IFNF Presentation 2: Family Care of Older Adults in the U.S.

Slide 1:

My name is Joel Anderson, and I am an Associate Professor in the College of Nursing at the University of Tennessee. In this presentation, I will provide information about family care of older adults in the U.S. This presentation is accompanied by a presentation about family care of older adults in Japan from Drs. Hiroki Fukahori and Mariko Sakka.

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This project is funded by a grant from the Japan Foundation to the International Family Nursing Foundation. I am a member of the International Family Nursing Association and co-chair of the Communications Committee. The content of the presentation is solely the responsibility of the author and does not necessarily represent the official views of the Japan Foundation.

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The learning objectives for this second set of presentations are as follows: to discuss family nursing competencies for care of older adults and their families; to identify practices and systems for providing care to older adults and their families; and to compare family-focused approaches to care of older adults living with dementia and other chronic conditions in Japan and the U.S.

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In this presentation, we will look at generalist competencies for family nursing practice; how care for older adults and their families is integrated community care systems, including aging in place and how technology can support healthy aging; and family-focused approaches to care in related to family caregiving.

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First, let us look at generalist competencies for family nursing practice.

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This International Family Nursing Association, or IFNA, has developed a position statement that outlines competencies to guide nursing practice when caring for families and provides a focus for nursing education. These competencies are based on the idea that human health is a dynamic process experienced by families in a reciprocal manner. Family health incorporates the health of the collective and the interaction of the health of the individual with the collective and reflects an interaction of biopsychosocial and contextual phenomena. Family nursing practice acknowledges the reciprocity between family and health; the multiple levels of impact in family health dynamics; and the consideration of the relationships between the family, family members, and nurses, and between families and society. Family nurses attend to and engage with diverse individual and family needs in all types of health care settings.

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Family nursing competencies include enhancing and promoting family health; focusing nursing practice on families' strengths; demonstrating leadership and systems thinking skills to ensure the quality of nursing care with families; committing to self-reflective practice based on examination of nurse actions with families and family responses; and practice using an evidence-based approach.

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You can access the IFNA position statement on family nursing competencies at internationalfamilynursing.org/ps3.

Slide 9:

Now let's look at caring for older adults and their families in the U.S.

Slide 10:

There are several trends related to aging that must be considered when thinking about the care of older adults in the U.S. Nearly 80% of adults aged 50 and older say they want to remain in their communities and homes as they age, with nearly half indicating they will never move. That said, approximately one in three reports that major modifications to their home are needed to accommodate aging needs. A growing number of adults already share or would be willing to share a home as they age, with a major consideration being whether they needed help with daily activities.

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Transportation issues loom large when considering aging and health care access in the U.S. The large majority of adults (84%) drive themselves to get around their communities. Other popular modes of transportation include having someone else drive them, walking, and using public transportation.

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The built environment and community features also are things to consider when approaching the care needs of older adults. Features that rank high in importance among older adults in the U.S. are well-maintained streets and sidewalks with easy-to-read traffic signs. When it comes to outdoor spaces and buildings, well-maintained and conveniently located hospitals and health care facilities, as well as safe parks, are features identified by older adults as most important in the community.

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All these issues have an impact on integrated community care systems.

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The various health and social care services provided in a given local area (i.e., place-based) must not only deliver primary care in proximity to the population, but also act upstream on the social determinants and drivers of health. This type of care, when provided in a holistic and integrated manner, aims to improve the physical and mental health—but also the well-being and social capital—of individuals, families, groups, and communities. This type of approach is known as integrated community care.

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Thiam and colleagues' model of integrated community care is presented on this slide. Their model includes factors related to the local area, social care, temporality, health care, proximity, and integration. Let's explore each of these factors.

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The local area includes the socio-spatial entity shaped by its inhabitants. The local area is enhanced by their interpersonal and social dynamics of those who live there, their demographic characteristics, and their history and culture. It includes the built environment and geographic location, lived local area, perceived local area, and designed local area.

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Social care refers to all care provided by institutions, public or private, to protect and support individuals, families, groups, and communities in vulnerable situations, whether those situations are social, economic, physical, or cultural. Social care is the set of prevention, rehabilitation, and

social protection care services provided to ensure well-being and promote autonomy. Social care is guided by principles social justice, human rights, collective social responsibility, and respect for diversity. Social care relies on activities based on supportive relationships between providers and those needing care.

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Temporality is the experience of time and temporal organization of activity. It refers to all aspects of time including life events, care planning and coordination, and the time needed to understand personals' needs or issues related to care. Temporality is cross-cutting, spanning local area, proximity, and integration.

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Health care consists of interventions or treatments involving the use of approaches, technologies, or mechanisms for preventive, diagnostic, therapeutic, palliative, rehabilitative, or supportive purposes. Three levels of health care can be distinguished: primary care, secondary care, and tertiary care.

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Proximity refers to care provided as close to populations as possible and in a familiar environment to keep people at the lowest possible intensity level of care so that the greatest portion of their health and social care needs are easily addressed, diagnosed and treated in primary care.

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Integration can be defined as the connectivity between health and social care with an aim toward improving clinical outcomes.

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One example of integrated care is the Program for All-inclusive Care of the Elderly or PACE. The PACE model was created in the 1970s to meet the chronic care needs of older adults through their community. To be eligible for this assistance program, one must be at least 55 years of age, certified by the state to need nursing home care, able to live safely in the community at the time of enrollment, and live in a PACE service area. PACE has 82 operational programs in 29 states. The goal of the PACE program is to care for the chronic care needs of older adults while providing them with the ability to live independently, or age in place in their homes, for as long as possible. To make independent living possible for this population, the PACE program provides services such as physical therapy, respite care, prescription medications, social services, and nutritional counseling.

