

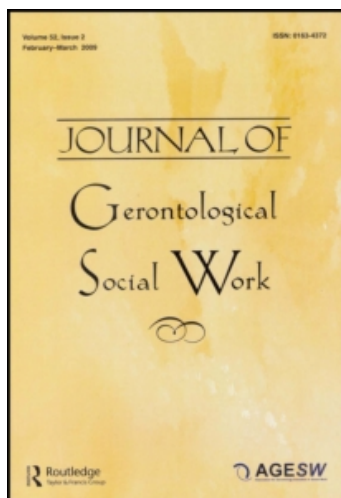
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Local Needs Assessment and Planning Efforts for Family Caregivers

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Local Needs Assessment and Planning Efforts for Family Caregivers: Findings and Recommendations

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ABSTRACT. This study examines the adequacy of the current Area Agency on Aging (AAA) needs assessment techniques for identifying and meeting the unique needs of family caregivers, as required under the reauthorized Older Americans Act (OAA, 2000). Our analysis is based on a review of California AAAs' Title III-E Area Plans and their responses to a follow-up survey. The findings underscore the challenges experienced by AAAs as they attempt to identify local caregiver needs and develop and implement plans for meeting those needs. While most AAAs used a variety of methods to identify the needs of caregivers in their communities, these methods typically were not sufficient to provide a representative picture, especially minority groups and other special subpopulations. In addition, AAAs varied considerably in their

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ability to utilize information about caregiver needs to develop service plans. In addition, AAAs reported a number of barriers as they attempted to expand their efforts to address the needs of family caregivers. The authors identify six general tasks with several specific options that AAAs and others can use to enhance the caregiver needs assessment and community planning process. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Needs assessment, program planning, family caregiving, area agencies on aging, National Family Caregiver Support Program, community planning, needs assessment methods, service barriers, Older Americans Act, program evaluation

INTRODUCTION

Under the Older Americans Act (OAA) states and their local Area Agencies on Aging (AAAs) are charged with responsibility for planning and funding services for the 60+ population, including determining the extent of need for supportive services and evaluating the effectiveness of resources in meeting the determined needs (OAA, 1965). The OAA Reauthorization of 2000 extended AAA responsibilities to include family caregivers, establishing a National Family Caregiver Support Program (NFCSP) to assist adult family members, or other individuals, who are informal providers of in-home and community care to older individuals (60 or older); and, grandparents or step-grandparents or relatives by blood or marriage, who are 60 or older, live with a child (18 or under), are the primary caregivers (because the parents are unable or unwilling), and have a legal relationship or are raising the child informally (OAA, 2000). While family and informal caregivers of the disabled 60+ population previously may have been served indirectly by AAA support programs and services, the NFCSP represents the first time that AAA programs and services have been funded to explicitly and independently serve caregivers. The NFCSP legislation reflects an increased awareness of the needs of caregivers, and the growing realization that family and informal caregivers—a population estimated to represent one in three Americans (U.S. Department of Health and Human Services, 1998)—provide the founda-

tion of our long-term-care system. With the advent of this new program, AAAs now find themselves charged with identifying, assessing, and responding to the needs of caregivers.

Although conducting community needs assessments of the 60+ population has been at the core of the AAA planning process since 1980, most AAAs have had limited knowledge or experience with the caregiver population. While, arguably, the basic processes and principles of conducting an effective needs assessment remain the same across diverse populations, AAAs' lack of experience with caregivers prompts questions about their readiness to develop and implement plans for local caregiver support services in the brief timeframe envisioned by the OAA reauthorization.

Moreover, local efforts to assess the needs of older adults, the AAAs' traditional clientele, have been fraught with problems, including inconsistencies and deficiencies in the process by which needs are defined and assessed; organizational demands that may unduly influence and shape the definition of clients' needs (Dill, 1993); a lack of comprehensive assessment, the absence of an organized link between assessment goals and implementation methods, and conflicting perceptions of the differential needs of clients (Cheung, 1993); as well as sampling and methodological problems (Harlow & Turner, 1993). Other important concerns regarding the needs assessment process have been well documented throughout the literature and include consideration of the type and number of data collection methods used (Witkin, 1994; Chae, 1993; Rothman & Gant, 1987); issues associated with assessing the needs of special and minority populations (Batsche, Hernandez, & Montenegro, 1999; Weaver, 1999; Sanders, 1992); and challenges of the community planning process, especially with regards to the utilization of needs assessment findings (Williams & Yanoshik, 2001; Amodeo & Gal, 1997; Kaemmerer & Schwebel, 1977).

