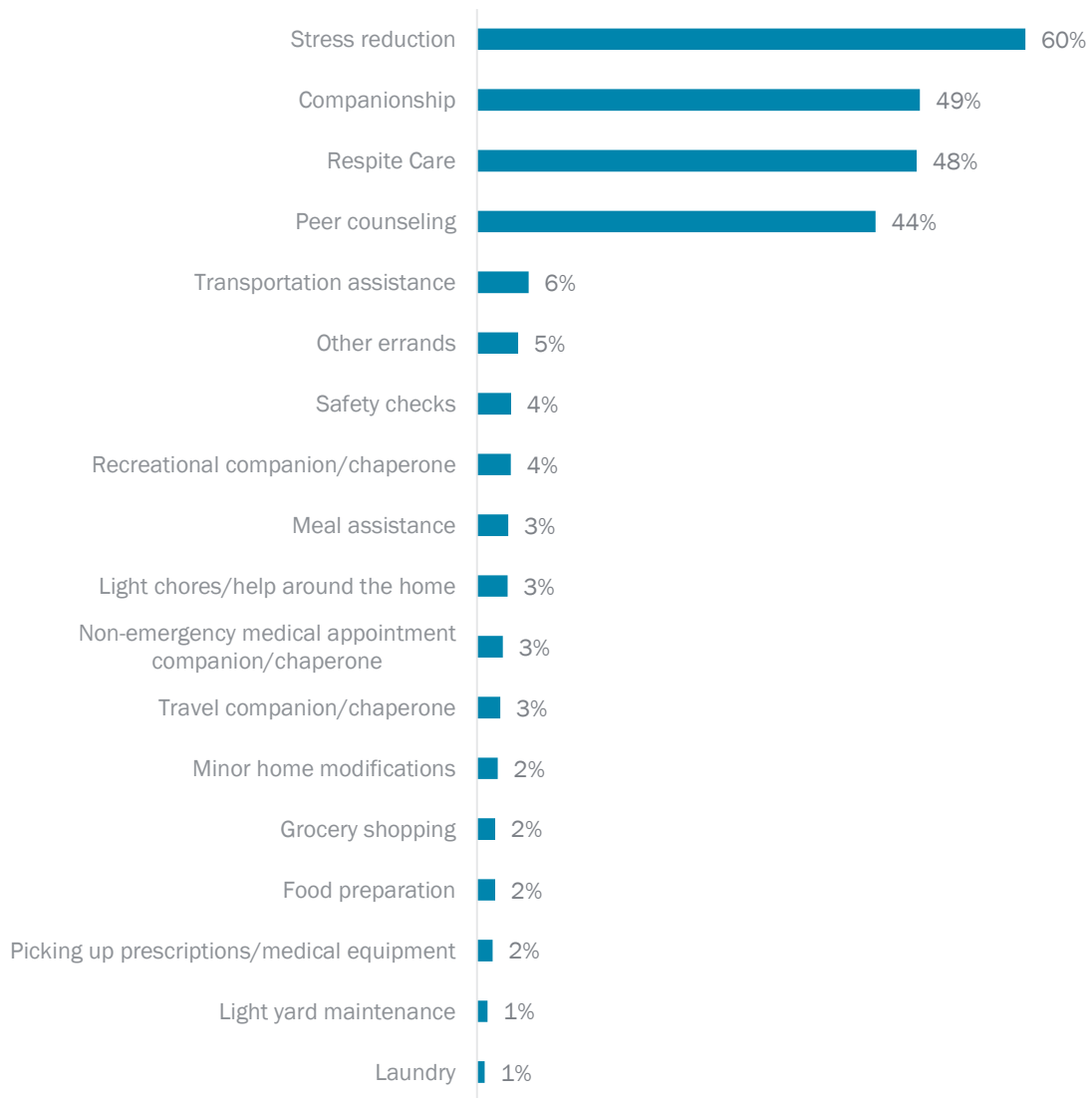
According to Figure 24, the most common types of volunteer assistance that caregivers or their loved ones received were stress reduction (60%), companionship (49%), and respite care (48%). These rates were higher in Cohorts 1 and 2 than in Cohort 3. Instead, a larger share of respondents in Cohort 3 (38%) indicated more specific types of assistance using an “other” option added in that cohort. (Cohort-specific caregiver data can be found in Appendix Table 6.)

Figure 23: Tasks Supported by Caregivers, All Cohorts Combined





**Figure 24: Volunteer Assistance Received by Caregivers or the Person They Support, by Cohort**



### Health, Quality of Life, and Satisfaction with Services

Caregivers were asked about the same health and quality life indicators as care recipients, including their ability to maintain the current living situations of their loved ones, and their physical and mental health, quality of life, and feelings of loneliness. They were also asked about their stress from their caregiving responsibilities.

#### Caregiver Difficulty Maintaining Current Living Situation of the Care Recipient

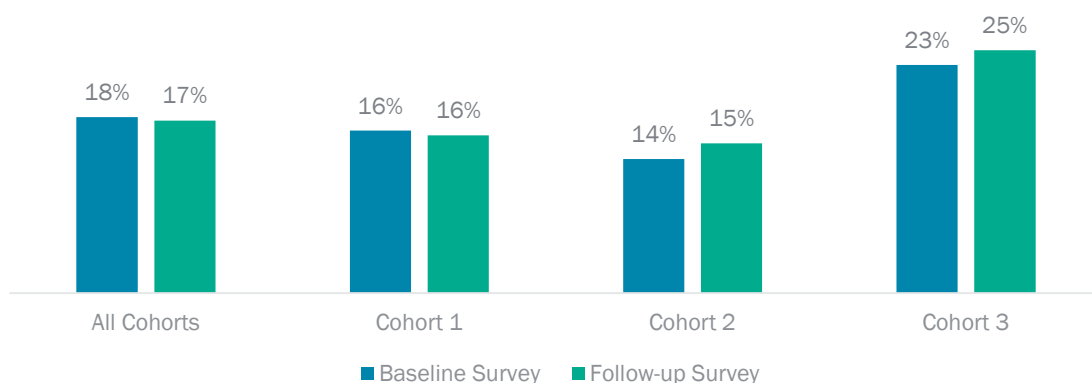
*Key Findings:*

- ▲ In all cohorts combined, the share of caregivers who reported it was difficult or extremely difficult to maintain the current living situation of their friend or loved one was 18% in the initial and follow-up surveys.
- ▲ The share of caregivers who responded to both surveys and reported a decrease or no change in difficulty was 80% for all cohorts combined.

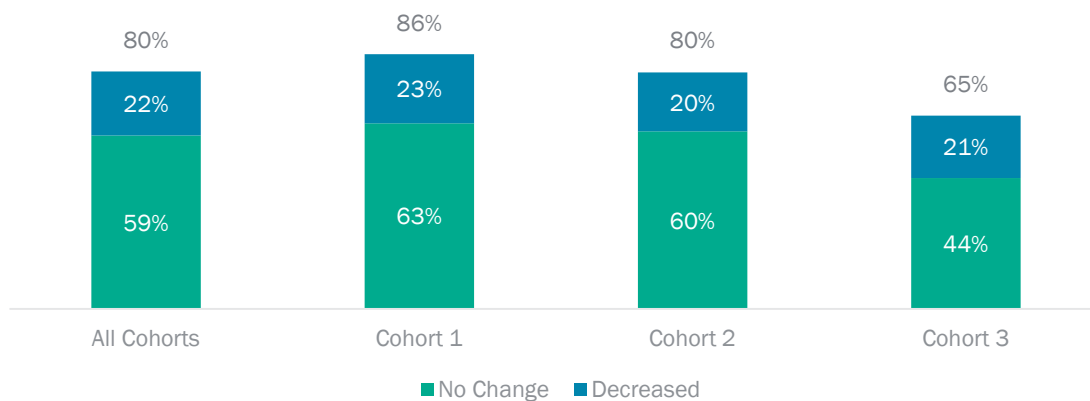
Like care recipients, caregivers were asked how difficult it was to maintain the current living situation of their friend or loved one, with four response options that ranged from “not at all difficult” to “extremely difficult.” Fewer than 1 in 5 caregivers (18% in the initial and follow-up surveys) found it difficult or extremely difficult to maintain their friend or loved one’s current living situation. While there was little change in difficulty levels over time for each group of caregivers, fewer caregivers in Cohorts 1 and 2 reported difficulty or extreme difficulty compared to those in Cohort 3. See Figure 25 for these overall results and variation between cohorts.

As illustrated in Figure 26, 22% of all caregivers who responded to the initial and follow-up surveys reported decreased difficulty in maintaining the living situations of their loved ones, including 20% of those in Cohort 2, 23% of those in Cohort 1, and 24% of those in Cohort 3. Compared to the share that reported increased difficulty, the share with decreased difficulty was larger in Cohort 3, similar in Cohort 1, and smaller in Cohort 2. Nevertheless, the share who reported a decrease or no change in difficulty was 80% for all cohorts combined. This figure ranged from 65% in Cohort 3 to 86% in Cohort 1.

**Figure 25: Maintaining Current Living Situation of the Care Recipient was Difficult or Extremely Difficult for Caregivers, by Cohort and Survey Period**



**Figure 26: Caregivers Whose Difficulty Maintaining the Current Living Situation of the Care Recipient Decreased or Stayed the Same, by Cohort**



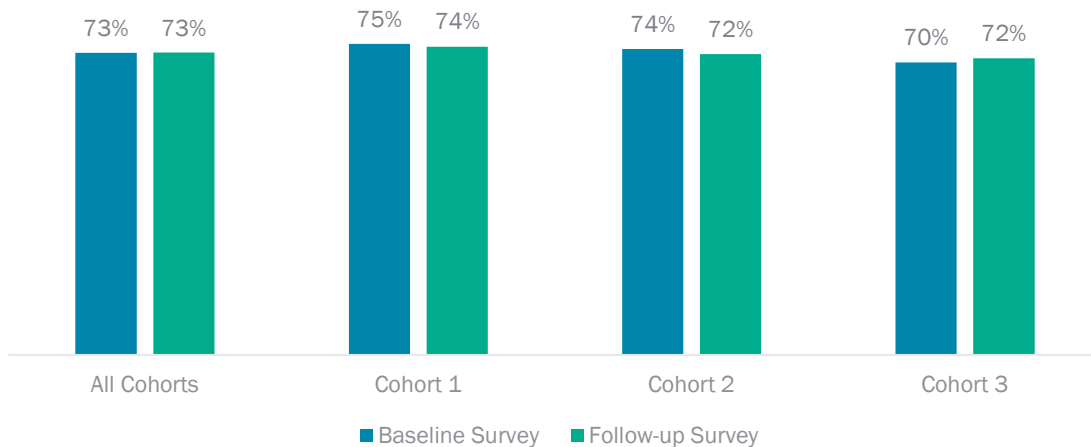
### Caregiver Physical Health

#### Key Findings:

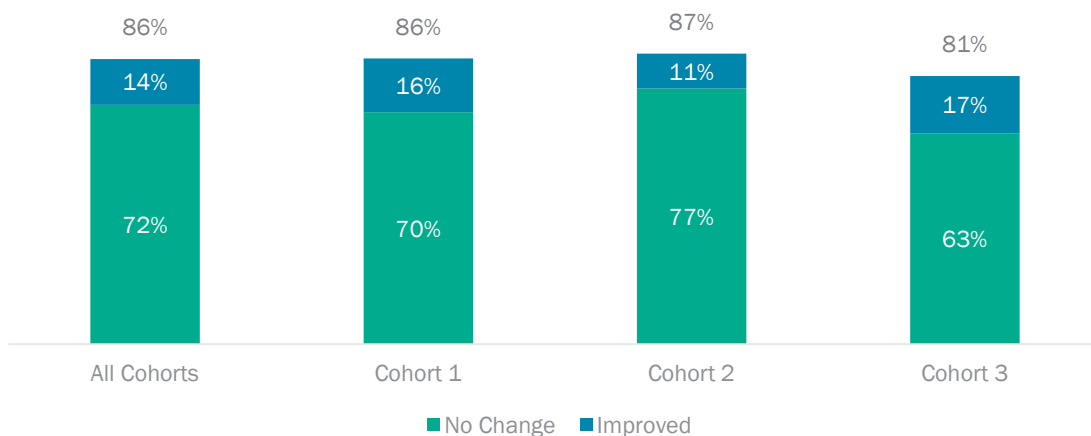
- ▲ A large proportion of caregivers (73%) reported good or excellent physical health in the initial and follow-up surveys.
- ▲ Most caregivers who responded to both surveys reported either improvement or no change in their physical health (86%).

Caregivers also assessed their physical and mental health with four response options that ranged from “poor” to “excellent.” Figure 27 shows that the percentage of caregivers with good or excellent physical health was similar across cohorts and in the initial and follow-up surveys. Overall, around three-quarters (73%) of caregivers reported good or excellent physical health in both the initial and the follow-up surveys. There was a slight improvement in Cohort 3 when the proportion of caregivers with good or excellent physical health increased from 70% at baseline to 72% in the follow-up survey. Figure 28 shows that 14% of caregivers who responded to both surveys reported improved physical health, and this figure ranged from 11% in Cohort 2 to 17% in Cohort 3. Compared to the share with worse physical health, the share with improved physical health was larger in Cohort 1, but smaller in Cohorts 2 and 3. However, in all cohorts combined and each individual cohort, most caregivers reported either improvement or no change in their physical health (86%).

