

# Appendices



## Appendix A. Stakeholder organizations

We gratefully acknowledge the following national, state, and local organizations that participated in this study.

1. AARP
2. AARP Foundation
3. Administration for Community Living (ACL) / Administration on Aging (AoA)
4. Advancing States (formerly NASUAD)
5. Alabama AARP State Office
6. Alivio Medical Center
7. Alzheimer's Association
8. American Red Cross
9. American Society on Aging
10. ArchANGELS
11. Archstone Foundation
12. Arthritis Foundation
13. Arts for the Aging
14. Association Nacional Pro personal mayores (National Association for Hispanic Elderly)
15. ATI Advisory
16. California AARP State Office
17. California Department of Aging
18. Camden Coalition
19. Casa Central
20. Catholic Charities
21. Center for Advocacy for the Rights and Interests of the Elderly
22. Coalition to End Social Isolation and Loneliness (CESIL)
23. Coalition to Transform Advanced Care (Angela Overton)
24. Family Caregiver Alliance
25. Generations United
26. Gerontological Society of America (GSA)
27. Grantmakers in Aging
28. Hispanic Outreach Program for Elders Program of Agency on Aging
29. ITN America
30. John A. Hartford Foundation
31. Latino Alzheimer's and Memory Disorders Alliance (LAMDA)
32. Lutheran Senior Services
33. Meals on Wheels America

34. MLTSS Association
35. National Aging and Disability Transportation Center
36. National Alliance for Caregiving
37. National Association of Area Agencies on Aging (n4a)
38. National Association of Nutrition and Aging Services Programs
39. National Caucus and Center on Black Aging, Inc.
40. National Consumer Voice for Quality of Long-Term Care
41. National Council on Aging
42. National Hispanic Christian Leadership Conference
43. National Recreation and Park Association
44. National Resource Center for Osher Lifelong Learning Institutes
45. National Resource Center on Native American Aging
46. Oklahoma AARP State Office
47. SAGE (Advocacy & Services for LGBT Elders)
48. St. Martin de Porres Senior Center (Under Catholic Charities)
49. State Health Insurance Assistance Program (SHIP) National Technical Assistance Center
50. Tcare
51. Trust for America's Health
52. Ucare
53. UsAgainstAlzheimer's
54. USC Family Care Giver Alliance
55. VirginiaNavigator and Lindsay Institute for Innovations in Caregiving
56. Women's Institute for a Secure Retirement

## Appendix B. Summary of caregiver surveys used in the secondary analysis

Survey	Caregiving in the U.S. 2015 – Focused Look at Caregivers of Adults Age 50+	Growing Older in America: Aging and Family Caregiving during COVID-19	Long-Term Care in America: Increasing Access to Care	Long-Term Caregiving: The True Costs of Caring for Aging Adults	Long-Term Caregiving: The Types of Care Older Americans Provide and the Impact on Work and Family	Long-Term Care in America: Views on Who Should Bear the Responsibilities and Costs of Care
<b>Survey Dates</b>	September 11- November 5, 2014	August 27 - September 14, 2020	March 13 – April 5, 2018	June 26 - July 10, 2018	June 27 - July 31, 2017	March 2 – March 29, 2017
<b>Conducted by</b>	Greenwald & Associates	AP-NORC Center				
<b>Sponsor</b>	National Alliance for Caregiving (NAC) and the AARP Public Policy Institute	The SCAN Foundation				
<b>Sample</b>	GfK's KnowledgePanel®	NORC's AmeriSpeak panel				
<b>Mode</b>	Web	Web/phone				
<b>Language</b>	English/Spanish	English/Spanish				
<b>Universe</b>	Adults age 18+ who are unpaid family caregivers to an adult age 50 and older	Adults age 18+, including an oversample of caregivers for older adults	Adults age 40+ including an oversample of Hispanics	Adults age 18+ who have caregiving experience for older adults	Adults age 18+, including an oversample of caregivers for older adults	Adults age 40+ including an oversample of Hispanics
<b>Completes</b>	1,087 via web	1,809 via web and 84 via phone	1,588 via web and 357 via phone	871 via web and 153 via phone	663 via web and 341 via phone	1,106 via web and 235 via phone
<b>Margin of Sampling Error</b>	+/- 3.0 percentage points	For the oversample of caregivers, the margin of sampling error is +/- 5.9 percentage points.	+/- 3.3 percentage points	+/- 4.1 percentage points	For the oversample of caregivers, the margin of sampling error is +/- 4.2 percentage points.	+/- 4.0 percentage points
<b>Response Rate</b>	Cumulative response rate of 4.7%	Cumulative response rate of 2.5%	Cumulative response rate of 8.9%	Cumulative response rate of 8.2%	Cumulative response rate of 13.2%	Cumulative response rate of 12.1%

## Appendix C. Environmental scan search terms

“intervention” OR “strategy” OR “tool” OR “resource” OR “program”

AND

“elderly” OR “older adults” OR “gerontology” OR “senior” OR “aging” OR “frail elderly”

AND

“COVID” OR “public health emergency” OR “pandemic” OR “coronavirus” OR “epidemic” OR “virus” OR “hurricane” OR “wildfire” OR “tornado” OR “natural disaster” OR “disaster” OR “disease outbreak” OR “biohazard release” OR “chemical hazard release” OR “radioactive hazard release”