This study examines the needs assessment and planning processes utilized by AAAs in their efforts to understand and serve the family caregivers in their local planning and service areas (PSA). This is an issue of substantial importance because AAAs cannot fulfill their new responsibility for meeting the needs of family caregivers if they are not assessing those needs adequately. Specifically, this study examines the practices and processes by which AAAs identify caregiver needs and translate these identified needs into a plan for service delivery. Our evaluation includes an examination of methods of needs assessment used, and their perceived effectiveness; quality and representativeness of data sources; types of needs identified,

and how these identified needs are prioritized; perceived capacity to identify the needs of specific caregiver subgroups; stakeholder involvement in the assessment process; identification of existing resources and/or service gaps; translation of identified needs into program planning; barriers to obtaining accurate information; and types of assistance needed to improve the planning process in the future.

Conceptual Framework for Caregiver Needs Assessment

The framework that will be used in this analysis was developed through adapting and integrating three distinct models of need analysis illustrated by McKillip (1987): (1) *the discrepancy model*, which identifies what is desired, measures what exists, and then determines unmet need as the discrepancy between what is desired and what exists; (2) *the marketing model*, which examines needs as they are defined by service utilization patterns, and then targets services accordingly; and (3) *the decision-making model*, which identifies needs, identifies or develops options to address these needs, and then makes decisions based on the weighting and ordering of prioritized need. The resulting merged model provides a framework that begins with a policy mandate or directive; solicits input from professionals and consumers; assesses existing resources and/or gaps in service; synthesizes and prioritizes these multiple sources of information; and, finally, implements a decision-making process which results in a plan of action.

Using this framework, we will examine six general steps in the needs assessment process as they specifically apply to the caregiver population (see Figure 1): (1) describe the current population of caregivers; (2) determine existing and unmet needs of caregivers; (3) inventory existing caregiver resources and services; (4) identify service gaps, including existing barriers to equitable access to caregiver resources and services; (5) prioritize the identified service needs of caregivers; and (6) design a plan for the delivery of caregiver services that reduces identified barriers to access, supplements existing services, and creates new services where none exist, in the most effective and efficient manner possible.

These six tasks will be examined using data from California's 33 AAAs. California provides a particularly interesting and useful framework from which to examine the planning and delivery of caregiver ser-

FIGURE 1. Steps in the Caregiver Needs Assessment Process

1. **Describe the current population of caregivers**
Action: Compile a descriptive and demographic profile of caregivers in your PSA.
2. **Determine the existing and unmet needs of caregivers**
Action: Solicit input from professionals, consumers, and advocates.
3. **Inventory existing caregiver resources and services**
Action: Identify programs and services already serving caregivers.
4. **Identify service gaps, including existing barriers to equitable access to caregiver resources and services**
Action: Assess gaps and analyze barriers.
5. **Prioritize the identified service needs of caregivers**
Action: Synthesize information gathered; weight and rank needs.
6. **Design a plan for the delivery of caregiver services that reduces identified barriers to access, supplements existing services, and creates new services where none exist, in the most effective and efficient manner possible**
Action: Implement a decision-making process that results in a plan of action.

vices. First, California has the largest and most diverse senior population of any state within the U.S. As of the year 2000, close to 3.6 million Californians were 65 years of age and above, of whom approximately 70% were White, 13% were Hispanic or Latino, 10% were Asian, 5% were Black, and 2% were of some other or multiracial identity (U.S. Census Bureau Population and Housing, 2000). Second, a recent survey of California households estimated that close to 16% of households were involved in providing care to someone age 50 or older (Scharlach et al., 2003), comparable to a 1997 national study which indicated that approximately 17% of all U.S. households with a telephone contain at least one caregiver (National Alliance for Caregiving and the American Association of Retired Persons, 1997). Third, California has a well-established array of potential resources for caregivers, offered through a broad range of public, not-for-profit, and private service providers, including religious, social, and health care organizations. Of particular note are California's Caregiver Resource Centers (CRCs), a statewide network of eleven regional centers initiated in 1977 by the grassroots efforts of the Family Survival Project, now known as Family Caregiver Alliance. Finally, California has a highly developed aging network, including 33 AAAs (15 of which are co-located with county governments), multiple chapters of the Alzheimer's Association, Alzheimer's Day Care Resource Centers, publicly funded case management programs, and community-based programs provided by nongovernmental organizations.