**Figure 27: Caregivers with Good or Excellent Physical Health, by Cohort and Survey Period**



**Figure 28: Caregivers Whose Physical Health Improved or Stayed the Same, by Cohort**



### Caregiver Mental Health

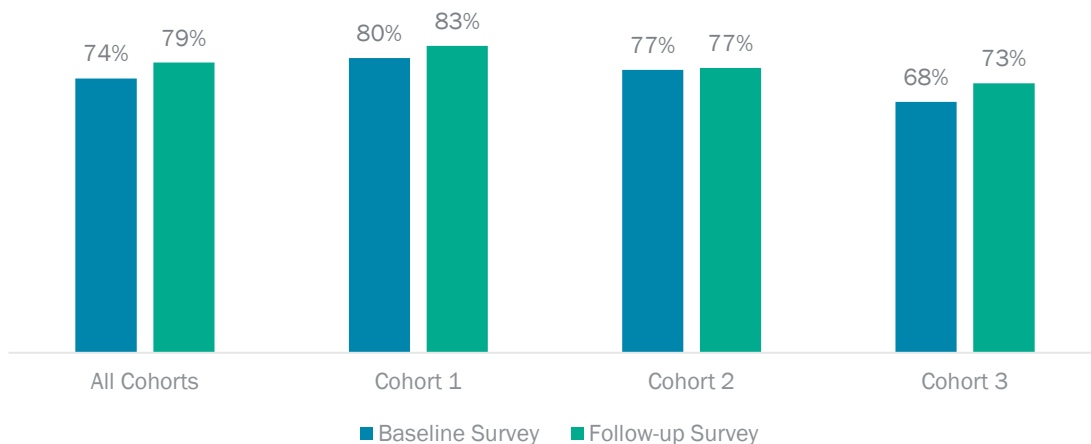
**Key Findings:**

- ▲ The proportion of caregivers who reported good or excellent mental health was larger in the follow-up survey (78%) than in the initial survey (74%).
- ▲ Most caregivers (84%) who responded to both surveys reported either improvement or no change in their mental health.

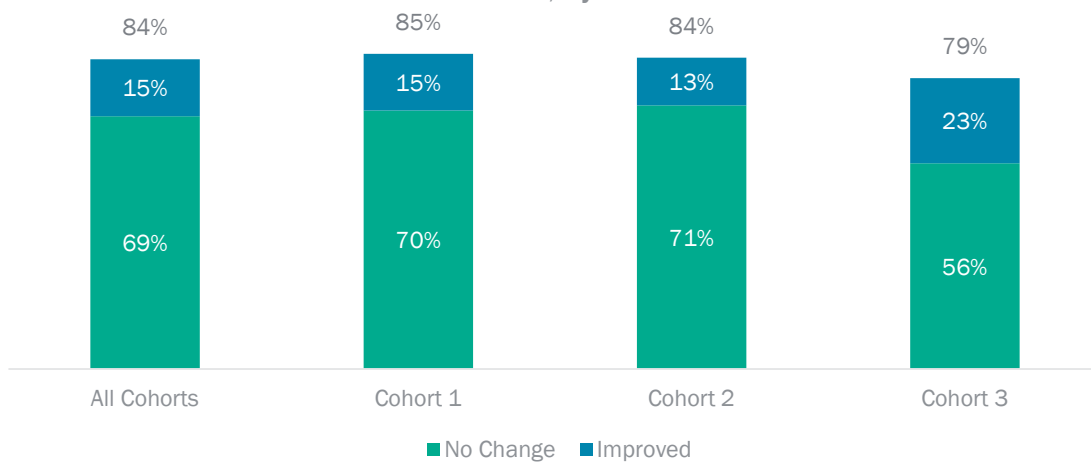
Results for mental health were more positive than for physical health. The proportion of caregivers who reported good or excellent mental health was larger in the follow-up survey (78%) than the initial survey (74%). This was true for all cohorts, although these rates were approximately equal in Cohort 2, as shown in Figure 29. For caregivers who completed the initial and follow-up surveys, 15% reported improved mental health, and this rate was similar across individual cohorts, as shown in

Figure 30. While these rates were similar to the rates of those who reported worse mental health, most caregivers across all cohorts (84%) and about the same for each individual cohort reported either improvement or no change in their mental health.

**Figure 29: Caregivers with Good or Excellent Mental Health, by Cohort and Survey Period**



**Figure 30: Caregivers Whose Mental Health Improved or Stayed the Same, by Cohort**



### Caregiver Frequency of Feeling Worried

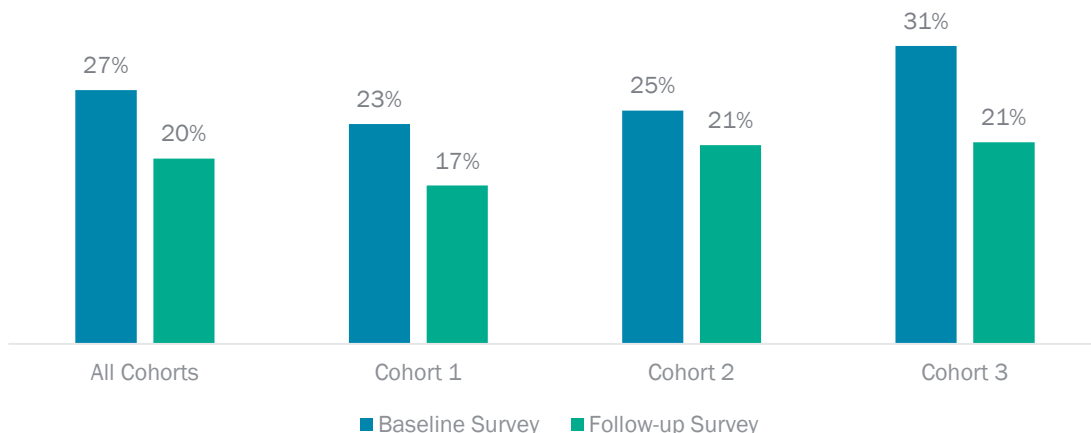
**Key Findings:**

- ▲ In all cohorts combined, 27% of caregivers in the initial survey felt worried all or most of that time, compared to 20% in the follow-up survey.
- ▲ Most caregivers (85%) who responded to both surveys reported either no change or decreased frequency in feeling worried.

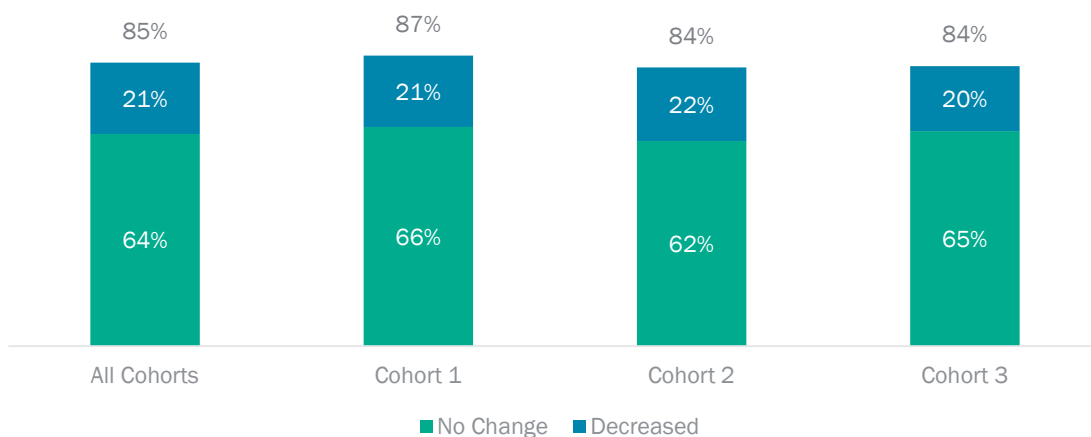
For additional detail on caregivers’ mental health, they were asked how often they felt worried, downhearted or blue, or lonely in the past month. In all cohorts combined, 27% of caregivers in the

initial survey felt worried all or most of that time, compared to 20% in the follow-up survey. This pattern was similar for each cohort, with Cohort 3 showing the greatest difference (31% vs. 21%). See Figure 31. Figure 32 shows the percentage of caregivers who responded to both surveys whose frequency of feeling worried in the past month decreased or stayed the same. In all cohorts combined, 21% of caregivers felt worried less often. This was similar for all three cohorts. Additionally, most caregivers across all cohorts (85%) reported either no change or decreased frequency in feeling worried. This rate was similarly high in each cohort.

**Figure 31: Caregivers Who Felt Worried Most or All of the Time in the Past Month, by Cohort and Survey Period**



**Figure 32: Caregivers Whose Frequency of Feeling Worried in the Past Month Decreased or Stayed the Same, by Cohort**



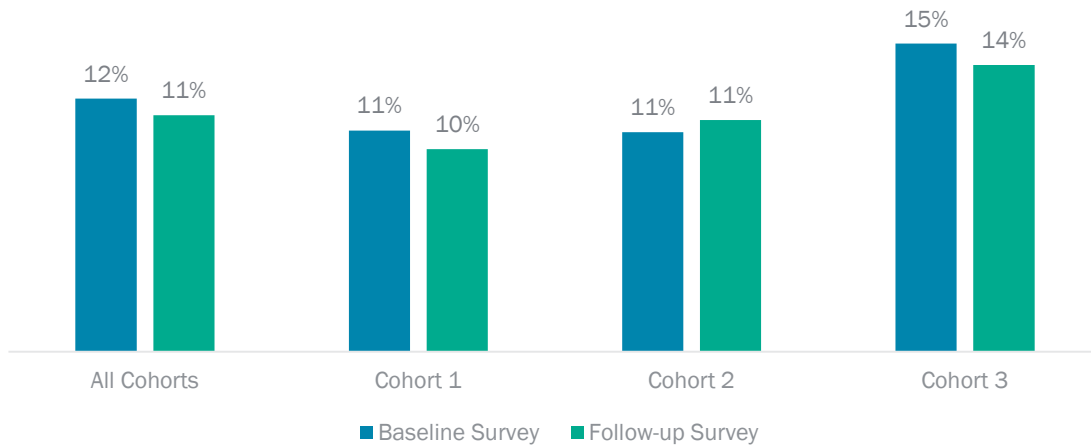
### Caregiver Frequency of Feeling Downhearted or Blue

**Key Findings:**

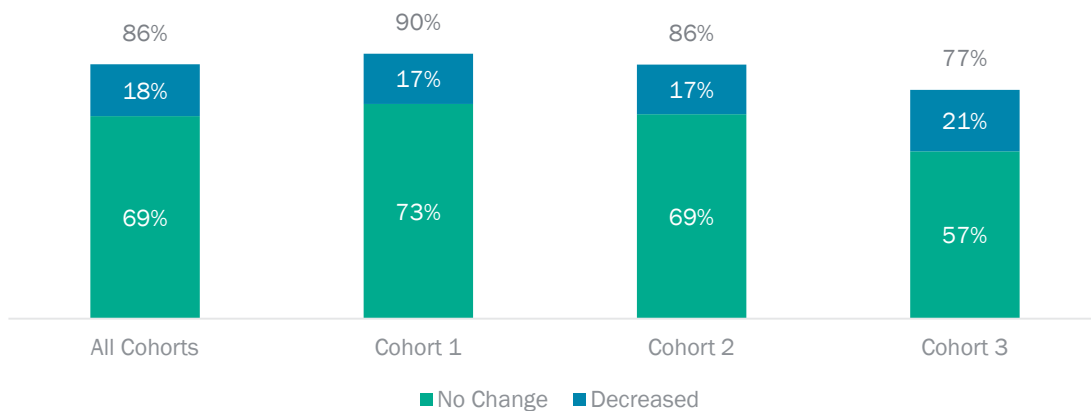
- ▲ In all cohorts combined, a small share of caregivers felt downhearted or blue all or most of the time in the initial survey (12%) and the follow-up (11%).
- ▲ Most caregivers (86%) who responded to both surveys reported a decrease or no change in how often they felt downhearted or blue.

Regarding depressive symptoms, 12% of caregivers in all cohorts combined in the initial survey felt downhearted or blue all or most of the time, which was similar to the 11% of caregivers in the follow-up survey. Rates were similar in Cohorts 1 and 2, but larger in Cohort 3 (15% versus 14%). See Figure 33 for more details. Figure 34 shows the percentage of caregivers who responded to both surveys whose frequency of feeling downhearted or blue in the past month decreased or stayed the same. In all cohorts combined, 18% of caregivers felt downhearted or blue less often. The percentage was similar for Cohorts 1 and 2 (17%), but the decrease was larger (21%) in Cohort 3. As with other outcomes, most caregivers (86%) reported a decrease or no change in how often they felt downhearted or blue. However, this rate was slightly higher in Cohort 1 (90%) and Cohort 2 (86%) than in Cohort 3 (77%).

**Figure 33: Caregivers Who Felt Downhearted or Blue Most or All of the Time in the Past Month, by Cohort and Survey Period**



**Figure 34: Caregivers Whose Frequency of Feeling Downhearted or Blue in the Past Month Decreased or Stayed the Same, by Cohort**



## Caregiver Quality of Life

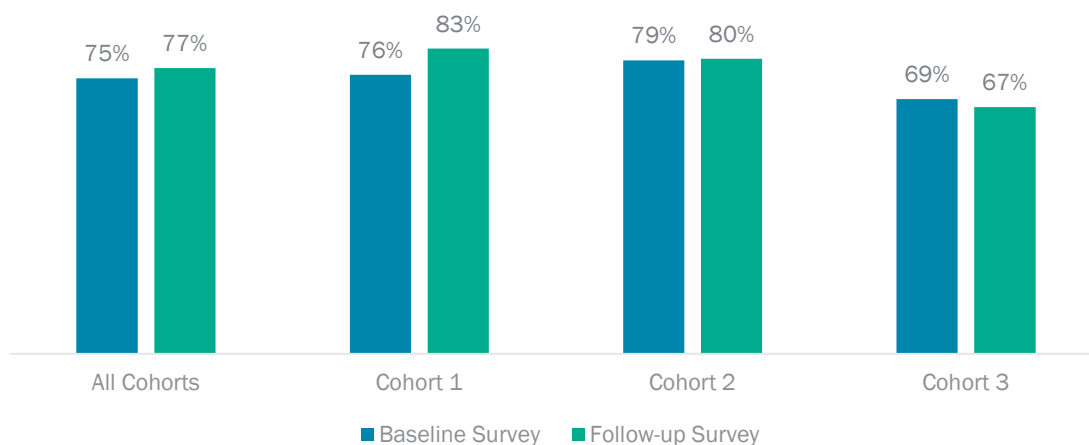
### Key Findings:

- ▲ In all cohorts combined, 86% of caregivers agreed or strongly agreed that volunteer assistance improved their quality of life.
- ▲ Most caregivers (76%) who responded to both surveys reported improvement or no change in their quality of life.

As well as mental and physical health, caregivers were also asked about their quality of life, with five response options ranging from “very poor” to “very good.” In all cohorts combined, 77% of caregivers in the follow-up survey had a good or very good quality of life, up from 75% in the initial survey. Most of this difference stemmed from improvement in Cohort 1: 83% of caregivers reported good or very good quality of life in the follow-up survey, versus 76% in the initial survey. See Figure 35 for more details.

