

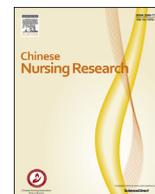
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## Expert discussion

# Caring for and keeping the elderly in their homes

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## ABSTRACT

Population aging is a global issue. The problem is especially critical in societies, such as China and India, where there has been both rapid aging of the population and a tradition that children are the primary caregivers for their elderly parents who are no longer independent. This article discusses a variety of options for various types of professional and non-professional caregivers and services for the elderly in their homes used in the U.S. and how technology has been used to support this heterogeneous model of caregiving. Efforts have been made to coordinate among caregivers and outside services and track changes in health conditions effectively over time through the greater use of technology. These ideas offer a possible path for other societies, such as China and India, facing growing health needs and limited resources to care for the elderly.

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## 1. Introduction

Population aging is a global issue. One concern is a shortage of hospital beds,<sup>1</sup> making it necessary to provide more complex care to the elderly with chronic or comorbid health conditions while they are living at home. At the same time, an aging population also reduces the availability of family caregivers. The problem is especially critical in societies, such as China and India, where there has been both rapid aging of the population and a tradition that children are the primary caregivers for their elderly parents who are no longer independent. Based on the world population prospects conducted by the Department of Economic and Social Affairs Population Division of the United Nations,<sup>2</sup> China's population has been aging rapidly. There are now 123 million people (9 percent of the population) considered to be old (defined as age 65 and older), and China is expected to become the world's most aged society by 2030. By 2050, China's older population will likely reach 330 million (23.9%), nearly a quarter of its total population. This rapid increase by percentage may have resulted from a combination of China's "one-child" policy and an increase in life expectancy, which will most likely continue to improve. India's old population (defined as age 60 and older) has been increasing dramatically. The number is projected to climb from 96 million (8 percent of the

population) in 2010 to 323 million (19 percent) in 2050, a number greater than the total U.S. population in 2012. This profound shift in the share of older Indians has become a large concern in terms of caring them in their homes.

In the U.S., efforts have been made to involve a greater use of technology that may enhance home caregiving. This article will discuss how the old are cared for at home in the U.S., focusing on who is providing care services for the elderly in their homes and how technology supports caregiving in homes.

## 2. Background

In the United States, 13.1% of population in 2010 were considered old, and the proportion is projected to increase to 21.4% by 2050, which is a significantly faster rate than the populations of many European, East Asian and Latin American countries. The leading chronic conditions among people at ages 65 and older are as follows: hypertension (51.2%), high cholesterol (44.0), heart disease (22.3%), mental illness (21.3%), diabetes (18.8%), arthritis (17.4%), cancer (15.2%), back problems (14.5%), and COPD (14.0%).<sup>3</sup> Sixty-three percent of those age 65 and older have two or more chronic conditions—multiple chronic conditions.<sup>4</sup> Costs for repeated hospitalizations account for approximately 20% of the annual healthcare budget; however, studies have found that 16% of hospital readmissions were avoidable.<sup>5,6</sup> In addition, it has been estimated that more than 99% of the elderly over the age of 65 have expressed a desire to stay at home as long as possible.<sup>7</sup> How to care

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for these elderly effectively and keep them at home as they desire has been very critical in preventing repeated hospital admissions that result in escalating healthcare costs.

### 3. Who are providing care services for the elderly in their homes?

When the chronic conditions of the elderly are such that they cannot adequately care for themselves, caregivers are enlisted to support them in their homes. These caregivers can be categorized as non-professional and professional caregivers. Each type of caregiver provides care services differently, but they share the common goal of helping elderly individuals remain healthy while living in their own homes and communities.

#### 3.1. Non-professional caregivers

Non-professional caregivers include unpaid family caregivers and paid informal caregivers. The unpaid family caregivers might include a family member such as a spouse, son or daughter, and/or friends. Paid informal caregivers are typically home care aides, either managed by the family or a commercial or government agency in the community.