METHOD

Our analysis of the AAA family caregiver needs assessment process is based on two sources of information: (1) a review of Title III-E Area Plan addenda, which describe the initial proposed plan for the delivery of caregiver services in each of the 33 Planning and Service Areas (PSAs) in California; and (2) responses to a survey e-mailed to all of California's 33 AAA planners/program specialists, designed to enhance the information gathered from the area plan addenda.

Review of Title III-E Area Plan Addenda

In August of 2001, the 33 AAAs in California were required by the state unit on aging to submit addenda to their existing Area Plans that included a review of family caregiver needs and a program description resulting from the review of needs. The Title III-E Area Plan addenda from each of the 33 AAAs were examined with regard to needs assessment activities, needs identified, resource gaps, and the resulting program description and service goals. Needs assessment activities were categorized into one of four types: (1) population surveys; (2) focus groups; (3) public meetings; and (4) meetings with key informants or community representatives. A sum score of all AAAs reporting the utilization of each specific method was then tallied and a percentage of the entire sample was calculated.

A summary of all needs identified through the needs assessment process was compiled and categorized by the five service categories originally outlined by the NFCSP: service information, access, caregiver support, respite, and supplemental services. In addition, an "other" category was included to capture those identified needs that either did not fit into the aforementioned categories or cut across categories. The identified needs were summarized, and the relative frequencies were tabulated.

All Title III-E addenda were further examined regarding the presence of an inventory of existing caregiver support resources available in the local community, the identification of service gaps based on a comparison of identified needs and existing resources, and prioritization of identified service gaps.

As part of Title III-E Area Plan Addenda requirements, AAAs are requested to submit a program description which provides an overarching statement that reflects the AAA's vision for a comprehensive system of support services for family caregivers, identifies sources of funding, de-

velops a plan for delivery of family caregiver services based on needs, and culminates in a specific plan for support of caregivers. These program descriptions were reviewed with regard to plan specificity and the extent to which plan components reflected identified caregiver needs. Plan specificity was assessed through the presence of one or more of the following three types of goals and objectives: (1) *Goal statements*: i.e., broadly defined goals for program and service delivery but lacking specific plans for implementation; (2) *Process objectives*: i.e., developmental plans for administering or coordinating programs and/or services but lacking detail regarding the programs that were to result; and (3) *Programmatic objectives*: i.e., a series of action steps necessary to the implementation of a specific program and/or service. Consistency of service plans with identified needs was assessed by calculating the percentage of needs that were explicitly addressed in each plan.

Follow-Up Survey of AAAs

The second source of information was a survey e-mailed to all of California's AAA planners or program specialists regarding implementation of the NFCSP. Following telephone and e-mail requests for information, responses to the e-mail survey were received from 24 (73%) of California's 33 AAAs. These 24 AAAs represented approximately 86% of California's population aged 65 and over. The survey included questions designed to elicit information regarding the most effective methods used in the needs assessment process; methods *not* employed, and why; stakeholder involvement in the process; perceived success in identifying caregivers' needs across diverse populations; and barriers encountered in obtaining accurate information about caregivers.

RESULTS

Needs Assessment Methodologies Utilized by AAAs

Needs assessment activities employed by the AAAs for describing the caregiver population and assessing their needs were categorized into four types: (1) population surveys; (2) focus groups; (3) public meetings; and (4) meetings with key informants or community representatives. The results of this analysis are displayed in Table 1.

