

## Introduction

Community Care Corps (C3), established in 2019 in a cooperative agreement with the Administration for Community Living and the Oasis Institute, is a national program that funds local organizations to provide volunteer-based nonmedical assistance to older adults, adults with disabilities, and family caregivers. C3 has supported 109 community models offering services such as companionship, transportation, and respite care to help individuals maintain independence at home. The program eases caregiver stress while offering volunteers personal fulfillment and pathways into health and human services careers. Led through a partnership including the Oasis Institute, USAging, Caregiver Action Network, and Altarum, C3 has demonstrated meaningful outcomes through national evaluation and ongoing technical support.

## Key Takeaways

- C3 demonstrated meaningful positive impacts on care recipients and caregivers across all four cohorts.
- Most care recipients and caregivers reported stable or improved physical and mental health, stress, and loneliness.
- Volunteer assistance played a significant role in helping care recipients maintain independent, community-based living.
- Companionship was the most common form of support provided by volunteers.
- Nearly 75% of one-time assistance recipients said volunteer help significantly alleviated a major life concern.
- The most frequent services for one-time assistance included chaperoning or transportation to medical appointments.
- Caregivers showed moderate levels of ability in caregiving, indicating a need for more support to boost self-efficacy.
- High program satisfaction was reported by both care recipients and caregivers, with many stating volunteer help would be hard to replace.
- The findings overall support the research hypotheses that the C3 program contributes to maintained or improved well-being, enhanced social support, and sustained independent living among participants.

## Program Outcomes

**Functional Status of Care Recipient:** Most care recipients reported stable or improved ability to manage basic and instrumental activities of daily living over time, indicating that volunteer assistance helped maintain their independence at home.

**Well-Being of Care Recipient and Caregiver:** C3 improved or maintained physical and mental health, reduced stress, and lessened loneliness for both caregivers and care recipients.

**Care Recipient Physical Health:** In Cohorts 1–3, 87% of care recipients reported no decline or improvements in physical health, with 14% showing improvement.

**Care Recipient Mental Health:** Mental health outcomes improved or stayed stable for 85% of care recipients, with reports of no change or a decrease in the frequency of feeling anxiety or depression symptoms from initial to follow-up surveys.

**Care Recipient Loneliness:** Loneliness decreased slightly across Cohorts 1–3, with most care recipients (87%) reporting a decrease or no change in how frequently they felt lonely.

**Caregiver Physical Health:** Roughly three-quarters of caregivers reported good or excellent physical health, with 87% experiencing no decline or improvements from baseline to follow-up.

**Caregiver Mental Health:** Most caregivers (85%) reported either stable or improved mental health at follow-up.

**Caregiver Loneliness:** Loneliness declined across all three measured cohorts, with the largest improvement seen in Cohort 2. In total, 87% of caregivers felt either less lonely or no change by the program’s end.

**Care Recipient Confidence in Sustaining In-Home Care:** Most care recipients (82%) said volunteer assistance helped them maintain their living situation. 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.

**Caregiver Confidence in Sustaining In-Home Care:** Fewer than 1 in 5 caregivers reported difficulty maintaining their loved one’s living situation. Most caregivers experienced stable perceptions of their caregiving capability across the cohorts.

**Caregiver Self-Efficacy:** While not formally measured, most caregivers (66%) felt capable in their ability to provide care “some of the time,” and 20% “most of the time.” These proportions did not change from baseline assessment to follow-up and speak to the need to support and enhance caregivers’ skillsets, available resources, and perceptions of capability.

**Ability for Care Recipient to Live Independently:** While not directly measured, the care recipient’s ability to live independently is closely related to both the care recipients’ and caregivers’ reported confidence in sustaining in-home care, which reflects their perceived capacity to maintain and support ongoing independence, respectively.

**Caregiver Stress and Burden:** Stress levels among caregivers were stable across cohorts, with small improvements in Cohorts 2–4. The exception was Cohort 1, which experienced a rise likely due to COVID-19 challenges during its implementation.

**Program Relevance to Care Recipients and Caregivers:** Though not directly assessed, program relevance was inferred through strong satisfaction and perceived irreplaceability of volunteer services. Participants valued support that aligned with their specific needs.

**Program Satisfaction:** Satisfaction was high - 71% of care recipients and 56% of caregivers said volunteer help would be hard to replace. Respondents overwhelmingly indicated they would recommend the program to others. Across Cohorts 1-4, 67% of one-time assistance recipients said services alleviated a major concern in their lives.

**Care Recipient Social Isolation and Social Connections:** At baseline, 56% of respondents met the threshold to be considered socially isolated, whereas 54% met this threshold at follow-up representing a slight decline overall.