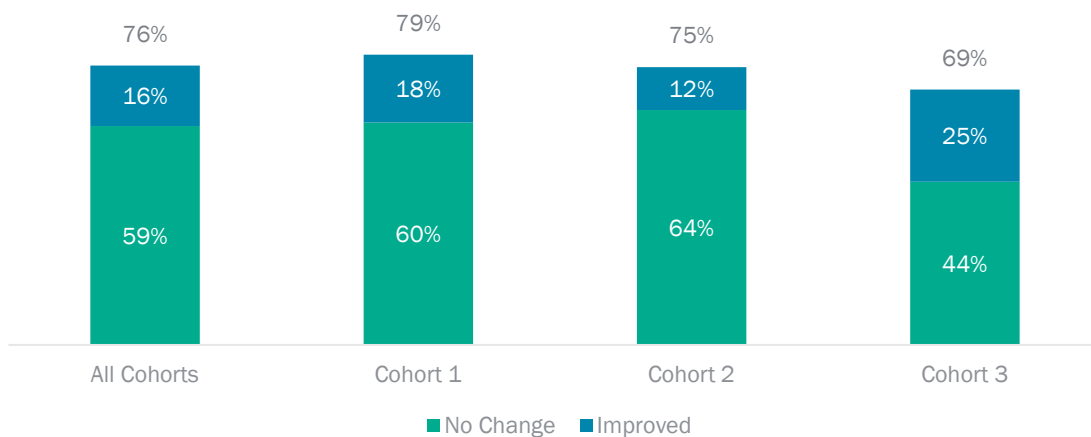
Figure 36 shows the percentage of caregivers who responded to both surveys whose quality of life improved or stayed the same. In all cohorts combined, 16% of caregivers’ quality of life improved. Cohort 3, a larger share of caregivers (25%) reported improvement in their quality of life, as compared to Cohort 1 (18%) and Cohort 2 (12%). While the share with a worse quality of life was larger than the share with a better quality of life in all cohorts, most caregivers (76%) in all cohorts reported improvement or no change in their quality of life. Additionally, as demonstrated in Figure 37, 86% of caregivers agreed or strongly agreed that volunteer assistance improved their quality of life, and this was fairly consistent across all cohorts.

Figure 35: Caregivers with Good or Very Good Quality of Life, by Cohort and Survey Period

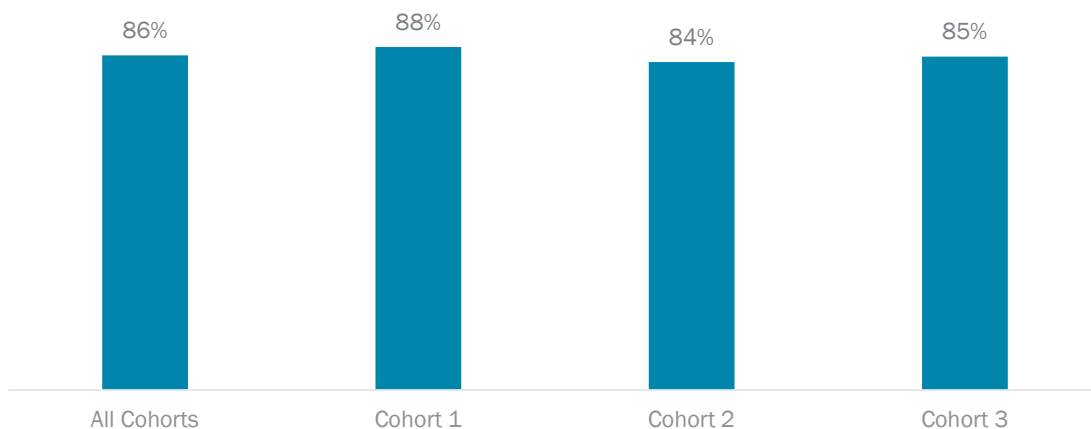




**Figure 36: Caregivers Whose Quality of Life Improved or Stayed the Same, by Cohort**



**Figure 37: Caregivers Who Agreed or Strongly Agreed that Volunteer Assistance Improved Their Quality of Life, by Cohort**



### Caregiver Loneliness

**Key Findings:**

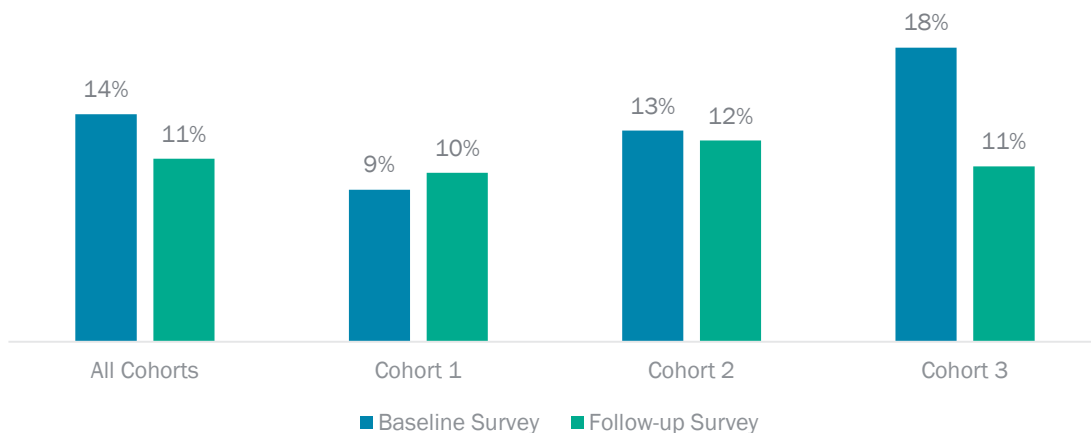
- ▲ Regarding loneliness, 11% of caregivers in the follow-up survey felt lonely most or all of the time, down from 14% in the baseline survey.
- ▲ Most caregivers (87%) who responded to both surveys reported a decrease or no change in how often they felt lonely.

Regarding loneliness, 11% of caregivers in the follow-up survey felt lonely most or all of the time, down from 14% in the baseline survey. See Figure 38. While the frequency of loneliness was similar in the initial and follow-up surveys in Cohorts 1 and 2 (during the peak of the COVID-19 pandemic), there was a more significant decline in Cohort 3, with 18% of caregivers saying they felt lonely most or all of the time in the initial survey compared to 11% in the follow-up survey.

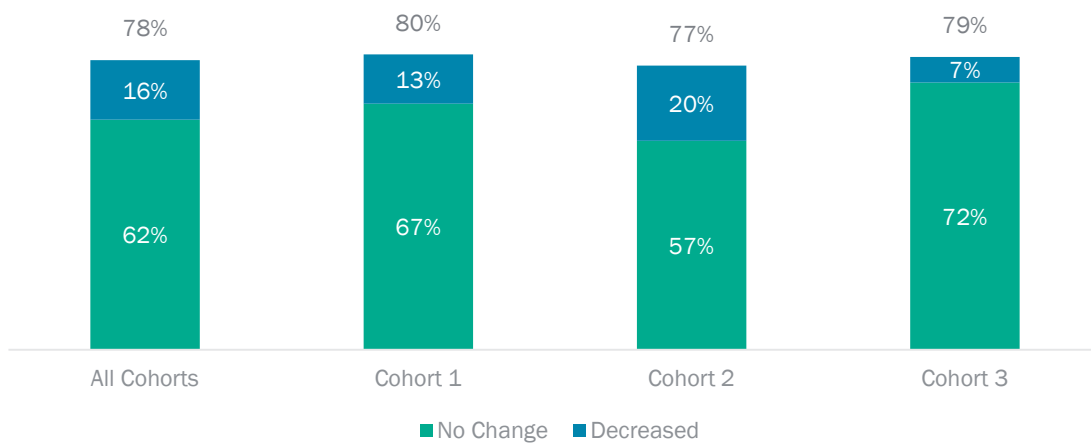
In all cohorts combined, 16% of caregivers who responded to both surveys reported feeling lonely

less frequently, as shown in Figure 39. The share who felt lonely less frequently was higher in Cohort 2 (20%) and Cohort 1 (13%) than in Cohort 3 (7%). However, most caregivers overall (78%) and in each cohort (77% to 80%) reported a decrease or no change in how often they felt lonely.

**Figure 38: Caregivers Who Felt Lonely Most or All of the Time, by Cohort and Survey Period**



**Figure 39: Caregivers Whose Frequency of Feeling Lonely Decreased or Stayed the Same, by Cohort**



### Caregiver Frequency of Feeling Overwhelmed, Overworked, or Overburdened

**Key Findings:**

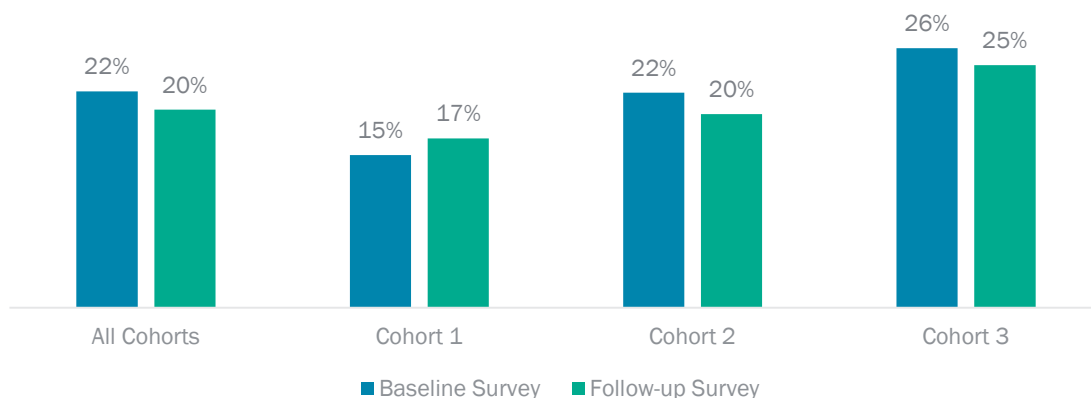
- ▲ In all cohorts combined, 20% of caregivers in the follow-up survey reported that they felt overwhelmed, overworked, or overburdened most or all of the time, down from 22% in the initial survey.
- ▲ Most caregivers (81%) who responded to both surveys reported a decrease or no change in how often they felt overwhelmed, overworked, or overburdened.

Caregivers were also asked about how frequently they felt overwhelmed, overworked, or overburdened, with four response options ranging from “never” to “all of the time.” In all cohorts

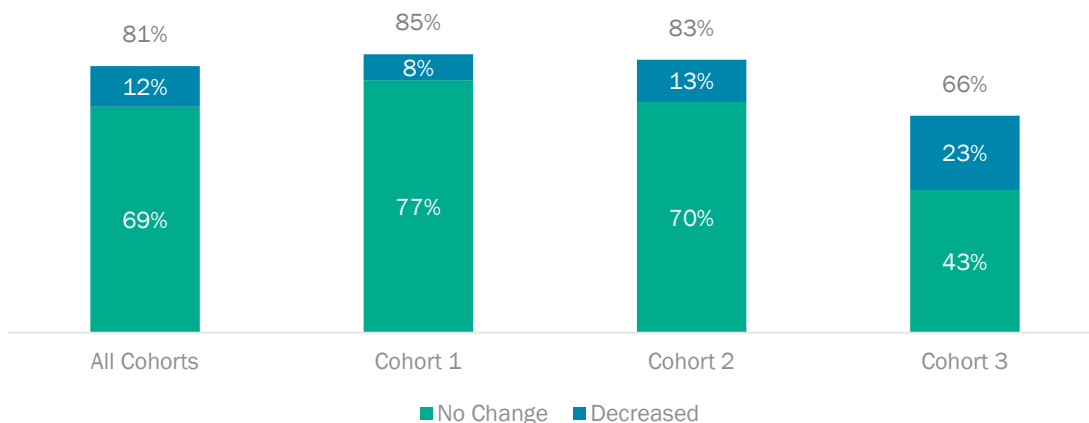
combined, 20% of caregivers in the follow-up survey reported that they felt overwhelmed, overworked, or overburdened most or all of the time, down from 22% in the initial survey. See Figure 40. In Cohort 1, this frequency increased slightly from 15% in the initial survey to 17% in the follow-up survey. However, that increase was offset by a slight decrease in Cohort 2 (from 22% to 20%) and one in Cohort 3 (from 26% to 25%).

Figure 41 depicts the change in the frequency that caregivers felt overwhelmed, overworked, or overburdened for those who responded to both surveys. In all cohorts combined, 12% of caregivers felt overwhelmed, overworked, or overburdened less often over time. This rate varied between Cohort 1 (8%), Cohort 2 (13%), and Cohort 3 (23%). In all cohorts, this frequency rose more often than it fell, but most caregivers (81%) reported either a decrease or no change in this frequency.

**Figure 40: Caregivers Who Felt Overwhelmed, Overworked, or Overburdened Most or All of the Time, by Cohort and Survey Period**



**Figure 41: Caregivers Whose Frequency of Feeling Overwhelmed, Over Worked, or Overburdened Decreased or Stayed the Same, by Cohort**



## Caregiver Stress

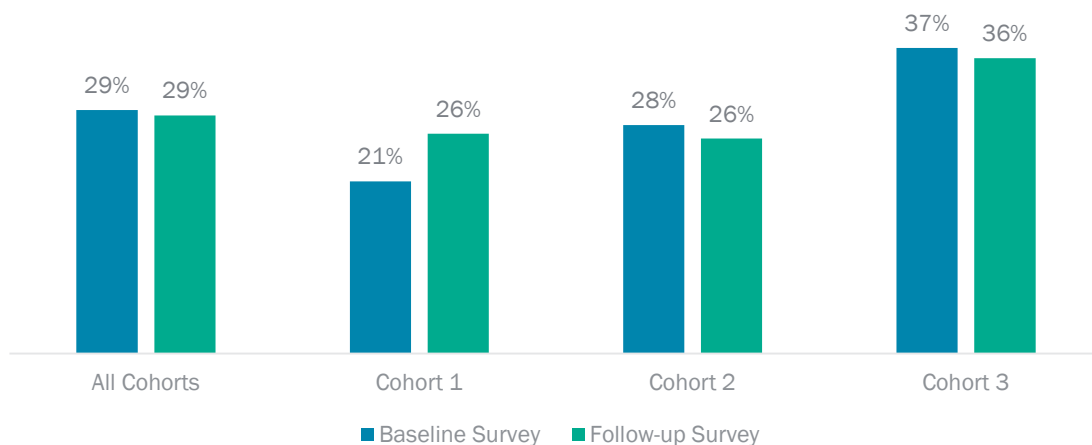
### Key Findings:

- ▲ In all cohorts combined, 93% of caregivers said volunteer assistance helped relieve their stress some or a lot.
- ▲ Most caregivers (75%) who responded to both surveys reported a decrease or no change in how often they felt stressed.

