

Meeting Caregivers' Needs: Literature Suggests Caregiver Support Programs are Effective

It is well known that 78% of those in need of care receive such care from willing, unpaid family members, mainly women (Guberman, 2001; AOA, 2004). MN DHS estimates that 91% of long-term care for older persons is provided by family members. All caregivers engage in physically and emotionally demanding work with caregivers of persons with Dementia experiencing even more time-consuming care that takes a heavier toll on their work and family life (Alzheimer's Association & National Alliance for Caregiving, 2004; AOA, 2004). Caregivers spend 50% of their time performing caregiving tasks and are more apt to quit their jobs and are likely to experience excessive physical and emotional distress as the number of caregiving hours increases over 35 hours per week (AOA, 2004; Family Caregiver Alliance, 2005). Care provided by family and friends can often determine whether the care recipient can remain at home (AOA; Family Caregiver Alliance, 2005; Mittelman, Roth, Haley & Zarit, 2004).

According to Guberman (2001), caregiving requires skills not only to provide the care but to mobilize and coordinate services and resources. Caregivers also need support to cope (Naylor, Stephens, Bowles & Bixby, 2005). Caregivers must adopt a number of strategies to reconcile the competing demands of their roles (Lovoie, J-P, 2001).

So, how effective are interventions that have been designed to assist caregivers to gain and sustain their mastery as health care managers, planners and self-care experts? The following is a brief review of national and local reports and research articles giving a snapshot of the progress in this important area of service.

The Administration on Aging's 2004 review of the 36 State Family Caregiver Support Programs states "Research shows support services effectively reduce caregiver burden, strain and depression, allow family caregivers to remain in the workforce, and can even delay institutionalization." This report also notes that Minnesota is one of only five states that use a uniform assessment tool including an assessment of family caregiving issues for all home and community-based service programs.

Each percentage point drop in family caregiving means an additional \$30 million expense that the public sector must bear according to the 2005 MN Dept. of Human Services report to the legislature "Financing Long-Term Care for Minnesota's Baby Boomers." This report suggests efforts should be made to intensify the State's support. The writers speak to the deep sense of obligation families have to care for their spouses and parents.

Sorensen, Pinquart and Duberstein (2002) reviewed 78 caregiver intervention studies. Their review showed caregiver interventions are effective overall. The most helpful are structured programs that provided information about the disease process, referral information and resources, and training to respond to disease-related problems, as well as those programs that established a therapeutic relationship between the caregiver and the trained professional.

The Cleveland Alzheimer's Managed Care Demonstration project (2002) found patients who were provided care consultation were less likely to have hospital admissions and emergency room visits and had fewer visits to physicians. Patients and caregivers involved with this project reported increased satisfaction with services. Patients reported significant decreases in depression and relationship strain with caregivers. Caregivers reported decreases in symptoms of depression, feelings of health deterioration and feelings of strain in relationships with the patients. The authors concluded these findings testify to the multifaceted impact of the Alzheimer's Association care consultation provided during just one year toward impacting patient medical utilization, patient and caregiver well-being, and relationship strain improvement. They suggest partnerships between health care systems and the Alzheimer's Association.

Lum (2002) evaluated a MN metro area caregiving, coaching and counseling program to support caregivers in their efforts to prolong the period of at-home care for care recipients. His review suggests caregiver coaching and counseling significantly reduced caregiver burden. Family consultant visits were rated as very helpful towards locating services and learning about their caregiver role and self care. In addition, caregivers reported better coping skills, providing better care, and 91% reported prolonged at-home care "a little" to "much" longer.

Gaugler, Kane, Kane and Newcomer (2005) reviewed the utilization of community-based long-term care services early in the caregiver's role for persons with dementia to determine delayed nursing home placement. Their review found that caregivers who used in-home services earlier in their caregiving were more likely to delay institutionalization.

For information about local caregiver support services contact the Senior LinkAge Line™ at 1-800-333-2433.

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