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Let us explore aging in place.

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The U.S. Centers for Disease Control and Prevention defines aging in place as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." Most older adults in the U.S. would prefer to age in place—that is, remain in their home of choice as long as possible. In fact, 90 percent of adults over the age of 65 report they would prefer to stay in their current residence as they age. One-third of households in the U.S. are home to one or more people aged 60 years or older.

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Home modifications are one of the biggest factors affecting the ability of older adults to age in place. Among the greatest threats to an ability to age in place is falling. According to the

Centers for Disease Control and Prevention, falls are the leading cause of injurious death among older adults. Therefore, fall prevention is crucial to one's ability to age in place. Common features in an everyday household, such as a lack of support in the shower or bathroom, inadequate railings on stairs, loose rugs and carpet, and obstructed pathways are all possible dangers to an older person. However, simple and low-cost modifications to the home can greatly decrease the risk of falling and other forms of injury.

Some additional examples of home modifications to support aging in place include increased lighting, accessible switches at both ends of the stairs, additional railings, grab bars, nonskid flooring, a hand-held flexible shower head, walk-in bathtubs, and the removal of clutter. Other modifications to the home, especially those that require retrofitting, are more costly because of increased complexity of installation. These can include ramps for accessible entry and exit, walk-in showers, sliding shelves, and stairlifts. Many new homes are built with the Universal design model in mind, which makes everything in the home accessible to all people with or without functional limitations.

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Technology can be an enabler for aging in place by supporting communication and engagement, health and wellness, learning, and safety and security.

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Social media platforms play a role in shaping the social environment, including for older adults, and provides access to information about public attitudes, experiences, and behaviors. These platforms are online applications, such as Facebook, Twitter, blogs, and forums, that allow for the creation and exchange of content generated by users. These platforms allow for personalization and presentation of information, as well as interactive participation in information

exchange, making them powerful tools in the health information sphere. Health care researchers are increasingly using social media platforms to monitor infectious disease outbreaks, disseminate health information, and engage with specific patient and caregiver populations. People living with chronic conditions use social media to share information, garner social support, and raise awareness and advocate for themselves and others.

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Patients, caregivers, and families increasingly use online resources for health information, in addition to seeking out traditional sources. Searching for health and health care information is the third most common online activity; nearly three quarters (72%) of adult Internet users have sought support and health information on the Internet. Social media continues to gain momentum as an innovative tool in health care. With 67% of all Internet users using social media, 26% using it for health-related issues or reading about someone else's health experience online, and 18% searching online for individuals with similar health experiences, more information is needed about how different patient populations use these platforms.

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Digital health resources involve the use of web-based and mobile health apps for managing one's health or gathering health-related information, including the use of digital devices (e.g., pedometers) and social media. Adults aged 50 and older are a strong and growing base for technology products. By 2030, nearly 132 million adults in the U.S. aged 50 and older will spend nearly $84 billion each year on technology products. Mainstream technology use remains robust: 91% of older adults in the U.S. report using a computer; 83% of adults aged 50 to 64 have smart phones.

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Meanwhile, interest in new technology is strong and growing. Nearly half of older adults in the U.S. express interest in vehicles with features such as automatic parking, auto emergency braking, lane change detection, or collision avoidance. Half of older adults own a smart TV with another 9 million planning to purchase one in the next year. Nearly 1 in 7 adults in the U.S. aged 50 and older own a home digital assistant device such as an Amazon Alexa.

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There are many opportunities for technology to enrich the lives of older adults: 94% say technology helps them keep in touch with friends and family. 58 million are interested in technology that can enrich their lives or make it easier. For example, many see technology as a means to pursue lifelong learning with 23% taking classes and utilizing how-to tutorials online.

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However, security and privacy education is a must. Fewer than 1 in 4 trust online retailers, the federal government, or telecom service providers. Only 1 in 5 older adults in the U.S. have confidence in their safety online.

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Let's explore family-focused approaches to care of older adults in the U.S.

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Informal caregiving is at the core of care for older adults in the U.S. Studies have attempted to estimate the economic value of informal caregiving of adults in the U.S. by considering the costs to replace informal caregivers with paid, in-home health care providers. Informal caregivers in the U.S. provide an estimated $470 billion in unpaid care annually. The most recent data on

caregiving in the U.S. from the National Alliance on Caregiving and AARP find that the number of caregivers in the U.S. has increased over the past five years to 53 million, accounting for nearly one in five adults in the U.S. providing unpaid care to support the health and functional needs of another adult.

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Who are these caregivers? The majority are women and nearly a third are under the age of 40 years old. Most are working and nearly half have experienced a financial impact from the care they provide.

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More caregivers in the U.S. are caring for more than one person and have difficulty coordinating care with other family members and friends. More caregivers are caring for someone with Alzheimer's disease or a related dementia. And more caregivers report that providing care for someone else has negatively affected their own health.

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To help meet the demands of providing care to family members, many caregivers are turning to technology to aid them in their caregiving journey.

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The benefits of digital health resources to support caregivers are increasingly recognized in care practice. Digital health resources offer the advantage of delivering evidence-based interventions and support services to many diverse individuals (racial/ethnic groups, socioeconomic levels) without geographic boundaries, particularly among hard-to-reach, underserved caregiver populations such as LGBTQ+ caregivers. The support provided by digital health approaches is

efficient and cost-effective and these resources can be used to personalize the information and support provided to reflect the values and preferences of families regarding care. Digital health resources also can be used to assist with care management among multiple family members and by those providing care from a distance.

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Thank you for your time and attention!

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Transcripts of this presentation in English and Japanese, as well as a complete list of references, can be found on the International Family Nursing Association website.

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