TABLE 1. Needs Assessment Methodology by Data Source (n = 33)

	%
<i>1. Descriptions of the Caregiver Population</i>	
a. PSA survey data, caregiver specific	9
b. PSA survey data, general population	61
c. Regional, state, or national survey data	48
<i>2. Focus Groups</i>	
a. Caregiver specific	6
b. General senior population	21
<i>3. Public Meetings</i>	
a. Caregiver specific	39
b. General senior population	33
<i>4. Community Representatives/Key Informants</i>	
a. Caregiver specific	21
b. General senior population	27

Population surveys. Although caregiver-specific surveys have the potential to provide the most accurate and useful information about local caregivers, only three of the 33 AAAs (9%) reported collecting and analyzing data from a sample survey that was caregiver-specific. Sixty-one percent of AAAs reported reviewing the findings from general community surveys of senior citizens, which typically only asked if “taking care of another person, either an adult or a child under 18 years of age, is no problem, a minor problem, or a serious problem.”

Focus groups. Two AAAs (6%) reported gathering information through caregiver-specific focus groups, while 21% of AAAs reported gathering information about caregivers from focus groups addressing concerns of the general 60+ population. These groups comprised a variety of participants including consumers, service providers, in-home support providers, professionals, community representatives, and other key informants.

Public meetings. Thirty-nine percent of AAAs reportedly identified needs through caregiver-specific public hearings and community forums. Some AAAs gathered information at these meetings through informal discussion, some posed a series of specific questions, while others distributed a questionnaire.

Meetings with community representatives or key informants. Twenty-one percent of AAA addenda mentioned meetings with community representatives or key informants specifically to consider care-

giver needs, while 27% of AAA addenda mentioned obtaining information about caregiver needs as part of efforts to obtain information from key informant sources regarding the general senior population. In their responses to the follow-up survey, however, 92% of the 24 respondents indicated meetings with community representatives or other stakeholders as part of their needs assessment process.

Perceived Adequacy of Needs Assessment Methods

Most effective needs assessment methods. As shown in Table 2, responding AAAs identified descriptions of the local caregiver population as the most effective method for assessing caregiver needs, followed by input from community representatives and key informants, public meetings, and information about service users.

Needs assessment of specific populations. As shown in Table 3, AAAs' perceived success at identifying caregivers' needs varied by target population. AAAs were much more likely to report success at identifying the needs of White/non-Hispanic caregivers than other racial and ethnic groups. AAAs also were especially likely to report success at identifying the needs of caregivers of persons who were cognitively impaired, grandparent caregivers and low-income caregivers. AAAs reported being least successful in identifying the needs of gay/lesbian caregivers, non-English speaking caregivers, and rural caregivers.

Barriers to obtaining accurate information about caregivers. The most frequently mentioned barrier to obtaining accurate information about caregivers was difficulty identifying and contacting caregivers in the local community, as shown in Table 4. Other barriers included inadequate data about current service users, the inability of caregivers to access and participate in needs assessment activities, a lack of adequate

TABLE 2. Most Effective Needs Assessment Methods by Data Source (n = 24)

	%
Descriptions of caregiver population	63
Community representatives/key Informants	50
Public meetings	46
Information about service users	46
Focus groups	21

TABLE 3. Perceived Success at Identifying Caregiver Needs by Target Population (n = 24)¹

	Not successful (1 or 2)	Moderately successful (3)	Successful (4 or 5)
Caregivers by race/ethnicity ²			
White or Caucasian	5%	20%	75%
Black or African American	32	32	37
Hispanic or Latino	40	20	40
Asian	37	32	32
Native American	50	33	17
Pacific Islander	41	35	24
Other caregiver populations ³			
Low-income caregivers	11%	44%	44%
Employed caregivers	33	44	22
Disabled caregivers	37	42	21
Rural caregivers	38	25	38
Non-English speaking caregivers	44	39	17
Caregivers of cognitively impaired	17	28	56
Caregivers of severely disabled	33	33	33
Grandparent caregivers	39	17	44
Gay/lesbian caregivers	59	24	18

¹ Note: Due to rounding error, the sums of certain categories are not equal to 100%.

² Note: Of the 24 persons responding to the survey, between 4-7 did not respond to one or more of the items in this section.

³ Note: Of the 24 total survey respondents, between 5-8 did not answer one or more of the items in this section.

resources, negative service attitudes or experiences, as well as cultural and/or linguistic barriers.

Caregiver Needs Identified

Most AAAs (91%) included a list of identified caregiver needs in their Title III-E Area Plan Addenda, although needs typically were defined quite broadly, e.g., “respite,” “information and assistance,” and “transportation.”