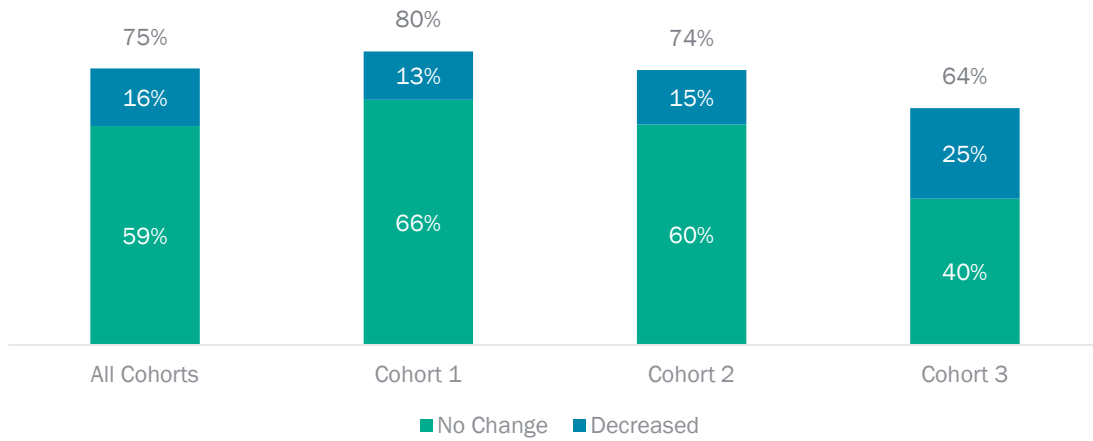
Finally, caregivers were asked how often they felt stressed about caregiving. In all cohorts combined, 29% of caregivers in the initial and follow-up surveys said they felt stressed about caregiving quite frequently or nearly always. Rates in the initial and follow-up surveys were similar in Cohorts 2 and 3, but in Cohort 1, this rate increased from 21% in the initial survey to 26% in the follow-up survey. See Figure 42 for more details.

Figure 43 shows the percentage of caregivers who responded to both surveys and felt stressed about caregiving decrease or stay the same. In all cohorts combined, 16% of caregivers reported less frequent stress. This percentage was similar in Cohorts 1 and 2, but much higher in Cohort 3 (25%). The proportion with more frequent stress was larger than the proportion with less frequent stress in all cohorts. However, most caregivers (75%) in all cohorts and each cohort (64% to 80%) reported a decrease or no change in how often they felt stressed. Additionally, more than 90% of caregivers in each cohort said volunteer assistance helped relieve their stress some or a lot.

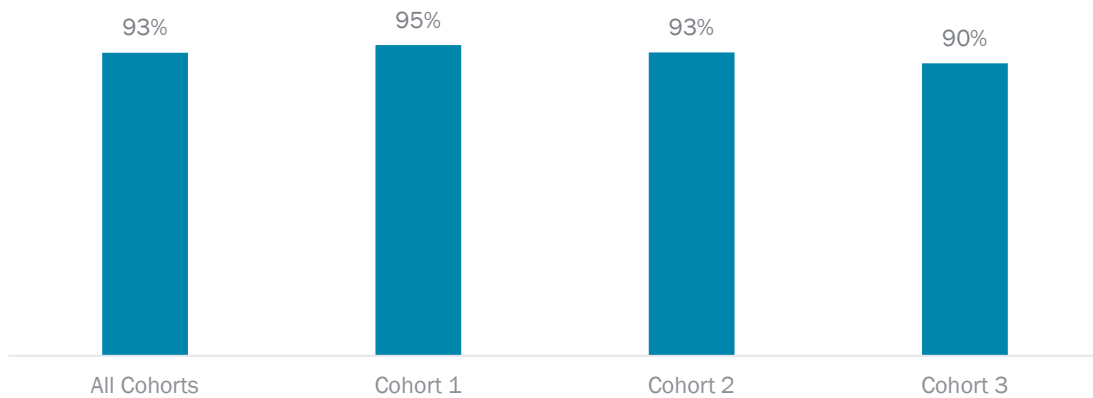
**Figure 42: Caregivers Who Felt Stressed About Caregiving Quite Frequently or Nearly Always, by Cohort and Survey Period**



**Figure 43: Caregivers Whose Frequency of Feeling Stressed by Providing Care Decreased or Stayed the Same, by Cohort**



**Figure 44: Volunteer Assistance Relieved Caregiver Stress Some or a Lot, by Cohort**



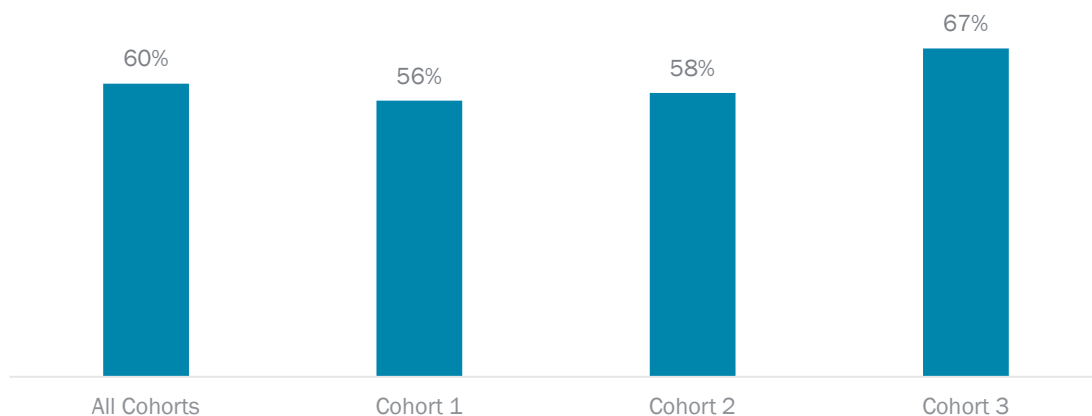
### Caregiver Satisfaction

**Key Findings:**

- ▲ Over half of caregivers (59%) in all cohorts believed that replacing volunteer assistance would not be easy.

As with care recipients, most caregivers reported that they would not be able to find assistance elsewhere were it not for volunteers. Figure 45 shows that over half of the caregivers (60%) believed that replacing volunteer assistance would not be easy. This figure was even larger (67%) in Cohort 3.

**Figure 45: Caregivers Who Believed Replacing Volunteer Assistance Would Not Be Easy by Cohort**



## Volunteer Results

Volunteers came from diverse backgrounds regarding gender, race/ethnicity, and their labor force status. Most spent less than 2.5 hours volunteering each week, but that small amount of activity yielded significant personal benefits—for care recipients, caregivers, and volunteers themselves. A complete summary of volunteers’ survey responses can be found in Appendix Tables 7 and 8.

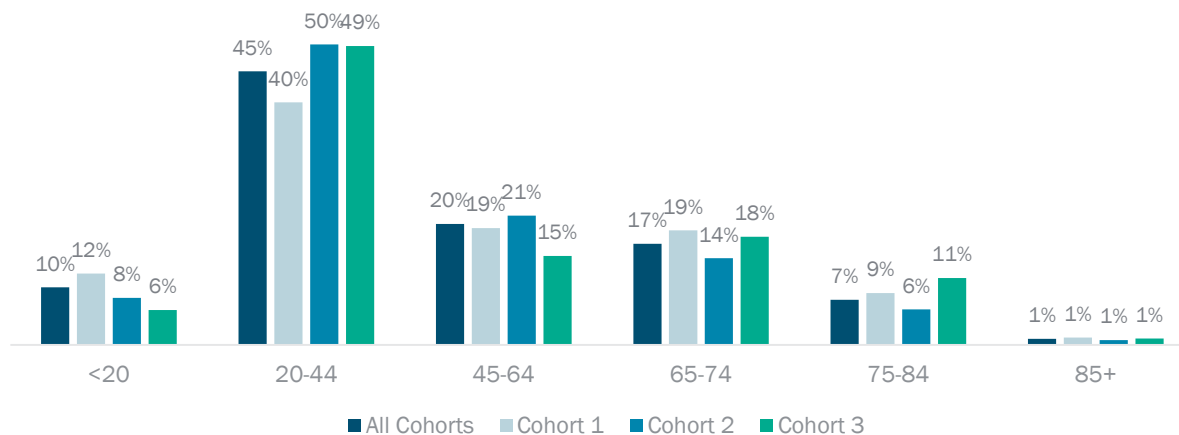
### Demographic Characteristics

#### Key Findings:

- ▲ Most volunteers were female (74%), and more than half (55%) were age 44 and younger.

Like care recipients and caregivers, volunteers were also predominately female. In all cohorts combined, women constituted 74% of volunteers, including 73% of volunteers in Cohort 2, 77% in Cohort 1, and 68% in Cohort 3. However, volunteers tended to be younger. In all three cohorts, more than half were age 44 or younger, including approximately one in ten who were younger than age 20, as shown in Figure 46. The racial and ethnic composition of volunteers varied by cohort. People of color constituted the majority of Cohort 1 (54%) and Cohort 2 (61%), but a smaller share of Cohort 3 (27%). They also tended to have some education past high school, and their labor force participation was diverse. Similar numbers were retired, employed, and enrolled in school. Of note, one in ten volunteers (9%) in Cohort 3 were also recipients of nonmedical volunteer assistance.

Figure 46: Volunteer Age Group, by Cohort



### Experience with Providing Assistance

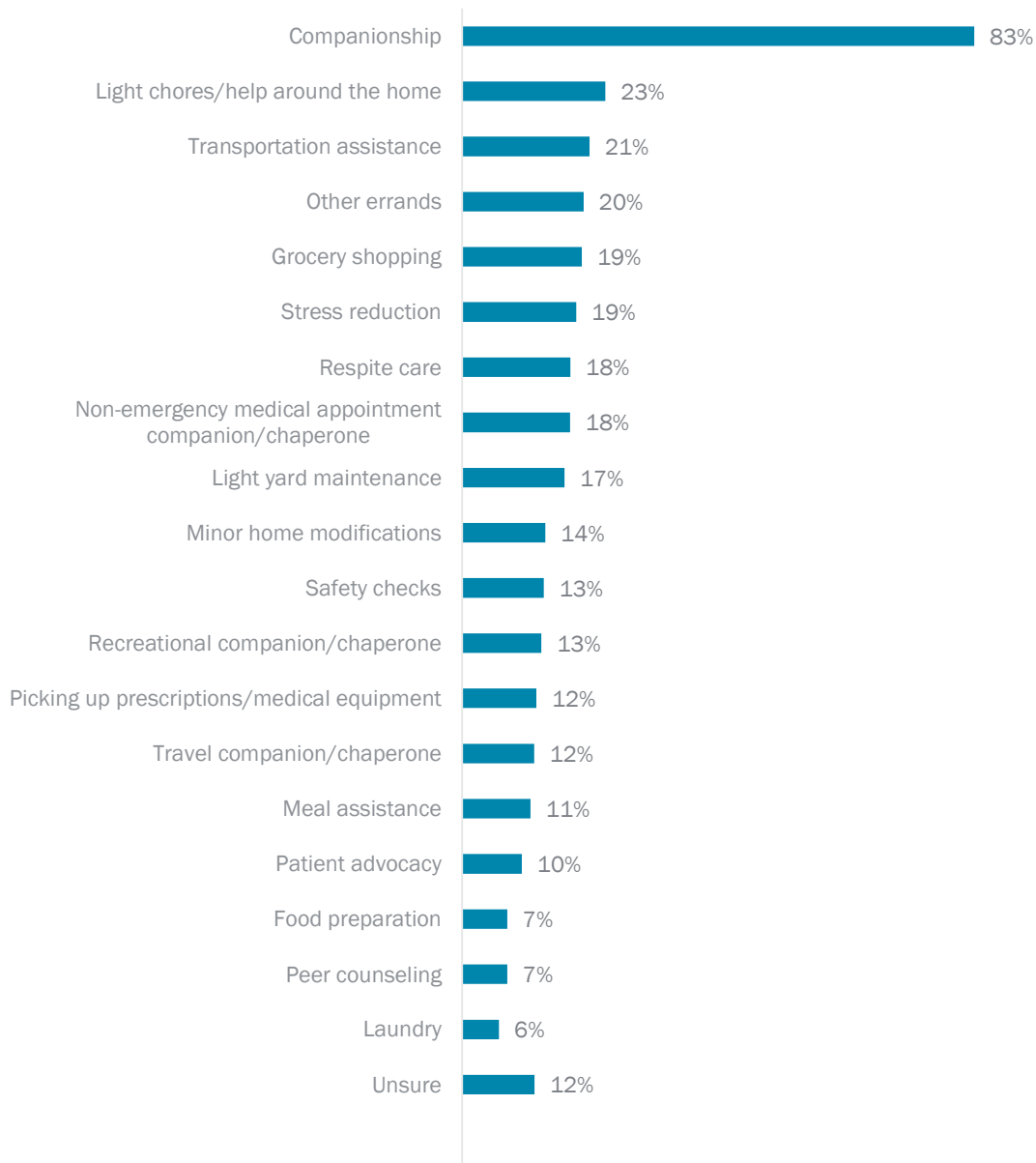
#### Key Findings:

- ▲ Most volunteers (66%) in all cohorts combined provided less than 2.5 hours of assistance per week.
- ▲ Companionship was the most common form of assistance volunteers provided, with 83% providing this assistance.

In all cohorts combined, most volunteers (66%) assisted people for less than 2.5 hours per week, with some variation across cohorts: 69% of volunteers in Cohort 1 and 67% in Cohort 2 spent fewer than 2.5 hours per week assisting people, versus 52% in Cohort 3. This indicates the outcomes described above for caregivers and care recipients required a small weekly investment of time from volunteers.