#### 3.2. Families

In the United States, 43.5 million adult family caregivers care for someone 50+ years of age, and 14.9 million care for someone who has Alzheimer's disease or other dementia.<sup>8</sup> Parent care is the primary caregiving situation for mid-life caregivers, with 70% of the caregivers between the ages of 50 and 64.<sup>9</sup> Survey research has found that 72% of unpaid caregivers cared for a parent, step-parent, mother-in-law, or father-in-law, and 67% of caregivers provided for someone age 75 or older.<sup>10</sup> Similar research has also indicated that unpaid caregivers are predominately female, with some college education, work full or part-time, and report struggling to balance the care (on average 20 h per week) with their own family responsibilities.<sup>11</sup> A family caregiver may receive Paid Family Leave insurance benefits for up to six weeks in a 12-month period if she or he is insured and unemployed due to time taken off from work to care for an ill family member. Family caregivers routinely assist the frail elderly with activities of daily living (ADLs), including bathing/showering, dressing, feeding, toileting, personal hygiene and grooming, transfers and mobility within the home. Caregivers also assist with many instrumental activities of daily living (IADLs), including grocery shopping, housekeeping, preparing meals, managing finances, administering and supervising medications, transportation, and arranging and/or supervising paid services. Family caregivers also monitor the health conditions of the elderly, and when they deem necessary, seek professional assistance or take their loved one to a hospital for more complex care.

#### 3.3. Home care aides

In the U.S., home care aides held approximately 2.1 million jobs in 2012. According to the U.S. Bureau of Labor Statistics, about half of them were working in a patient's home.<sup>12,13</sup> The total number of such aides is projected to grow to over 3 million by 2022.<sup>14</sup> Over 56.5% of them are aged 35 years and over.<sup>15</sup> Unlike the family and friend caregivers, home care aides typically do not attend a traditional four-year college or university; many earn only a certificate of completion in a short-term home healthcare training program. A typical training involves classroom instruction and professional hands-on training including some hours with patients. The duration of such training is 3–4 weeks. Despite limited education and

lack of formal healthcare training, home health aides are in high demand with exponential growth expected, in part because of Medicare's push for more home and community-based services in lieu of more expensive nursing home care.<sup>16</sup> Despite high demand and projected growth, however, home care aides receive low wages, averaging roughly \$10.00 per hour, somewhat less than the average wage of a cashier in the U.S. (\$11.22), according to the most recent U.S. Census Bureau's Current Population Survey. In 2015, wages for home aides should rise as they will be covered by U.S. federal minimum wage laws and overtime protections, rights denied to them for years.<sup>17</sup> Supervised by a registered nurse or other medical or social services professional, home care aides monitor the basic health conditions of the elderly and do wound care and bandaging, in addition to ADL and IADL assistance.

Common for both groups of caregivers (professional and non-professional) are a lack of formal healthcare training and the prevalence of stress, although the degree and nature of their challenges may differ. Family caregivers often cite higher levels of perceived stress, social isolation, difficulty finding time to care for oneself, and lack of work-life balance, resulting in a negative impact to their emotional well-being.<sup>18,19</sup> In addition, many caregivers of the elderly are themselves growing older. Data show that of those caring for someone aged 65+, the average age is 63 years with one third of these caregivers in favor of poor health.<sup>20</sup> Without proper support and strategies to manage chronic stress, these unpaid informal caregivers may compromise their own health and reduce their lifespan by as much as 10 years.<sup>18</sup> Although the overwhelming majority of family caregivers provide appropriate care and a supportive environment for their older relatives, caregiving creates stresses that affect both caregivers and care recipients, and these stresses may trigger potentially harmful caregiver behaviors that place dependent elders at risk for abuse.<sup>21</sup>

Compared to family caregivers, home care aides tend to be younger, but their educational levels are lower, and many suffer from poverty and job dissatisfaction.<sup>15</sup> Generally, home health aides do not have specialized training. Some may have on-the-job training, while others may have certification from the National Association for Home Care and Hospice, or a local hospital, community college or healthcare agency. A 2007 study of home health aides conducted by the Center for Disease Control,<sup>15</sup> the most extensive to date, characterized the economic plight of home care aides as a "financially vulnerable workforce, with low family income, a large percentage that currently or previously received public benefits" (p. 8). While home care aides see their work as meaningful, they report low levels of satisfaction with benefits and compensation; stress and on-the-job injuries are often cited as reasons for job dissatisfaction. Consequently, a high turnover rate has become a significant concern. Even if adequate numbers of certified home care aides are trained, a labor shortage remains because of the high turnover rate.<sup>22</sup>

#### 3.4. Professional caregivers

Professional caregivers include home health visiting nurses, rehabilitation therapists and healthcare social workers. The therapies comprise physical therapy, speech-language pathology and occupational therapy services. Professional caregivers deliver services at the elder patient's home to help them develop independence with daily activities in a convenient and comfortable setting, allowing families to be closely involved in the recovering/rehabilitation process.

#### 3.5. Home health visiting nurses

Currently in the US, professional home healthcare is provided to patients mainly by home health visiting nurses (VNs) who are

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