TABLE 4. Barriers to Obtaining Accurate Information About Caregivers (n = 24)

	%
Identifying and reaching caregivers	79
Lack of available/existing caregiver data	29
Caregiver isolation	29
Lack of resources	25
Negative service attitudes/experiences of caregivers	21
Cultural and/or linguistic barriers	21

Existing Resources

AAA Area Plan addenda were reviewed for the presence of inventories of existing caregiver resources. We found that only 3 of the 33 addenda (9%) included a list of available providers, while 14 addenda (42%) made no mention of service providers at all.

Service Gaps

The addenda and AAA inventories also were examined as to whether there was evidence of an effort to identify service gaps through a comparison of needs and existing resources. While only about one-half of AAA addenda explicitly identified service gaps, most alluded to service gaps through an identification of needs. However, no Area Plans explicitly articulated a connection between the service gaps, the caregiver needs identified through the needs assessment process, and the availability of community resources. As such, we were unable to determine the rationale used by the AAAs in their identification of caregiver service gaps.

Prioritization of Identified Needs

Although most AAAs (91%) identified specific caregiver needs in the Area Plan addenda, it was generally not clear how—or if—local consensus was reached in the identification of these needs. Only two AAAs (6%) indicated that the identified needs of caregivers were prioritized; moreover, it was not clear how these results were synthesized nor how subsequent decisions about resource allocation were made.

Service Plan

Translation of identified needs into program descriptions. Six of the 33 AAA addenda (18%) included a program description that addressed all of the caregiver needs they had identified through their needs assessment activities, while 14 (43%) of the program descriptions addressed fewer than one-half of identified needs.

Goals and objectives. Most AAA plans (93%) were found to include general goal statements (i.e., broadly defined goals for program and service delivery but lacking specific plans for implementation); 48% included process objectives (i.e., developmental plans for administering or coordinating programs and/or services but lacking detail about the programs that were to result); and, 69% included at least some programmatic objectives (i.e., a series of action steps necessary to the implementation of a specific program and/or service).

Limitations of the Data

It is likely that more comprehensive needs assessment activities were carried out than were explicitly detailed in the Area Plan Addenda, the survey responses, and other materials reviewed here. It is further recognized that the implementation of this process was characterized by some rather challenging time constraints, as the final passage of the NFCSP legislation occurred late in the state budget year and many AAAs had to develop and implement plans with just a few months notice. Therefore, this preliminary assessment and planning effort may not accurately represent the true capacity of the AAAs to conduct comprehensive and effective needs assessments of caregivers, given sufficient time and resources.

DISCUSSION

Under the reauthorized Older Americans Act of 2000, Area Agencies on Aging are given responsibility for meeting the needs of family caregivers, as well as their traditional population of older persons. Our review of AAA Title III-E Area Plan addenda and responses to our follow-up survey underscore some of the challenges experienced by AAAs as they attempt to identify local caregiver needs and develop and implement plans for meeting those needs in the brief time frame envisioned by the OAA reauthorization.

Methods Utilized to Assess Caregiver Needs

While most AAAs utilized a variety of methods to identify the needs of caregivers in their communities, these methods typically were not sufficient to provide a representative picture of the needs of local caregivers. The method used most often, and considered most effective, was a basic description of the local caregiver population. However, only three of the 33 AAAs reportedly used a caregiver-specific survey to obtain this information. The use of such a target population survey can be particularly effective because it focuses on a specific population at risk and has the potential to provide more in-depth information about the issue of concern. Moreover, when applied properly, it offers a high level of statistical generalizability and validity (Rothman & Gant, 1987). In most cases, however, AAAs attempted to extract information about caregivers from general community surveys of senior citizens, which typically contained minimal information about caregivers, or from state or national data, which may not adequately reflect the unique ethnic, geographic, and family diversity found locally. Public hearings, community forums, and meetings with key informants were other common mechanisms for obtaining information about caregiver needs, while focus groups were less commonly used and less likely to be considered effective.