Across all cohorts, most volunteers (83%) reported providing companionship, as shown in Figure 47. Other common services they provided across all cohorts were light chores and help around the home (23%), transportation assistance (21%), running errands (20%), and grocery shopping (19%). Some services were especially prevalent in certain cohorts. For example, 57% of volunteers in Cohort 1 reported providing emergency preparedness assistance, while 32% of those in Cohort 3 provided respite for family caregivers.

**Figure 47: Assistance Volunteers Reported They Provided to Care Recipients and Caregivers**



**Benefits of Volunteering**

*Key Findings:*

- ▲ Over 90% of volunteers in all cohorts said volunteering made them feel good, supported connections with others, and promoted learning and growth.
- ▲ Most volunteers said the assistance they provided was valuable and purposeful.

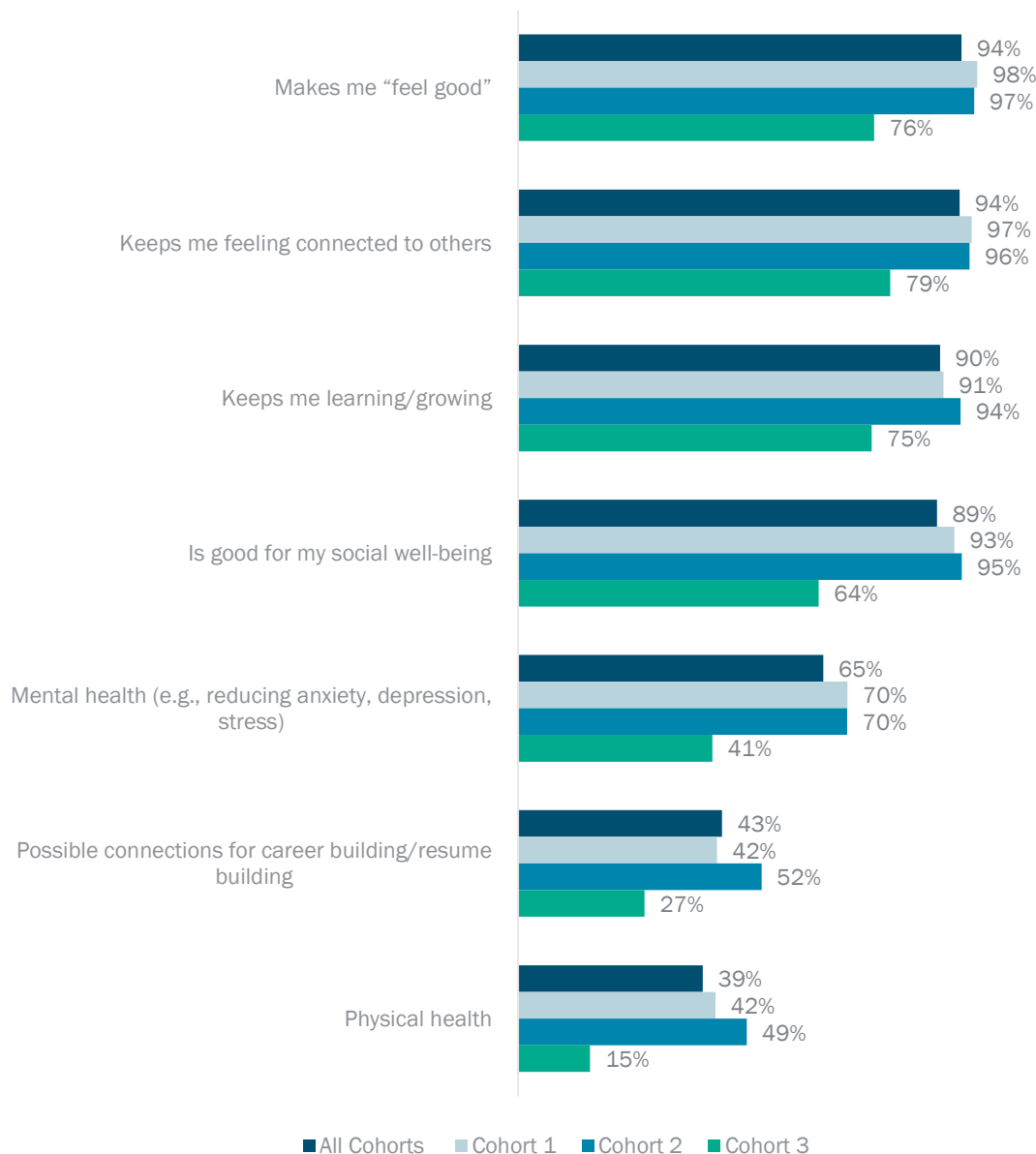
Volunteers reported a range of benefits from assisting care recipients and their caregivers. In all cohorts combined, volunteers most commonly reported that providing assistance made them feel good (94%), supported connections with others (94%), promoted learning and growth (90%), and benefited their social lives (89%). Although less frequently reported, volunteers also said providing



assistance benefited their mental health (65%), careers (43%), and physical health (39%). While there was little variation in these percentages among volunteers in Cohorts 1 and 2, volunteers in Cohort 3 were less likely to identify any of these benefits. However, the volunteer response rate for this cohort was smaller, which means volunteers’ responses may be less representative of the volunteer corps overall.

Additionally, 98% of volunteers in Cohorts 1 and 2 described their assistance as valuable and purposeful. Question wording was slightly amended for Cohort 3. In that most recent cohort, 73% of volunteers reported their experience was satisfying, 73% said it was purposeful, and 71% said it was valuable. Again, the smaller sample size in Cohort 3 may help explain why their responses were slightly less positive.

**Figure 47: Benefits to Volunteers of Providing Assistance, by Cohort**



## Conclusion

We hypothesized that C3 volunteers would improve or help maintain the health and well-being of older adults, people with disabilities, and their caregivers. The outcomes we examined included quality of life, physical and mental health, and difficulty maintaining care recipients' living situation from the perspectives of caregivers and care recipients. Caregivers were also asked about their stress from caregiving. For all of these outcomes across every cohort, we found that most care recipients and caregivers reported consistent or better outcomes after receiving assistance from C3 volunteers.

Care recipients and caregivers confirmed the importance of volunteers when directly asked about their impact on outcomes. For example, in all three cohorts combined, 82% of care recipients somewhat or strongly agreed that volunteer assistance helped them maintain their current living situation. Additionally, 93% of caregivers said volunteer assistance relieved their stress some or a lot. Even for care recipients who were assisted by volunteers one time, 93% said this short-term assistance addressed a major concern in their lives some or a lot. Underlining the need for volunteer services, most caregivers and care recipients (including one-time assistance recipients) in all cohorts said replacing volunteer assistance would not be easy. This means that without volunteers, care recipients and caregivers would have very likely experienced unmet needs.

Providing assistance was beneficial to volunteers as well. Over 90% of volunteers in all cohorts combined said volunteering made them feel good, kept them socially connected, and promoted learning and personal growth. The majority described volunteering as valuable, satisfying, and purposeful. There was also a sizeable proportion of volunteers (43%) who said their experience as volunteers would help them with their careers, highlighting the role that volunteer programs can have in building the health and human services workforce.

Evaluation results were remarkably consistent across cohorts, even though the types of services that C3 grantees offered in each cohort varied considerably. Some focused solely on volunteer-chaperoned nonemergency medical transportation, while others helped older adults and people with disabilities in their homes with household tasks (e.g., cleaning and yard work). Still others focused on supporting family caregivers, by providing them with respite and having volunteers facilitate training, education, and support groups. The contexts in which C3 grantee organizations worked varied, too. In particular, grantees in the first cohort operated during the height of the COVID-19 pandemic and innovated to provide volunteer assistance safely and remotely. Yet, despite all this variation, outcomes were consistently positive over the first four years of C3.

Based on the evaluation, it is clear that volunteer assistance, regardless of the type and duration, can significantly improve the lives of older adults and people with disabilities. The positive impact of C3 volunteers is particularly noteworthy at a time when many older adults and people with disabilities have unmet needs, which have negative effects on their physical and mental well-being. Additionally, caregivers experience high levels of stress as they juggle personal and professional responsibilities, leading to various health issues. The COVID-19 pandemic, which peaked during the first two C3 cohorts, exacerbated these issues. These numerous challenges require innovative and multifaceted solutions, including the nonmedical volunteer assistance models that have been started and strengthened by C3.

## Limitations

This evaluation had some limitations that could be addressed in future evaluations. First, response rates were small for some respondent types and cohorts, and even smaller for analyses that focused on change over time for respondents to initial and follow-up surveys. The evaluation team will continue to provide technical assistance and support to grantees in disseminating the surveys and growing a larger sample in future cohorts.

Another factor that may have hindered our analysis is some survey questions asked about multidimensional concepts through a single question. The evaluation team has already implemented changes for Cohort 4 to address this issue. For example, given that volunteers almost universally provide companionship to care recipients, we replaced the single question of frequency of feeling lonely with the UCLA 3-item loneliness scale. The additional granularity and comprehensiveness of this validated instrument, and the other instruments we have added to the Cohort 4 surveys, may uncover additional insights into how volunteers impact care recipients and their caregivers.

In summary, this evaluation demonstrates that C3 effectively establishes and strengthens volunteer assistance for older adults and people with disabilities. These findings could have significant implications for the future of care. The rapidly growing population of older adults, strain on family caregivers, and workforce challenges mean that some individuals who need care cannot access it. This evaluation shows that volunteers can help meet unmet needs in this challenging landscape and improve the lives of older adults, people with disabilities, and their caregivers.

## Looking to the Future

The implications of these evaluation findings underline the need to grow and replicate programs that provide nonmedical volunteer assistance to older adults, people with disabilities, and family caregivers. The C3 leadership team will continue to work to disseminate these evaluation findings to encourage support and inspire potential grantees to launch new programs. Various entities have a role in funding and supporting programs like those funded through C3. They include public and private funders, health insurance plans, healthcare systems, and policymakers at the local, state, and national levels. The C3 leadership team has recently focused on providing extensive technical assistance to grantees to help them leverage evaluation findings to make strong value propositions to these potential partners and funders. Ultimately, these efforts aim to help grantees achieve long-term sustainability, so that they may continue to offer volunteer assistance and grow their offerings to program participants.

### Appendix Table 1: Participants, Responses, and Response Rates by Cohort, Survey, and Respondent Type

Cohort Number (and Time Period)	Participants	Number (and Percentage) of Respondents		
		Initial	Follow-up	Both
<b>Care Recipients</b>				
1 (2020–2021)	11,593	1,407 (12%)	930 (8%)	490 (4%)
2 (2021–2022)	9,546	1,870 (20%)	1,069 (11%)	656 (7%)
3 (2022–2024)	2,124	764 (36%)	355 (17%)	73 (3%)
Total	23,263	4,041 (17%)	2,354 (10%)	1,219 (5%)
<b>Family Caregivers</b>				
1 (2020–2021)	1,001	339 (34%)	250 (25%)	149 (15%)
2 (2021–2022)	1,928	541 (28%)	290 (15%)	166 (9%)
3 (2022–2024)	2,965	523 (18%)	224 (8%)	45 (2%)
Total	5,894	1,403 (24%)	764 (13%)	360 (6%)
<b>One-Time Assistance Recipients</b>				
3 (2022–2024)	2,622	-	382 (15%)	-
<b>Volunteers</b>				
1 (2020–2021)	3,314	1,469 (44%)	782 (24%)	-
2 (2021–2022)	4,156	1,522 (37%)	724 (17%)	-
3 (2022–2024)	1,830	-	232 (13%)	-
Total	9,300	2,991 (40%)	1,738 (19%)	-

Note: Dashes indicate data points that were not collected in the corresponding cohort and time period.

## Appendix Table 2: Summary of Care Recipient Responses for All Three Cohorts Combined

	All Cohorts	
	Baseline	Follow-up
<b>Care Recipient Demographic Characteristics</b>		
<b>Care Recipient Gender</b>		
Male	31%	-
Female	69%	-
Another Gender	0%	-
Prefer not to say	0%	-
<b>Care Recipient Age Group</b>		
<64	22%	-
65-74	30%	-
75-84	29%	-
85+	19%	-
<b>Care Recipient Race and Ethnicity</b>		
White	54%	-
Hispanic or Latino	23%	-
Black or African American	14%	-
Asian and Pacific Islander	3%	-
Another Race or Multiple Races	6%	-
<b>Care Recipient Educational Attainment</b>		
Less than High School	10%	-
High School Diploma or Equivalent	29%	-
Some College/Trade School	24%	-
College/Trade School Graduate	22%	-
Post-Graduate Degree	15%	-

	All Cohorts	
	Baseline	Follow-up
<b>Care Recipient Employment Status</b>		
Retired	96%	-
Semi-retired	9%	-
Employed full-time	7%	-
Employed part-time	7%	-
Full-time student	1%	-
Part-time student	1%	-
<b>Care Recipient Current Living Arrangement</b>		
In my own home	76%	-
Senior housing	10%	-
In a family member's home	7%	-
Assisted Living Facility	2%	-
With a friend or roommate	1%	-
Life Plan Community or Continuing Care Retirement Community	0%	-
Other	4%	-
<b>Care Recipient Experience</b>		
<b>Tasks That Care Recipients Have Experienced Difficulty Doing in the Past Month</b>		
Home maintenance	75%	-
Running errands	69%	-
Grocery shopping	67%	-
Cleaning	66%	-
Bathing	39%	-
Dressing	33%	-
Eating	21%	-
<b>Care Recipient Relationship(s) to Caregiver(s)</b>		
Child	40%	-

	All Cohorts	
	Baseline	Follow-up
Friend	27%	-
Spouse	25%	-
Neighbor	17%	-
Sibling	12%	-
Grandchild	11%	-
Parent	6%	-
Niece/Nephew	6%	-
Cousin	3%	-
Aunt/Uncle	1%	-
Grandparent	1%	-
None	29%	-
<b>Nonmedical Volunteer Assistance Received by Care Recipients</b>		
Companionship	-	81%
Meal assistance	-	43%
Transportation assistance	-	35%
Medical appointment chaperone	-	30%
Light chores/help around the home	-	21%
Other errands	-	24%
Stress reduction	-	18%
Safety checks	-	18%
Travel companion/chaperone	-	17%
Grocery shopping	-	23%
Light yard maintenance	-	12%
Picking up prescriptions	-	13%
Food preparation	-	8%
Peer counseling/mentoring	-	7%

