Quarterly UP Network Webinar | April 18, 2019 | 2-3pm ET

Engaging Caregivers as Partners
Continuing Education (CE) Credits

• 1.25 hours of Nursing CE credits available in HHQI University following webinar when you:
  – Watch the 60-min webinar (live or recorded)
  – Complete evaluation & reflective questions

• Approved by the Alabama State Nurses Association
  – ASNA is an accredited approver of nursing continuing education through the American Nurses Credentialing Center’s Commission on Accreditation (ANCC)
  – Accepted in all states
Today’s Guest Expert

Warren Hébert, DNP, RN, CAE, FAAN
Chief Executive Officer,
HomeCare Association of Louisiana

HCLA
Assistant Professor,
Loyola University New Orleans
RAISE Family Caregiver Policy: Homecare Provider/Family Caregiver Engagement to Recognize, Assist, Include, Support & Engage
RAISE FAMILY CAREGIVERS ACT SIGNED INTO LAW

• Signed by the President on January 22, 2018- (S. 1028/H.R. 3759)


• Congressional recognition of family caregiver value

• Incentives are better aligned with value driven payment than with old volume driven model
FAMILY CAREGIVER FACTS

- 45 million family caregivers, 7-8 million daily
- AARP- $470 billion, Valuing the Invaluable (2015)
- Rand Corp- $522 billion (2014)
- Spectrum of care, more complex, AARP, Home Alone- (2012)
- Increasing numbers of elderly, declining numbers of family caregivers
- “Independence is overrated. It’s interdependence we need to seek.” - Joseph Coughlin, Founder & Director, MIT Age Lab
RECOGNIZE, ASSIST, INCLUDE, SUPPORT & ENGAGE (RAISE) FAMILY CAREGIVERS

• “Requires HHS Secretary to develop, maintain and update a strategy to recognize and support family caregivers.”

• Advisory Council- recommendations regarding this new strategy

• Representatives from the private and public sectors:
  • Family caregivers
  • Older adults
  • Persons with disabilities
  • Veterans
  • Providers of health care and long-term services and supports (LTSS)
PROBLEM

- Healthcare competence in engaging family caregivers (FCs) has yet to translate research into practice (5)
- Poor Care Transition = increased patient/FC anxiety, lack of self-confidence & increased hospital readmissions (2)
- FC lacking knowledge, skills, resources?
- Increased hospital readmission (2)
OUTCOMES OF EFFECTIVE FAMILY CAREGIVING

• Engaged, activated patients & family
  • Reduce cost
  • Enhance wellness
  • Improve quality of life for patient(3)
  • Keeping patients at home prevents hospitalization- make patients weaker
  • Sleep deprivation
  • Sedating medication issues &
  • Poor nutrition (4)
  • Treating patient/family caregivers as dyads improves outcomes for both (8)
ETHNIC DIFFERENCES REGARDING CARE-RECIPIENT

• Among people 70 and older
  • Whites are the most likely to receive help from their spouses,
  • Hispanics are the most likely to receive help from their adult children
  • African Americans are the most likely to receive help from a non-family member (24)
Asian-American caregivers made less use of professional support services than did White caregivers.

Ethnic minority caregivers had a lower socioeconomic status, were more likely to receive support from family members and friends, provided more care than White caregivers, and had stronger filial obligation beliefs than White caregivers.

All ethnic minority caregiving groups reported worse physical health than the White caregivers experienced.

African-American caregivers had lower levels of caregiver burden and depression than White caregivers. Hispanic and Asian-American caregivers were more depressed than White caregivers.
RESILIENCE BY ETHNICITY

• Ethnic minority caregivers provide more care than White counterparts and report worse physical health than White caregivers (20)

• African-American caregivers experience less stress & depression & garner greater rewards from caregiving than White caregivers (21) (22)

• Hispanic and Asian American caregivers, however, exhibit more depression than white caregivers
RATES OF CAREGIVING, 70 & OLDER, BY ETHNICITY

- 44% of Latinos over 70 were found to receive home-based family caregiving
- 34% of over 70 blacks had family caregiver
- 25% of non-Hispanic whites over 70 had informal caregivers (19)
INFORMAL CAREGIVERS & LGBT PATIENTS