The AAAs' practice of needs assessment is not unlike the practice experience of other organizations. In a study that examined 125 policy needs assessments published from 1981 to 1993, 69% of the studies used only one method of data collection. Fifty-five percent used a written questionnaire survey, while smaller numbers used structured interviews, analyses of existing data or demographics, evaluation of an existing program, self-reports, a needs conference, telephone surveys, focus groups, site observations, the Delphi technique, and demographic and cultural profiles of an ethnic group (Witkin, 1994). In a similar study that analyzed 110 policy needs assessments, Chae (1993) found that 62% used only a written survey, 16% used only a structured interview, while 16% used multiple methods.

AAAs also expressed concern about their ability to assess the needs of certain groups of caregivers, including the following: caregivers who were not already connected to a service; non-White caregivers, particularly Native Americans and Pacific Islanders; caregivers who were gay, lesbian, bisexual, or transgendered; non-English-speaking caregivers; and those living in rural settings. Some AAAs reported success at iden-

tifying the needs of grandparents caring for grandchildren, while others reported difficulties in assessing this population.

Numerous studies have examined issues associated with assessing the needs of special and minority populations. Sanders (1992) noted the importance of developing culturally relevant tools for assessing members of minority communities. In his study of gay, lesbian, and bisexual populations, needs assessment was incorporated into the service provision component of a crisis, information and referral peer hotline for sexual minorities. This provided the essential element of anonymity required to facilitate the assessment process, while simultaneously maintaining economic feasibility (Sanders, 1992). Similarly, in conducting a community needs assessment, Batsche, Hernandez, and Montenegro (1999) found that to ensure adequate representation of Hispanic residents, it was necessary to employ special methods to increase their participation, particularly those limited in their English-speaking ability. Weaver (1999) found that in order to engender acceptance of the needs assessment process within Native American communities, it was critical that all activities were based on a cultural foundation. She found that cultural relevance was important not only to the needs assessment process but also to the subsequent administration and provision of services.

Planning Process

AAAs varied considerably in their apparent ability to utilize information about caregiver needs to develop service plans. Only about one-half of the AAAs apparently attempted to identify service gaps by comparing caregiver needs with existing resources, and the process by which these gaps were identified and consensus reached was not clear. Moreover, the most prevalent service gaps identified in the addenda differed from those identified by AAA survey respondents. Finally, fewer than 20% of the program descriptions addressed all of the caregiver needs they had identified through the needs assessment activities, and less than 60% addressed the majority of the identified needs.

Challenges associated with community planning have been noted previously in the literature. In particular, the appropriate utilization of needs assessment findings, through effective decision making and priority setting, is evidenced as especially challenging. Many organizations working with a sense of urgency to address widespread community problems develop programs without even using the needs assessment findings. Furthermore, organization members may view the needs assessment

findings as unrelated to their ongoing activities (Amodeo & Gal, 1997). The extent of citizen involvement in the planning process and levels of information exchange may also be pertinent. The results of Williams and Yanoshik's study (2001) of an assessment of community health needs by professionals suggest that health care workers may not adequately convey community views, especially regarding community resources. As noted by Kaemmerer and Schwebel (1977) in a study using simulation gaming methodology, the combination of high levels of information from planners and low levels of information from citizens was least effective in maintaining citizen investment in the process and results.

Barriers

AAAs face a number of barriers as they attempt to expand their efforts to address the needs of family caregivers. Perhaps foremost is lack of familiarity with this new target population given that, to date, AAAs have been responsible to provide services to the 60+ population, the majority of whom are the recipients, rather than the providers of support services. The advent of the NFCSP represents the first time that AAAs have explicitly been charged with developing and implementing a program of caregiver support services. Moreover, this charge was issued in a relatively brief amount of time with limited resources.

Due to the nature of caregiving itself, caregivers are often physically isolated and unable to leave the care recipient to seek outside resources. Many who provide care, particularly women, don't differentiate their role as a caregiver from their role as spouse, relative, or friend of the care recipient. It is difficult to identify caregivers not already connected to a service. Moreover, even those who are service users may not have their needs effectively identified because of the lack of an adequate system for collecting data. Finally, there are many cultural, linguistic, and attitudinal barriers to addressing the needs of caregivers due to a lack of culturally responsive programs, limited multilingual resources, and preexisting negative attitudes about the service system and its ability to respond to the community. These barriers reflect limitations in existing efforts to serve diverse groups of older adults, as well.