	All Cohorts	
	Baseline	Follow-up
Minor home modifications	-	7%
Laundry	-	7%
Recreational companion/chaperone	-	6%
<b>Care Recipient Outcomes</b>		
<b>Care Recipient Agreement that Volunteer Assistance Helped Them Maintain Their Current Living Situation</b>		
Strongly Agree	-	61%
Somewhat Agree	-	21%
Neither Agree or Disagree	-	15%
Somewhat Disagree	-	1%
Strongly Disagree	-	1%
<b>Care Recipient Difficulty Maintaining Their Current Living Situation</b>		
Not at all difficult	36%	34%
Somewhat difficult	46%	43%
Difficult	13%	16%
Extremely difficult	5%	6%
<b>Care Recipient Frequency of Feeling Downhearted or Blue in the Past Month</b>		
All of the time	5%	5%
Most of the time	14%	13%
Some of the time	55%	55%
Never	25%	28%
<b>Care Recipient Frequency of Feeling Worried in the Past Month</b>		
All of the time	9%	7%
Most of the time	15%	14%
Some of the time	54%	54%
Never	23%	26%



	All Cohorts	
	Baseline	Follow-up
<b>Care Recipient Frequency of Feeling Lonely</b>		
All of the time	8%	7%
Most of the time	15%	12%
Some of the time	45%	45%
Never	32%	36%
<b>Care Recipient Mental Health</b>		
Excellent	15%	18%
Good	50%	49%
Fair	28%	28%
Poor	7%	6%
<b>Care Recipient Physical Health</b>		
Excellent	6%	5%
Good	35%	34%
Fair	41%	45%
Poor	17%	16%
<b>Care Recipient Quality of Life</b>		
Very good	17%	18%
Good	43%	44%
Fair	28%	28%
Poor	9%	8%
Very poor	3%	2%
<b>Change in Care Recipient Outcomes</b>		
<b>Care Recipient Difficulty Maintaining Their Current Living Situation</b>		
Decreased	-	17%
No Change	-	63%
Increased	-	20%

	All Cohorts	
	Baseline	Follow-up
<b>Care Recipient Frequency of Feeling Downhearted or Blue in the Past Month</b>		
Decreased	-	16%
No Change	-	72%
Increased	-	12%
<b>Care Recipient Frequency of Feeling Worried in the Past Month</b>		
Decreased	-	18%
No Change	-	69%
Increased	-	12%
<b>Care Recipient Frequency of Feeling Lonely</b>		
Decreased	-	17%
No Change	-	70%
Increased	-	13%
<b>Care Recipient Mental Health</b>		
Improved	-	16%
No Change	-	67%
Worsened	-	16%
<b>Care Recipient Physical Health</b>		
Improved	-	15%
No Change	-	71%
Worsened	-	14%
<b>Care Recipient Quality of Life</b>		
Improved	-	18%
No Change	-	67%
Worsened	-	15%

	All Cohorts	
	Baseline	Follow-up
<b>Care Recipient Satisfaction</b>		
<b>Care Recipient Belief That Replacing Volunteer Assistance Would Be Easy</b>		
No	-	72%
Yes	-	9%
Unsure	-	19%
<b>Care Recipient Would Recommend This Organization</b>		
Yes	-	97%
No	-	1%
Unsure	-	2%

Note: Dashes indicate data points that were not collected in the corresponding time period in all cohorts.

### Appendix Table 3: Summary of Care Recipient Responses by Cohort

	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
<b>Care Recipient Demographic Characteristics</b>						
<b>Care Recipient Gender</b>						
Male	27%	-	33%	-	33%	-
Female	73%	-	66%	-	67%	-
Another Gender	0%	-	0%	-	0%	-
Prefer not to say	0%	-	0%	-	0%	-
<b>Care Recipient Age Group</b>						
<64	17%	-	25%	-	22%	-
65-74	31%	-	31%	-	29%	-
75-84	30%	-	28%	-	32%	-
85+	23%	-	16%	-	17%	-
<b>Care Recipient Race and Ethnicity</b>						
White	52%	-	51%	-	62%	-
Hispanic or Latino	28%	-	24%	-	14%	-
Black or African American	9%	-	16%	-	18%	-
Asian and Pacific Islander	6%	-	2%	-	2%	-
Another Race or Multiple Races	6%	-	8%	-	4%	-
<b>Care Recipient Educational Attainment</b>						
Less than High School	9%	-	11%	-	9%	-
High School Diploma or Equivalent	25%	-	33%	-	29%	-
Some College/Trade School	23%	-	24%	-	24%	-
College/Trade School Graduate	21%	-	21%	-	24%	-
Post-Graduate Degree	23%	-	11%	-	14%	-
<b>Care Recipient Employment Status</b>						
Retired	98%	-	97%	-	88%	-

Semi-retired	19%	-	12%	-	3%	-
Employed full-time	13%	-	11%	-	2%	-
Employed part-time	13%	-	9%	-	3%	-
Full-time student	1%	-	2%	-	2%	-
Part-time student	1%	-	1%	-	2%	-
<b>Care Recipient Current Living Arrangement</b>						
In my own home	78%	-	76%	-	72%	-
Senior housing	7%	-	10%	-	13%	-
In a family member's home	7%	-	6%	-	8%	-
Assisted Living Facility	3%	-	2%	-	2%	-
With a friend or roommate	1%	-	1%	-	2%	-
Life Plan Community or Continuing Care Retirement Community	1%	-	0%	-	0%	-
Group Home	-	-	-	-	0%	-
Other	3%	-	5%	-	3%	-
<b>Care Recipient Experience</b>						
<b>Care Recipient Has a Long-Term Health Condition</b>						
Yes	-	-	75%	-	75%	-
No	-	-	20%	-	21%	-
Prefer not to say	-	-	5%	-	5%	-
<b>Care Recipient Has a Disability</b>						
Yes	-	-	66%	-	60%	-
No	-	-	30%	-	36%	-
Prefer not to say	-	-	4%	-	5%	-
<b>Tasks That Care Recipients Have Experienced Difficulty Doing in the Past Month</b>						
Home maintenance	69%	-	79%	-	73%	-
Running errands	67%	-	69%	-	75%	-
Grocery shopping	65%	-	67%	-	71%	-
Cleaning	63%	-	68%	-	67%	-

Bathing	36%	-	41%	-	40%	-
Dressing	29%	-	34%	-	35%	-
Eating	20%	-	21%	-	23%	-
Light Yard Work	70%	-	77%	-	-	-
Driving a car	70%	-	68%	-	-	-
Using other transportation	60%	-	57%	-	-	-
Standing	-	-	-	-	63%	-
Walking	-	-	-	-	58%	-
Preparing Meals	-	-	-	-	56%	-
Doing Laundry	-	-	-	-	55%	-
<b>Care Recipient Relationship(s) to Caregiver(s)</b>						
Child	53%	-	49%	-	19%	-
Friend	39%	-	34%	-	13%	-
Spouse	31%	-	31%	-	14%	-
Neighbor	26%	-	26%	-	5%	-
Sibling	18%	-	15%	-	6%	-
Grandchild	16%	-	15%	-	4%	-
Parent	4%	-	10%	-	4%	-
Niece/Nephew	7%	-	10%	-	3%	-
Cousin	5%	-	4%	-	1%	-
Aunt/Uncle	2%	-	2%	-	0%	-
Grandparent	1%	-	1%	-	0%	-
Other Relative	-	-	-	-	3%	-
None	24%	-	29%	-	35%	-
<b>Nonmedical Volunteer Assistance Received by Care Recipients</b>						
Companionship	-	90%	-	79%	-	68%
Meal assistance	-	30%	-	71%	-	5%
Transportation assistance	-	60%	-	35%	-	19%

Medical appointment chaperone	-	65%	-	29%	-	2%
Light chores/help around the home	-	30%	-	24%	-	11%
Other errands	-	40%	-	27%	-	15%
Stress reduction	-	29%	-	25%	-	5%
Safety checks	-	15%	-	32%	-	6%
Travel companion/chaperone	-	21%	-	28%	-	5%
Grocery shopping	-	47%	-	12%	-	20%
Light yard maintenance	-	18%	-	21%	-	1%
Picking up prescriptions	-	40%	-	8%	-	5%
Food preparation	-	14%	-	12%	-	1%
Peer counseling/mentoring	-	15%	-	11%	-	1%
Minor home modifications	-	10%	-	11%	-	3%
Laundry	-	14%	-	7%	-	3%
Recreational companion/chaperone	-	8%	-	9%	-	2%
Patient advocacy	-	9%	-	13%	-	-
Emergency preparedness	-	-	-	29%	-	0%
Respite for my family caregiver	-	-	-	-	-	8%
<b>Care Recipient Outcomes</b>						
<b>Care Recipient Agreement that Volunteer Assistance Helped Them Maintain Their Current Living Situation</b>						
Strongly Agree	-	58%	-	67%	-	51%
Somewhat Agree	-	19%	-	20%	-	30%
Neither Agree or Disagree	-	20%	-	10%	-	18%
Somewhat Disagree	-	1%	-	2%	-	1%
Strongly Disagree	-	2%	-	1%	-	1%
<b>Care Recipient Difficulty Maintaining Their Current Living Situation</b>						
Not at all difficult	39%	36%	35%	34%	33%	32%
Somewhat difficult	45%	43%	46%	42%	48%	44%
Difficult	12%	15%	15%	18%	12%	15%

Extremely difficult	5%	5%	5%	6%	6%	9%
<b>Care Recipient Frequency of Feeling Downhearted or Blue in the Past Month</b>						
All of the time	7%	5%	4%	5%	5%	3%
Most of the time	15%	12%	14%	14%	15%	11%
Some of the time	54%	59%	53%	53%	60%	51%
Never	24%	25%	28%	28%	21%	35%
<b>Care Recipient Frequency of Feeling Worried in the Past Month</b>						
All of the time	11%	7%	8%	7%	7%	4%
Most of the time	15%	14%	15%	14%	16%	12%
Some of the time	53%	56%	52%	52%	59%	55%
Never	21%	23%	25%	27%	18%	29%
<b>Care Recipient Frequency of Feeling Lonely</b>						
All of the time	10%	9%	7%	7%	9%	6%
Most of the time	17%	12%	13%	12%	15%	9%
Some of the time	43%	49%	46%	43%	47%	44%
Never	29%	31%	35%	38%	29%	41%
<b>Care Recipient Mental Health</b>						
Excellent	19%	21%	13%	16%	14%	17%
Good	47%	47%	49%	49%	54%	54%
Fair	28%	27%	30%	30%	26%	24%
Poor	7%	6%	8%	6%	6%	5%
<b>Care Recipient Physical Health</b>						
Excellent	8%	6%	5%	6%	6%	4%
Good	36%	34%	34%	31%	38%	43%
Fair	40%	47%	43%	45%	39%	39%
Poor	16%	13%	19%	18%	17%	14%
<b>Care Recipient Quality of Life</b>						
Very good	20%	17%	15%	18%	17%	18%



Good	41%	46%	43%	42%	45%	47%
Fair	27%	28%	30%	29%	27%	25%
Poor	8%	7%	9%	9%	10%	7%
Very poor	3%	2%	3%	1%	2%	3%
<b>Change in Care Recipient Outcomes</b>						
<b>Care Recipient Difficulty Maintaining Their Current Living Situation</b>						
Decreased	-	21%	-	12%	-	26%
No Change	-	57%	-	72%	-	42%
Increased	-	22%	-	16%	-	32%
<b>Care Recipient Frequency of Feeling Downhearted or Blue in the Past Month</b>						
Decreased	-	25%	-	9%	-	27%
No Change	-	62%	-	80%	-	60%
Increased	-	14%	-	11%	-	13%
<b>Care Recipient Frequency of Feeling Worried in the Past Month</b>						
Decreased	-	25%	-	13%	-	27%
No Change	-	62%	-	76%	-	56%
Increased	-	13%	-	11%	-	17%
<b>Care Recipient Frequency of Feeling Lonely</b>						
Decreased	-	23%	-	11%	-	27%
No Change	-	60%	-	78%	-	60%
Increased	-	17%	-	12%	-	12%
<b>Care Recipient Mental Health</b>						
Improved	-	24%	-	11%	-	20%
No Change	-	57%	-	76%	-	54%
Worsened	-	18%	-	12%	-	26%
<b>Care Recipient Physical Health</b>						
Improved	-	21%	-	10%	-	23%
No Change	-	65%	-	79%	-	54%

Worsened	-	15%	-	11%	-	23%
<b>Care Recipient Quality of Life</b>						
Improved	-	22%	-	13%	-	27%
No Change	-	62%	-	76%	-	48%
Worsened	-	16%	-	11%	-	25%
<b>Care Recipient Satisfaction</b>						
<b>Care Recipient Belief That Replacing Volunteer Assistance Would Be Easy</b>						
No	-	70%	-	74%	-	74%
Yes	-	10%	-	9%	-	6%
Unsure	-	20%	-	17%	-	20%
<b>Care Recipient Would Recommend This Organization</b>						
Yes	-	97%	-	97%	-	97%
No	-	0%	-	1%	-	1%
Unsure	-	3%	-	2%	-	2%

Note: Dashes indicate data points that were not collected in the corresponding cohort and time period.