- 1.75 million to 4 million older adults are lesbian, gay, bisexual or transgender (LGBT)
- Expected to double by 2030
  (Administration on Aging (2010))
LGBT

• 1 in 3 LGBT older people lives alone (compared to 1 in 5 non-LGBT people)

• 40 percent of LGBT older people say their support networks become smaller over time

• LGBT older adults more likely to have provided care for friend or relative in past six months
LGBT

• LGBT older adults are also more likely to face poverty or economic difficulty

• Deal with significant physical health and mental health disparities

• Despite this, many supports in place for the aging in America do not cater to the special needs of LGBT seniors
PARENTS WITH SPECIAL NEEDS CHILDREN

- We try not to be intimidated
- We’re not afraid to show emotion
- We try to avoid pity
- We want the best for our children
- We are the experts when it comes to our child
IMPLICATIONS

- Scalable interventions enhance nurse cultural awareness & competence w/ family caregivers
- Triple (Quadruple) Aim- better health, better care, lower costs, achieved by enhancing QoL -patients and FCs -FC competencies- reduce medication errors; improve caregiver response, reduce readmissions, reduce costs
- State policy changes re. Care Acts- 40 States. AARP, United Hospital Fund, Rand Corp.
- Congressional Caucus Assist Caregivers Today (ACT)
RECOMMENDATIONS

• Formally identify cultural & ethnic background issues for each patient & family caregiver
• Distinct part of each patient plan of care specifically for FC issues, cultural aspects
• Ask each FC, & document their priorities for learning and supporting patient
• Follow up specific to FC issues on each visit or phone contact, and document in chart
• Engage FC in post care evaluation of care
STRATEGY-IDENTIFY & RECOMMEND ACTIONS TO COMMUNITIES, PROVIDERS, & GOVERNMENT

• Promotes greater adoption of person & family-centered care in all health & LTSS settings, with the person & family caregiver (as appropriate) at the center of care teams

• Assessment and service planning (including care transitions and coordination) involving care recipients and family caregivers

• Information, education, training supports, referral, and care coordination

• **Respite options**

• Financial security and workplace issues
CONGRESSIONAL LEGISLATION

S.463 (Family Act) introduced by Senator Kirsten Gillibrand (D-NY) would provide paid family and medical leave benefits to certain individuals. And in the House, HR 1165, Rosa DeLauro (D-CT)

- Family leave insurance, like unemployment insurance
- Funded- employee & employer payroll contributions of 0.2%, or ~$2.00 per week for a typical worker.
- Workers could earn 66 percent of monthly wages (cap-$4,000)
- Up to 12 weeks of leave
  - Care for a new child
  - Serious health condition of their own or family member
  - For a limited set of situations of military service members
FROM THE HOMECARE FAMILY
REFERENCES


REFERENCES


REFERENCES


• 25 - Chan, Lee & Lieh-Mak, (2000)
IDEAS & DIRECTION FOR THE RAISE FAMILY CAREGIVER ADVISORY COUNCIL??
THANK YOU

Warren Hébert, DNP, RN, CAE, FAAN
337-380-4545
Warren@HCLAnet.org
wphebert@loyno.edu
Questions?
HHQI Resources

- **HHQI University**
  - Actions to Improve Health Literacy
  - Lower-Literacy Approaches: Working with People with Dementia
  - Meeting the Needs of Caregivers and Care-Receipts
  - Partnering with Patients to Make Non-Compliance a Thing of the Past: 5 Conversational Skills Can Make this Happen!
  - Patient Self-Management
HHQI Resources (cont.)

• HHQI Resource Library
  – 4 Ways to Be Smart & Safe with Medicines
  – Action Plan worksheets
  – Family Emergency Plan
  – Hospitalization Risk Self-Assessment (patient form)
  – My Emergency Care Plans (multiple languages)
  – Patient Education Workbooks
  – Personal Health Record (Spanish version)
  – Tips for Living: How Safe Is Your Home?
  – ZONE Tools List (multiple languages)
  – Look in Complete Online Resource Library for disease specific patient resources
Continuing Education

  – In step #3, you’ll select the Underserved Populations course catalog
  – Link is also included in the email you will receive immediately after the webinar

• Forgot your username? Email us at HHQI@qualityinsights.org