Faced with these limitations, yet mandated to meet the needs of local family caregivers, it is essential that AAAs develop a sensible and cost-effective approach that provides sufficient information

upon which good community planning can be built. In the following section, we offer a set of recommendations that can help to frame an efficient yet reliable planning process for serving family caregivers.

Practice Implications

Through a synthesis and integration of existing needs assessment concepts reflected in our findings, we have identified six general tasks that appear to be essential to the caregiver needs assessment and community planning process (see Figure 1).

1. *Describe the current population of caregivers.* A first step in the caregiver needs assessment process is development of a profile of the basic demographic and social characteristics of local caregivers, to serve as a framework for all other needs assessment and planning efforts. At a minimum, the caregiver profile should include basic characteristics of caregivers and their caregiving situations. This information is best collected through a household survey, preferably administered every few years on a regional or statewide basis, with sufficient sample size to be representative of local variations in racial and ethnic diversity (Rothman & Gant, 1987; Stefl, 1984). However, because of the expense and expertise required to design and implement a representative household survey, a more efficient approach to developing a caregiver profile is to include caregiver-screening items in an existing local, regional, or statewide survey. Although current AAA surveys typically target only persons age 60 and older, and may include only a single question about family care responsibilities, the sample population could be expanded and additional questions added.
2. *Determine existing and unmet needs of caregivers.* Information about caregivers' unmet service needs can be useful not only for community planning but also for care planning at the individual level. Information to be collected includes the demands of the caregiving situation and their impact on caregivers' physical and psychosocial well-being, availability and adequacy of informal support systems, utilization and effectiveness of formal support systems, barriers to utilization, and residual problems or concerns. Particular attention should be given to the presence of potential risk factors that suggest enhanced vulnerability, such as acute or chronic physical health problems, mental health problems, prob-

lematic health behaviors, social isolation, the lack of informal or formal social supports, conflictual relationships, role conflicts, and the demands of the care situation. Such information can most readily be collected when caregivers contact AAAs and service providers for information and/or assistance, preferably utilizing a multilevel intake approach that matches the type of intake assessment to the intensiveness of caregiver vulnerability (Ohio Department of Aging, 2003; Searle, 1998). Basic information regarding the needs and well-being of caregivers also can be collected when their care recipients enter the long-term-care system, or the child welfare system in the case of elderly kin caregivers. In the United Kingdom, for example, the 1995 Carers (Recognition and Services) Act entitles all caregivers to have their own service needs assessed when their care recipient is assessed for community care (Seddon & Robinson, 2001; Arksey, Hepworth, & Qureshi, 2000). One advantage of this approach is that information can be collected regarding the needs of caregivers who might never attempt to access services for themselves. An integrated assessment system that links caregiver data to care recipient data has the added benefit of avoiding separate administrative systems for the two groups, enabling tracking of service utilization and outcome data and contributing to integrated community planning. Some states within the U.S., such as New Jersey, Pennsylvania, Wisconsin, and Minnesota, have already taken steps toward developing an integrated assessment system for caregivers and care recipients (U.S. Administration on Aging, 2003a).

3. *Inventory existing caregiver resources and services.* Caregiver needs should be considered in the context of existing community resources, so that service gaps can be identified. Also deserving consideration are the potential contributions of sometimes overlooked resources such as religious and communal organizations, health care providers, and nontraditional information sources such as the Internet.
4. *Identify service gaps.* Existing community resources need to be evaluated in light of identified caregiver needs, so as to identify service gaps as well as factors that may contribute to underutilization of needed services. Consideration should be given to the availability, appropriateness, accessibility, and adequacy of existing services, including barriers that may be attributable to socioeconomic, geographic, linguistic, or cultural factors. Information about prior experiences with services can be gathered from consumers as part

of the standard intake process. Organizations that provide services to caregivers also are a source of information regarding service use patterns, wait lists, underutilized services, and barriers to access. Finally, focus groups provide another useful format for collecting information about caregivers' experiences in obtaining assistance and support and can provide caregivers an opportunity to share experiences regarding strategies and natural supports that help to alleviate challenging aspects of caregiving, as well as strategies for enhancing positive aspects of providing care.