## Appendix Table 4: Summary of One-Time Assistance Recipient Responses

	Cohort 3
	Follow-up
<b>One-Time Assistance Recipient Demographic Characteristics</b>	
<b>One-Time Assistance Recipient Gender</b>	
Male	24%
Female	76%
Another Gender	0%
Prefer not to say	1%
<b>One-Time Assistance Recipient Age Group</b>	
<64	29%
65-74	35%
75-84	23%
85+	13%
<b>One-Time Assistance Recipient Race and Ethnicity</b>	
White	54%
Black or African American	36%
Hispanic or Latino	4%
Asian and Pacific Islander	1%
Another Race or Multiple Races	4%
<b>One-Time Assistance Recipient Educational Attainment</b>	
Less than High School	11%
High School Diploma or Equivalent	33%
Some College/Trade School	23%
College/Trade School Graduate	25%
Post-Graduate Degree	8%
<b>One-Time Assistance Recipient Employment Status</b>	
Retired	88%

	Cohort 3
	Follow-up
Semi-retired	3%
Employed full-time	7%
Employed part-time	4%
Full-time student	0%
Part-time student	1%
<b>One-Time Assistance Recipient Current Living Arrangement</b>	
In my own home (e.g., house, apartment, trailer, etc.)	88%
Senior Housing	5%
In a family member's home	4%
Assisted Living Facility	1%
With a friend or roommate	1%
Life Plan Community or Continuing Care Retirement Community	0%
<b>One-Time Assistance Recipient Experience</b>	
<b>One-Time Assistance Recipient Has a Long-Term Health Condition</b>	
Yes	61%
No	30%
Prefer not to say	9%
<b>One-Time Assistance Recipient Has a Disability</b>	
Yes	51%
No	43%
Prefer not to say	6%
<b>One-Time Assistance Recipient Relationship(s) to Caregiver(s)</b>	
Child	32%
Friend	9%
Spouse	9%
Grandchild	5%

	Cohort 3
	Follow-up
Sibling	5%
Other relative	5%
Niece/Nephew	2%
Neighbor	2%
Parent	1%
Cousin	1%
Grandparent	0%
Aunt/Uncle	0%
None	47%
<b>Volunteer One-Time Assistance Received by Care Recipient</b>	
Home repairs	37%
Assistance accessing resources and programs	20%
Virtual conversations on caregiving topics	15%
Meal delivery services	7%
Virtual reality experiences	3%
Therapy pet visits	2%
Home modifications (e.g., installing grab bars)	1%
Yard work and landscaping	0%
Other	25%
<b>One-Time Assistance Recipient Outcomes</b>	
<b>Amount One-Time Volunteer Assistance Alleviated a Major Life Concern</b>	
A lot	70%
Some	24%
Not Very Much	5%
Not at All	2%

	Cohort 3
	Follow-up
One-Time Assistance Recipient Belief That Replacing Volunteer Assistance Would Be Easy	
No	74%
Yes	3%
Unsure	23%

Note: Dashes indicate data points that were not collected in the corresponding cohort and time period.

## Appendix Table 5: Summary of Caregiver Responses for All Three Cohorts Combined

	All Cohorts	
	Baseline	Follow-up
<b>Caregiver Demographic Characteristics</b>		
<b>Caregiver Gender</b>		
Male	18%	-
Female	81%	-
Another Gender	0%	-
Prefer not to say	1%	-
<b>Caregiver Age Group</b>		
<20	1%	-
20-44	18%	-
45-64	37%	-
65-74	23%	-
75-84	19%	-
85+	3%	-
<b>Caregiver Race and Ethnicity</b>		
White	54%	-
Hispanic or Latino	17%	-
Black or African American	4%	-
Asian and Pacific Islander	2%	-
Another Race or Multiple Races	23%	-
<b>Caregiver Educational Attainment</b>		
Less than High School	4%	-
High School Diploma or Equivalent	13%	-
Some College/Trade School	21%	-

	All Cohorts	
	Baseline	Follow-up
College/Trade School Graduate	34%	-
Post-Graduate Degree	28%	-
<b>Caregiver Employment Status</b>		
Retired	67%	-
Employed full-time	41%	-
Employed part-time	22%	-
Semi-retired	10%	-
Full-time student	9%	-
Part-time student	7%	-
<b>Caregiver Experience</b>		
<b>Care Recipient Relation to Caregiver</b>		
Spouse	37%	-
Child	23%	-
Parent	15%	-
Sibling	12%	-
Grandchild	3%	-
Friend	3%	-
Grandparent	1%	-
Aunt/Uncle	1%	-
Niece/Nephew	1%	-
Neighbor	1%	-
Cousin	0%	-
Other relative	3%	-
<b>Living Arrangement of the Person Assisted by Caregiver</b>		
In their own home	56%	-
In my home or in another family member's home	30%	-



	All Cohorts	
	Baseline	Follow-up
Assisted Living Facility	4%	-
Senior Housing	2%	-
Life Plan Community or Continuous Care Retirement Community	1%	-
With a friend or roommate	0%	-
Other	6%	-
<b>Frequency of Providing Care to the Care Recipient</b>		
Daily	74%	-
A couple of times per week	14%	-
Weekly	5%	-
A couple of times per month	8%	-
<b>Tasks Supported by Caregivers</b>		
Transportation	84%	-
Shopping	83%	-
Handling finances	82%	-
Food preparation	80%	-
Housekeeping	79%	-
Medications	79%	-
Technology/communication assistance	78%	-
Laundry	76%	-
Using the telephone	65%	-
Bathing	52%	-
Dressing	52%	-
Walking/mobility	46%	-
Moving in and out of a chair or bed	38%	-
Eating	37%	-

	All Cohorts	
	Baseline	Follow-up
<b>Volunteer Assistance Received by Caregivers or the Person They Support</b>		
Stress reduction	-	60%
Companionship	-	49%
Respite Care	-	48%
Peer counseling	-	44%
Transportation assistance	-	6%
Other errands	-	5%
Safety checks	-	4%
Recreational companion/chaperone	-	4%
Meal assistance	-	3%
Light chores/help around the home	-	3%
Non-emergency medical appointment companion/chaperone	-	3%
Travel companion/chaperone	-	3%
Minor home modifications	-	2%
Grocery shopping	-	2%
Food preparation	-	2%
Picking up prescriptions/medical equipment	-	2%
Light yard maintenance	-	1%
Laundry	-	1%
Other	-	11%
<b>Caregiver Outcomes</b>		
<b>Caregiver Frequency of Feeling Overwhelmed, Over Worked, or Overburdened</b>		
All of the time	5%	5%
Most of the time	17%	15%
Some of the time	61%	63%
Never	18%	17%

	All Cohorts	
	Baseline	Follow-up
<b>Caregiver Difficulty Maintaining the Current Living Situation of the Care Recipient</b>		
Not at all difficult	33%	34%
Somewhat difficult	49%	48%
Difficult	14%	13%
Extremely difficult	4%	5%
<b>Amount Volunteer Assistance Relieved Caregiver Stress</b>		
A Lot	-	40%
Some	-	53%
Not Very Much	-	5%
Not at All	-	2%
<b>Frequency of Feeling Stressed About Caregiving</b>		
Nearly always	5%	6%
Quite frequently	24%	23%
Sometimes	47%	48%
Rarely	14%	15%
Never	9%	8%
<b>Frequency of Feeling Downhearted or Blue in the Past Month</b>		
All of the time	1%	1%
Most of the time	11%	10%
Some of the time	71%	67%
Never	17%	21%
<b>Caregiver Frequency of Feeling Worried in the Past Month</b>		
All of the time	6%	4%
Most of the time	20%	15%
Some of the time	63%	66%
Never	10%	15%

	All Cohorts	
	Baseline	Follow-up
<b>Caregiver Frequency of Feeling Lonely</b>		
All of the time	2%	3%
Most of the time	11%	8%
Some of the time	51%	54%
Never	36%	35%
<b>Caregiver Mental Health</b>		
Excellent	14%	16%
Good	60%	62%
Fair	23%	21%
Poor	3%	1%
<b>Caregiver Physical Health</b>		
Excellent	13%	13%
Good	60%	60%
Fair	24%	25%
Poor	4%	2%
<b>Caregiver Quality of Life</b>		
Very good	25%	22%
Good	50%	56%
Fair	22%	20%
Poor	3%	3%
Very poor	1%	0%
<b>Caregiver Agreement that Volunteer Assistance Improved Their Quality of Life</b>		
Strongly agree	-	45%
Somewhat agree	-	40%
Neither agree/disagree	-	13%
Somewhat disagree	-	1%

	All Cohorts	
	Baseline	Follow-up
Strongly disagree	-	1%
<b>Caregiver Belief That Replacing Volunteer Assistance Would Be Easy</b>		
No	-	60%
Yes	-	9%
Unsure	-	31%
<b>Change in Caregiver Outcomes</b>		
<b>Caregiver Frequency of Feeling Overwhelmed, Over Worked, or Overburdened</b>		
Decreased	-	12%
No Change	-	69%
Increased	-	19%
<b>Caregiver Frequency of Feeling Stressed by Providing Care</b>		
Decreased	-	16%
No Change	-	59%
Increased	-	25%
<b>Caregiver Difficulty Maintaining the Current Living Situation of the Care Recipient</b>		
Decreased	-	22%
No Change	-	59%
Increased	-	20%
<b>Caregiver Frequency of Feeling Downhearted or Blue in the Past Month</b>		
Decreased	-	18%
No Change	-	69%
Increased	-	14%
<b>Caregiver Frequency of Feeling Worried in the Past Month</b>		
Decreased	-	21%
No Change	-	64%
Increased	-	15%

	All Cohorts	
	Baseline	Follow-up
<b>Caregiver Frequency of Feeling Lonely</b>		
Decreased	-	17%
No Change	-	61%
Increased	-	21%
<b>Caregiver Mental Health</b>		
Improved	-	15%
No Change	-	69%
Worsened	-	16%
<b>Caregiver Physical Health</b>		
Improved	-	14%
No Change	-	72%
Worsened	-	14%
<b>Caregiver Quality of Life</b>		
Improved	-	16%
No Change	-	59%
Worsened	-	24%

Note: Dashes indicate data points that were not collected in the corresponding time period.

### Appendix Table 6: Summary of Caregiver Responses by Cohort

	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
<b>Caregiver Demographic Characteristics</b>						
<b>Caregiver Gender</b>						
Male	15%	-	19%	-	21%	-
Female	84%	-	81%	-	78%	-
Another Gender	0%	-	0%	-	0%	-
Prefer not to say	1%	-	0%	-	1%	-
<b>Caregiver Age Group</b>						
<20	1%	-	2%	-	0%	-
20-44	24%	-	22%	-	9%	-
45-64	42%	-	39%	-	32%	-
65-74	17%	-	20%	-	28%	-
75-84	13%	-	14%	-	27%	-
85+	3%	-	3%	-	2%	-
<b>Caregiver Race and Ethnicity</b>						
White	43%	-	32%	-	78%	-
Hispanic or Latino	13%	-	24%	-	13%	-
Black or African American	4%	-	5%	-	5%	-
Asian and Pacific Islander	1%	-	1%	-	3%	-
Another Race or Multiple Races	39%	-	38%	-	1%	-
<b>Caregiver Educational Attainment</b>						
Less than High School	6%	-	5%	-	1%	-
High School Diploma or Equivalent	18%	-	17%	-	7%	-
Some College/Trade School	30%	-	21%	-	16%	-
College/Trade School Graduate	26%	-	36%	-	37%	-
Post-Graduate Degree	20%	-	22%	-	39%	-

	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
<b>Caregiver Employment Status</b>						
Retired	90%	-	72%	-	59%	-
Employed full-time	78%	-	57%	-	26%	-
Employed part-time	64%	-	33%	-	10%	-
Semi-retired	38%	-	15%	-	6%	-
Full-time student	32%	-	20%	-	2%	-
Part-time student	33%	-	12%	-	2%	-
<b>Caregiver Experience</b>						
<b>Caregiver Has a Long-Term Health Condition</b>						
Yes	-	-	30%	-	30%	-
No	-	-	65%	-	65%	-
Prefer not to say	-	-	5%	-	5%	-
<b>Caregiver Has a Disability</b>						
Yes	-	-	15%	-	14%	-
No	-	-	82%	-	84%	-
Prefer not to say	-	-	4%	-	2%	-
<b>Care Recipient Relation to Caregiver</b>						
Spouse	26%	-	31%	-	51%	-
Child	27%	-	22%	-	22%	-
Parent	16%	-	17%	-	12%	-
Sibling	6%	-	18%	-	9%	-
Grandchild	6%	-	5%	-	0%	-
Friend	6%	-	2%	-	2%	-
Grandparent	2%	-	2%	-	1%	-
Aunt/Uncle	3%	-	1%	-	0%	-
Niece/Nephew	1%	-	1%	-	0%	-



	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Neighbor	1%	-	1%	-	1%	-
Cousin	1%	-	0%	-	0%	-
Other relative	6%	-	2%	-	2%	-
<b>Living Arrangement of the Person Assisted by Caregiver</b>						
In their own home	64%	-	59%	-	47%	-
In my home or in another family member's home	29%	-	29%	-	32%	-
Assisted Living Facility	2%	-	4%	-	7%	-
Senior Housing	2%	-	3%	-	2%	-
Life Plan Community or Continuous Care Retirement Community	1%	-	1%	-	2%	-
With a friend or roommate	0%	-	0%	-	1%	-
Other	2%	-	4%	-	10%	-
In a Group Home	-	-	-	-	2%	-
<b>Frequency of Providing Care to the Care Recipient</b>						
Daily	73%	-	72%	-	76%	-
A couple of times per week	14%	-	13%	-	14%	-
Weekly	7%	-	5%	-	5%	-
A couple of times per month	6%	-	10%	-	6%	-
<b>Tasks Supported by Caregivers</b>						
Transportation	96%	-	90%	-	74%	-
Shopping	96%	-	88%	-	73%	-
Handling finances	92%	-	87%	-	74%	-
Food preparation	95%	-	86%	-	68%	-
Housekeeping	93%	-	85%	-	67%	-
Medications	95%	-	84%	-	68%	-
Technology/communication assistance	91%	-	86%	-	67%	-
Laundry	93%	-	82%	-	63%	-

	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Using the telephone	88%	-	73%	-	52%	-
Bathing	75%	-	57%	-	42%	-
Dressing	76%	-	54%	-	42%	-
Walking/mobility	74%	-	50%	-	33%	-
Moving in and out of a chair or bed	68%	-	43%	-	27%	-
Eating	66%	-	40%	-	27%	-
<b>Volunteer Assistance Received by Caregivers or the Person They Support</b>						
Stress reduction	-	90%	-	77%	-	17%
Companionship	-	78%	-	51%	-	39%
Respite Care	-	67%	-	48%	-	43%
Peer counseling	-	84%	-	55%	-	7%
Transportation assistance	-	11%	-	10%	-	3%
Other errands	-	9%	-	11%	-	1%
Safety checks	-	6%	-	7%	-	2%
Recreational companion/chaperone	-	9%	-	6%	-	2%
Meal assistance	-	9%	-	7%	-	1%
Light chores/help around the home	-	8%	-	8%	-	0%
Non-emergency medical appointment companion/chaperone	-	11%	-	5%	-	0%
Travel companion/chaperone	-	9%	-	4%	-	1%
Minor home modifications	-	6%	-	4%	-	1%
Grocery shopping	-	6%	-	4%	-	0%
Food preparation	-	6%	-	3%	-	1%
Picking up prescriptions/medical equipment	-	6%	-	4%	-	0%
Light yard maintenance	-	3%	-	2%	-	0%
Laundry	-	0%	-	3%	-	0%
Patient advocacy	-	11%	-	24%	-	-