AND

“deconditioning” / “rehabilitation” / “frail” / “home” / “physical decline” / “physical activity”  
OR  
“deferral of medical care” OR “delay” AND “medical care”  
OR  
“chronic conditions” / “chronic disease” / “dialysis” / “diabetes” / “dementia” / “heart disease” / “cancer” /  
“Acute stroke” / “cerebral stroke” / “brainstem stroke” /  
“anterior cerebral artery stroke” / “Alzheimer's disease” / “chronic kidney disease” / “chronic lung  
disease”  
OR  
“disability” / “disabled” / “impairment” / “disabled persons” AND  
“mobility” / “cognition” / “hearing” / “vision” / “self-care” / “independent living”  
OR  
“elder abuse” / “neglect”  
OR  
“caregivers”

AND

2017/01/01-present [Date - Publication]

## Appendix D. Environmental scan intervention categorizations

Dimensions	Categories
<b>Name of strategy/intervention</b>	Name of strategy/intervention
<b>Topic</b>	Deconditioning Social isolation Deferral of medical care Chronic conditions Elder abuse/neglect Caregivers
<b>Brief description of strategy/intervention</b>	Brief description of intervention, tool, resource
<b>Developed by</b>	Name of lead organization/agency; include partner organizations if applicable
<b>Population focus</b>	Older adults Caregivers Both
<b>Age</b>	50+ 60+ 65+ Not specified
<b>Race/ethnicity</b>	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Hispanic or Latino White Race/ethnicity unspecified
<b>LGBT</b>	Yes No
<b>Individuals with disabilities</b>	Mobility Cognition Hearing Vision Independent living Self-care Disabilities – not specified NA

<b>Dimensions</b>	<b>Categories</b>
<b>Chronic disease and conditions</b>	<ul style="list-style-type: none"> <li>Cancer</li> <li>Heart disease</li> <li>Stroke</li> <li>Diabetes</li> <li>Dementia</li> <li>Chronic kidney disease</li> <li>Substance use disorder</li> <li>Multiple</li> <li>Other</li> </ul>
<b>Intervention type</b>	<ul style="list-style-type: none"> <li>Education</li> <li>Direct services</li> <li>Health care</li> <li>Policy and System change</li> </ul>
<b>Intervention format 1</b>	<ul style="list-style-type: none"> <li>Group</li> <li>Individual</li> </ul>
<b>Intervention format 2</b>	<ul style="list-style-type: none"> <li>Website</li> <li>Smartphone app</li> <li>Telehealth</li> <li>Media campaign</li> <li>Video</li> <li>Other technology</li> <li>Print resource</li> <li>Phone call</li> <li>Text message</li> <li>Webinar</li> <li>Online meeting or class</li> <li>In person</li> <li>Multiple</li> <li>Add additional categories as needed</li> </ul>
<b>Designated audience (i.e., who would implement or administer the strategy/intervention?)</b>	<ul style="list-style-type: none"> <li>Government agency</li> <li>Health system</li> <li>Community-based organization/faith-based organization</li> <li>Area Agency on Aging</li> <li>Older adult</li> <li>Caregiver</li> <li>Add additional categories as needed</li> </ul>
<b>Level of socio-ecological model</b>	<ul style="list-style-type: none"> <li>Societal</li> <li>Community</li> <li>Relationship</li> <li>Individual</li> <li>Multiple levels</li> </ul>

<b>Dimensions</b>	<b>Categories</b>
<b>Setting</b>	Community Health care organization Home Online Multiple Add additional categories as needed
<b>Geographic location</b>	Urban Suburban Rural and/or frontier Tribal All Other
<b>Scale</b>	Local State National
<b>Jurisdiction</b>	Name of locality/state (abbreviation)
<b>Region</b>	Northeast Southwest West Southeast Midwest
<b>Available in Spanish</b>	Include link to Spanish resources if available
<b>Available in other languages (excluding Spanish)</b>	Yes No
<b>Additional translational materials</b>	Braille American Sign Language (ASL) Other
<b>508-compliant</b>	Yes No Unknown
<b>Available in alternative formats</b>	Yes No Unknown



Dimensions	Categories
<b>Level of Evidence</b>	<p>Evidence-based: Published in systematic reviews, syntheses, or meta-analyses whose authors have conducted a structured review of published high-quality, peer-reviewed studies and evaluation reports that have adhered to established standards (e.g., Cochrane).</p> <p>Effective: Have undergone 1-2 rigorous evaluations (e.g., using experimental or quasi-experimental designs) but have only been tested in specific populations, potentially limiting their generalizability.</p> <p>Promising: Based on rigorous evaluation designs or pre-post designs without a comparison group that show potentially meaningful health or behavioral outcomes, and policy, environment, or economic impacts and/or have a strong logic model or theory of change that links intervention activities to our outcomes of interest.</p> <p>Emerging: Based on guidelines, protocols, or standards that may be in the process of being evaluated by researchers to measure their positive impact on public health, and have a strong logic model or theory of changes that links intervention activities to outcomes. Emerging practices are new and there is not enough information to make a decision about effectiveness.</p> <p>None of the above</p>
<b>Evaluation available</b>	<p>Yes</p> <p>No</p>
<b>Evaluation design</b>	Describe the evaluation design, noting multiple points of measurement if applicable, and including the study population.
<b>Showed positive outcomes</b>	<p>Yes</p> <p>No</p>
<b>Outcome measures</b>	Specify the outcome measure(s) used, noting whether they were self-report, observations, or existing measures or scales.
<b>Results</b>	Describe the results, including direction and magnitude of change, and whether findings were statistically significant.
<b>Author - Date</b>	Author and date of publications evaluating the resource
<b>Hyperlink of source</b>	Link to primary source of strategy/intervention