5. *Prioritize identified service needs.* The caregiver needs and related service gaps and barriers identified through the needs assessment process must be prioritized so that attention can be given to those which are considered to be most pressing or important. Priority setting requires the input of key stakeholders, including caregiver advocates, service providers, community leaders, disease-specific organizations, government agencies, caregivers, and possibly care recipients. Public hearings and other types of community meetings can help to foster caregiver support activities within existing natural communities of interest and legitimize the expenditure of community resources to assist caregivers.
6. *Develop a service plan.* A plan for the delivery of caregiver services should aim to reduce identified barriers to access, supplement existing services, and create new services where none exist, in the most effective and efficient manner possible. This requires information regarding the effectiveness of existing community caregiver programs, so as to assess the potential costs and benefits of available options. Formal service evaluation requires that consumers' baseline levels on key outcomes be collected at intake and then compared with their levels after using specific services, as well as actual service-specific expenditure data regarding the cost and relative cost-effectiveness of various program options. However, formal program evaluation is expensive, and may require technical assistance or expert consultation. In the absence of a formal program evaluation, consumers can be contacted following service use and queried regarding the adequacy of the services they have used, whether their needs were met, and recommendations for improvements to enhance services or remove barriers. The Caregiver Support and Satisfaction Survey developed as part of AOA's Performance Outcome Measures Project (POMP)

(U.S. Administration on Aging, 2003c) is an example of an instrument that collects some information about consumer satisfaction, and which can be utilized for national comparability.

Policy Implications

Few AAAs have the economic and human resources necessary to design and implement independently the comprehensive needs assessment and planning process envisioned here. AOA, state units on aging (SUAs), and other state agencies can assist by providing guidelines and technical assistance regarding caregiver planning procedures, as is done regarding services to older adults (CDA, 2001).

Adequate information about caregiver needs is an essential component of local planning efforts. Given the expense of representative sampling methods, periodic state or regional caregiver surveys could be conducted, thereby gleaning the dual benefit of achieving efficiency through economy of scale, while simultaneously ensuring that consistent standards of needs assessment methodology are implemented. State or regional needs assessments could then be supplemented by local efforts designed to target special populations in a manner that is culturally, linguistically, and geographically relevant, conducted in collaboration with community-based organizations that already serve and are familiar with the special needs of the target populations.

Information about service users would be enhanced by development of a state or federal Web-based data system that enables tracking of all OAA services, including older adults as well as their caregivers. Once established, such a system would efficiently collect consistent information that would enable AAAs to have up-to-date information regarding characteristics of service users as well as patterns of service utilization, which could be examined in light of information about local caregiver characteristics and service needs. The National Aging Program Information Systems (NAPIS) (U.S. Administration on Aging, 2003b) might also be revised so that it collects better information about service adequacy and has more utility as a planning tool.

Research Implications

Relatively little is known regarding the needs assessment and planning methods utilized by AAAs and other organizations charged

with meeting the needs of older adults and their caregivers. Further research is needed regarding the caregiver planning efforts of AAAs and SUAs in other states, to examine the generalizability of the findings reported here. AAA methods for assessing and meeting caregiver needs also should be compared with methods used to assess and respond to the needs of older adults and other populations. A longitudinal study of AAA caregiver needs assessment and planning activities also would be beneficial, in order to examine changes in AAA methodologies as they have more experience with caregivers.

Further research is needed regarding the actual needs of caregivers, in California as well as other states. Given the limitations that were discovered with regard to AAA needs assessment efforts, it would be especially important to compare the caregiver needs identified by the AAAs with the needs identified by caregivers themselves or by service providers. Particular attention should be given to the needs of underrepresented and hard-to-reach populations.

Finally, an empirical test of the needs assessment and community planning process proposed here is needed. A quasi-experimental study examining the effectiveness of specific interventions aimed at helping AAAs overcome barriers to assessing caregiver needs would add substantially to existing conceptual and empirical knowledge, while providing a basis for more effective community planning methodologies.

CONCLUSION

Needs assessment is an essential part of the community planning process, especially with regard to a new target population such as family caregivers. Information about caregivers and their needs, and the availability and effectiveness of existing services for meeting those needs, can enable AAAs to better identify service gaps and thereby allocate limited resources in the most effective and efficient manner. To date, however, AAAs are only beginning to implement the comprehensive needs assessment activities that can produce the information needed to assure that resources are targeted where they are most needed, that services are provided in an effective and equitable manner, and that caregivers receive the support they need.

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