	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Emergency preparedness	-	-	-	16%	-	1%
I get a break from caregiving	-	-	-	-	-	38%
Other	-	0%	-	0%	-	38%
<b>Caregiver Outcomes</b>						
<b>Caregiver Frequency of Feeling Overwhelmed, Over Worked, or Overburdened</b>						
All of the time	3%	5%	6%	3%	6%	8%
Most of the time	13%	13%	15%	16%	20%	17%
Some of the time	58%	61%	58%	62%	65%	65%
Never	27%	22%	20%	18%	9%	11%
<b>Caregiver Frequency of Feeling Confident in Providing Care</b>						
All of the time	43%	45%	33%	29%	-	-
Most of the time	46%	45%	46%	52%	-	-
Some of the time	10%	9%	20%	17%	-	-
Never	1%	0%	2%	2%	-	-
<b>Volunteer Assistance Made Caregiver Feel More Capable of Providing Care</b>						
No	-	-	-	-	-	7%
Yes	-	-	-	-	-	80%
I don't know	-	-	-	-	-	13%
<b>Caregiver Difficulty Maintaining the Current Living Situation of the Care Recipient</b>						
Not at all difficult	36%	38%	40%	41%	25%	19%
Somewhat difficult	48%	46%	47%	44%	53%	57%
Difficult	13%	13%	12%	10%	17%	17%
Extremely difficult	3%	3%	2%	5%	5%	8%
<b>Caregiver Belief That Care Recipient Benefited from Volunteer Assistance</b>						
Yes	-	-	-	-	-	79%
No	-	-	-	-	-	9%

	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
I don't know	-	-	-	-	-	12%
<b>Amount Volunteer Assistance Relieved Caregiver Stress</b>						
A Lot	-	47%	-	37%	-	34%
Some	-	48%	-	56%	-	55%
Not Very Much	-	3%	-	5%	-	7%
Not at All	-	2%	-	2%	-	3%
<b>Frequency of Feeling Stressed About Caregiving</b>						
Nearly always	3%	5%	6%	5%	7%	9%
Quite frequently	17%	21%	22%	21%	30%	27%
Sometimes	45%	44%	46%	47%	50%	55%
Rarely	20%	18%	14%	18%	10%	6%
Never	13%	11%	12%	10%	3%	3%
<b>Frequency of Feeling Downhearted or Blue in the Past Month</b>						
All of the time	1%	0%	1%	0%	2%	3%
Most of the time	10%	9%	9%	11%	13%	11%
Some of the time	68%	67%	71%	67%	72%	69%
Never	22%	23%	19%	22%	13%	18%
<b>Caregiver Frequency of Feeling Worried in the Past Month</b>						
All of the time	5%	4%	6%	4%	8%	4%
Most of the time	18%	12%	19%	17%	23%	17%
Some of the time	65%	67%	64%	62%	61%	69%
Never	12%	16%	11%	17%	7%	9%
<b>Caregiver Frequency of Feeling Lonely</b>						
All of the time	1%	2%	3%	3%	3%	3%
Most of the time	8%	8%	10%	9%	15%	8%
Some of the time	51%	54%	53%	54%	49%	55%

	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Never	40%	36%	35%	34%	34%	34%
<b>Caregiver Mental Health</b>						
Excellent	20%	21%	12%	13%	13%	15%
Good	60%	62%	65%	64%	56%	56%
Fair	18%	16%	21%	22%	28%	26%
Poor	2%	0%	2%	1%	4%	3%
<b>Caregiver Physical Health</b>						
Excellent	13%	15%	11%	12%	15%	11%
Good	62%	59%	63%	60%	56%	60%
Fair	23%	25%	24%	25%	23%	25%
Poor	2%	1%	2%	3%	6%	3%
<b>Caregiver Quality of Life</b>						
Very good	28%	27%	27%	22%	20%	14%
Good	47%	55%	53%	58%	49%	53%
Fair	22%	16%	18%	17%	25%	27%
Poor	2%	1%	1%	2%	5%	6%
Very poor	0%	0%	1%	1%	1%	0%
<b>Caregiver Agreement that Volunteer Assistance Improved Their Quality of Life</b>						
Strongly agree	-	47%	-	46%	-	42%
Somewhat agree	-	41%	-	38%	-	43%
Neither agree/disagree	-	12%	-	13%	-	13%
Somewhat disagree	-	0%	-	2%	-	1%
Strongly disagree	-	0%	-	0%	-	1%
<b>Caregiver Belief That Replacing Volunteer Assistance Would Be Easy</b>						
No	-	56%	-	58%	-	67%
Yes	-	9%	-	12%	-	8%

	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Unsure	-	35%	-	30%	-	25%
<b>Caregiver Frequency of Feeling Capable of Providing Care</b>						
All of the time	-	-	-	-	18%	-
Most of the time	-	-	-	-	55%	-
Some of the time	-	-	-	-	26%	-
Never	-	-	-	-	1%	-
<b>Change in Caregiver Outcomes</b>						
<b>Caregiver Frequency of Feeling Overwhelmed, Over Worked, or Overburdened</b>						
Decreased	-	8%	-	13%	-	23%
No Change	-	77%	-	70%	-	43%
Increased	-	15%	-	17%	-	34%
<b>Caregiver Frequency of Feeling Stressed by Providing Care</b>						
Decreased	-	13%	-	15%	-	25%
No Change	-	66%	-	60%	-	40%
Increased	-	20%	-	26%	-	36%
<b>Caregiver Difficulty Maintaining the Current Living Situation of the Care Recipient</b>						
Decreased	-	23%	-	20%	-	21%
No Change	-	63%	-	60%	-	44%
Increased	-	14%	-	20%	-	35%
<b>Caregiver Frequency of Feeling Downhearted or Blue in the Past Month</b>						
Decreased	-	17%	-	17%	-	21%
No Change	-	73%	-	69%	-	57%
Increased	-	10%	-	14%	-	23%
<b>Caregiver Frequency of Feeling Worried in the Past Month</b>						
Decreased	-	21%	-	22%	-	20%
No Change	-	66%	-	62%	-	65%

	Cohort 1		Cohort 2		Cohort 3	
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Increased	-	13%	-	16%	-	16%
<b>Caregiver Frequency of Feeling Lonely</b>						
Decreased	-	13%	-	20%	-	19%
No Change	-	67%	-	57%	-	62%
Increased	-	20%	-	23%	-	19%
<b>Caregiver Mental Health</b>						
Improved	-	15%	-	13%	-	23%
No Change	-	70%	-	71%	-	56%
Worsened	-	15%	-	16%	-	21%
<b>Caregiver Physical Health</b>						
Improved	-	16%	-	11%	-	17%
No Change	-	70%	-	77%	-	63%
Worsened	-	14%	-	13%	-	19%
<b>Caregiver Quality of Life</b>						
Improved	-	18%	-	12%	-	25%
No Change	-	60%	-	64%	-	44%
Worsened	-	21%	-	25%	-	31%

Note: Dashes indicate data points that were not collected in the corresponding cohort and time period.

## Appendix Table 7: Summary of Volunteer Responses for All Three Cohorts Combined

	All Cohorts
	Follow-up
<b>Volunteer Demographic Characteristics</b>	
<b>Volunteer Gender</b>	
Male	24%
Female	74%
Another Gender	0%
Prefer not to say	1%
<b>Volunteer Age Group</b>	
<20	10%
20-44	45%
45-64	20%
65-74	17%
75-84	7%
85+	1%
<b>Volunteer Race and Ethnicity</b>	
White	45%
Hispanic or Latino	39%
Black or African American	5%
Asian and Pacific Islander	6%
Another Race or Multiple Races	5%
<b>Volunteer Educational Attainment</b>	
Less than High School	1%
High School Diploma or Equivalent	9%
Some College/Trade School	26%



	All Cohorts
	Follow-up
College/Trade School Graduate	36%
Post-Graduate Degree	28%
<b>Volunteer Employment Status</b>	
Retired	41%
Semi-retired	8%
Employed full-time	40%
Employed part-time	29%
Full-time student	48%
Part-time student	7%
<b>Volunteer Experience</b>	
<b>Volunteer Hours of Assistance Provided per Week</b>	
<2.5 Hours	66%
2.5-5 Hours	24%
6-10 Hours	6%
11-15 Hours	2%
16-20 Hours	1%
>20 Hours	2%
<b>Volunteer Assistance Provided to Care Recipients and Caregivers</b>	
Companionship	83%
Light chores/help around the home	23%
Transportation assistance	21%
Other errands	20%
Grocery shopping	19%
Stress reduction	19%
Respite care	18%
Non-emergency medical appointment companion/chaperone	18%

	All Cohorts
	Follow-up
Light yard maintenance	17%
Minor home modifications	14%
Safety checks	13%
Recreational companion/chaperone	13%
Picking up prescriptions/medical equipment	12%
Travel companion/chaperone	12%
Meal assistance	11%
Patient advocacy	10%
Food preparation	7%
Peer counseling	7%
Laundry	6%
Unsure	12%
<b>Volunteer Outcomes</b>	
<b>Benefits of Volunteering to Volunteer</b>	
Makes me “feel good”	94%
Keeps me feeling connected to others	94%
Keeps me learning/growing	90%
Is good for my social well-being	89%
Mental health (e.g., reducing anxiety, depression, stress)	65%
Possible connections for career building/resume building	43%
Physical health	39%

Note: Dashes indicate data points that were not collected in the corresponding time period.

## Appendix Table 8: Summary of Volunteer Responses by Cohort

	Cohort 1	Cohort 2	Cohort 3
	Follow-up	Follow-up	Follow-up
<b>Volunteer Demographic Characteristics</b>			
<b>Volunteer Gender</b>			
Male	22%	25%	30%
Female	77%	73%	68%
Another Gender	0%	1%	2%
Prefer not to say	1%	1%	1%
<b>Volunteer Age Group</b>			
<20	12%	8%	6%
20-44	40%	50%	49%
45-64	19%	21%	15%
65-74	19%	14%	18%
75-84	9%	6%	11%
85+	1%	1%	1%
<b>Volunteer Race and Ethnicity</b>			
White	46%	39%	73%
Hispanic or Latino	39%	43%	13%
Black or African American	5%	6%	6%
Asian and Pacific Islander	7%	6%	6%
Another Race or Multiple Races	4%	6%	2%
<b>Volunteer Educational Attainment</b>			
Less than High School	2%	1%	0%
High School Diploma or Equivalent	9%	10%	5%
Some College/Trade School	28%	23%	29%
College/Trade School Graduate	34%	37%	36%
Post-Graduate Degree	27%	29%	30%

	Cohort 1	Cohort 2	Cohort 3
	Follow-up	Follow-up	Follow-up
<b>Volunteer Employment Status</b>			
Retired	47%	37%	30%
Semi-retired	9%	9%	3%
Employed full-time	37%	45%	29%
Employed part-time	28%	33%	12%
Full-time student	56%	45%	35%
Part-time student	7%	8%	4%
<b>Volunteer Receives Nonmedical Volunteer Assistance</b>			
Yes	-	-	9%
No	-	-	81%
Unsure	-	-	9%
<b>Volunteer Experience</b>			
<b>Volunteer Hours of Assistance Provided per Week</b>			
<2.5 Hours	69%	67%	52%
2.5-5 Hours	22%	21%	38%
6-10 Hours	5%	7%	4%
11-15 Hours	1%	1%	4%
16-20 Hours	1%	1%	2%
>20 Hours	2%	3%	1%
<b>Volunteer Assistance Provided to Care Recipients and Caregivers</b>			
Companionship	92%	80%	67%
Light chores/help around the home	17%	33%	15%
Transportation assistance	26%	22%	7%
Other errands	22%	24%	7%
Grocery shopping	23%	24%	5%
Stress reduction	22%	21%	8%

	Cohort 1	Cohort 2	Cohort 3
	Follow-up	Follow-up	Follow-up
Respite care	16%	11%	32%
Non-emergency medical appointment companion/chaperone	23%	21%	2%
Light yard maintenance	13%	27%	2%
Minor home modifications	5%	25%	3%
Safety checks	14%	17%	5%
Recreational companion/chaperone	12%	13%	15%
Picking up prescriptions/medical equipment	14%	16%	2%
Travel companion/chaperone	12%	17%	3%
Meal assistance	10%	16%	4%
Patient advocacy	8%	14%	5%
Food preparation	8%	9%	2%
Peer counseling	7%	11%	2%
Laundry	4%	10%	2%
Unsure	13%	16%	4%
Emergency preparedness	-	7%	0%
<b>Volunteer Outcomes</b>			
<b>Benefits of Volunteering to Volunteer</b>			
Makes me “feel good”	98%	97%	76%
Keeps me feeling connected to others	97%	96%	79%
Keeps me learning/growing	91%	94%	75%
Is good for my social well-being	93%	95%	64%
Mental health (e.g., reducing anxiety, depression, stress)	70%	70%	41%
Possible connections for career building/resume building	42%	52%	27%
Physical health	42%	49%	15%
<b>Benefits of Volunteering to Care Recipient</b>			
Help clients stay in their home	82%	80%	-

	Cohort 1	Cohort 2	Cohort 3
	Follow-up	Follow-up	Follow-up
Benefit clients' mental health	99%	96%	-
Benefit clients' physical health	77%	75%	-
<b>Volunteer Descriptors of Their Assistance to Care Recipient</b>			
Satisfying	-	-	73%
Valuable	-	-	67%
Purposeful	-	-	73%
<b>Volunteering is Valuable and Purposeful</b>			
No	0%	0%	-
Yes	98%	98%	-
Unsure	2%	2%	-

Note: Dashes indicate data points that were not collected in the corresponding cohort and time period.