



Paid In-Home Care:

MORE CARE & BETTER CARE FOR SENIORS

A WHITE PAPER FROM



To us, it's personal.

Section I

ABOUT HOME INSTEAD SENIOR CARE®

Home Instead Senior Care is a U.S.-based international franchise network that provides high quality, non-medical home care for older adults. The Home Instead Senior Care network consists of more than 900 independently owned and operated franchise offices that help seniors and their families through the home-care stage of aging.

Franchise offices are located throughout the United States and in Canada, Australia, Austria, Finland, Germany, Ireland, Japan, New Zealand, Portugal, Puerto Rico, South Korea, Switzerland, Taiwan and the United Kingdom.

Home Instead franchise offices employ more than 65,000 professional, trained CAREGiversSM who, in 2010, provided more than 40 million hours of elder care services through more than 60 home-care activities. In situations in which a client has aging-related medical needs beyond the capabilities of non-medical home-care workers, referrals can be made to Home Instead's partners in the healthcare industry.

Home Instead was founded by Paul and Lori Hogan in 1994 in Omaha, Nebraska, and began franchising in June 1995. It was Paul's own family experience caring for his grandmother for 12 years that influenced his realization of the need for non-medical home-care and elder-companionship services to help seniors live independently at home.

By 1998, the Home Instead Senior Care network had grown to 99 franchise offices and was recognized by *Entrepreneur* magazine as one of the 100 fastest-growing franchise companies in the United States. In 2000, Home Instead began international expansion by establishing a partner relationship with Duskin Co. in Osaka, Japan.

The Home Instead Senior Care Foundation was created in 2003 to further the philanthropic mission of franchisees. The foundation's objective is to provide financial assistance to non-profit organizations specializing in projects that improve the quality of life for seniors.

Home Instead has been cited for its business success by the International Franchise Association and by several publications including *TIME*, *The Wall Street Journal*, *The New York Times*, *Entrepreneur* and *Franchise Times*. Company Founder and Chairman Paul Hogan has also taken on several advisory roles on aging issues, including serving as an at-large delegate to the White House Conference on Aging.

Section II

METHODOLOGY

This Home Instead Senior Care-commissioned research project—entitled the “Value of Caregiving at Home” study—examined the perceptions and experiences of U.S. caregivers for seniors by conducting a survey among adults (aged 18 and older) who were providing and/or arranging care for an older adult (aged 65 or older).

To ensure the integrity, independence and validity of this paper, an expert panel composed of medical professionals and academics, as well as senior-care and research experts, guided and approved both the methodology and survey instruments. Additionally, both methodology and survey instruments were reviewed and approved by the Western Institutional Review Board, a fully-accredited commercial institutional review board that reviews health and healthcare-related research projects according to FDA regulations and ICH guidelines.

Two separate samples were used: one involving caregivers whose care recipients were receiving paid in-home non-medical care; and a second group of caregivers whose care recipients were not receiving this care. The data was collected using a national panel of more than three million consumers who have agreed to take part in surveys conducted by professional researchers.

A detailed screening procedure identified qualified respondents, who then participated in this survey voluntarily. To be eligible, respondents had to be responsible for providing and/or arranging care (either totally or partially) for someone aged 65 or older who was not capable of complete self-care; and who was not living in a nursing home, assisted-living facility, or group home. After qualifying as a caregiver, respondents were then appropriately classified into “paid in-home non-medical care” or “non-paid in-home non-medical care” groups.

The definition of “non-medical care” was stringent, to include no registered or certified medical professionals whatsoever. For the purposes of this report, “medical professionals” will be thus defined as physicians; physicians’ assistants (PAs); nurse practitioners (NPs); registered nurses (RNs); licensed practical nurses (LPNs); licensed vocational nurses (LVNs); physical therapists (PTs); occupational therapists; or any other registered therapists. Some respondents were using both medical and professional, in-home non-medical care; however, those relying solely upon professional medical care were excluded from this study.

The online survey instrument consisted of three component questionnaires designed to be administered sequentially. These questionnaires contained sections that allowed the following: demographic profiling of care recipients and caregivers; identification of the types of care provided; detailed description of the health status of the care recipient and the caregiver; assessment of the quality of life of both the care recipient and caregiver; and the collection of data related to caregiver employment.

Six-hundred and ninety-seven caregivers with paid in-home non-medical care completed all three surveys, along with 934 caregivers who were not using paid in-home non-medical care—yielding a total of 1,631 study respondents. Only those participants who completed all three surveys were retained in the survey-analysis process. Data collection occurred throughout January 2010.

Section III

THE GRAYING OF THE BABY BOOMER

The nation's population of senior citizens is about to rise to historic levels. In 2011, the first of the Baby Boomers – the 78 million men and women born between 1946 and 1964 – will begin turning 65 at a rate of more than 8,000 per day. By year's end, the nation's senior population will have increased by almost 3 million, to nearly 49 million. By 2025, the U.S. senior population, which was 35 million in the year 2000, will have more than doubled to 72 million.

As these older adults continue to age, many will experience various health problems such as impaired mobility, strokes, Alzheimer's disease and other dementias, to name just a few.

Some ailments will be long lasting, and some will occur in combinations. Indeed, 80 percent of the nation's current seniors have one chronic health condition, and 50 percent have at least two. ¹

The challenge confronting the nation is how to care for these millions of seniors, many of them afflicted with chronic conditions. The challenge is complicated by the fact that the U.S. medical community is facing a serious shortage of clinicians trained to work with older adults.

The situation is complicated still further by the fact that in study after study, about 90 percent of American seniors have said they want to remain in their own homes for as long as possible. Their desire is both sensible and understandable, but how can so much care be delivered to so many individuals living in so many neighborhoods across the nation?

Typically, about

90% of American seniors say they want to remain in their own homes for as long as possible.



Section IV

PART OF THE SOLUTION: PAID IN-HOME NON-MEDICAL CARE

One potential solution to this challenge is the use of paid in-home non-medical care. Recent academic research commissioned by Home Instead Senior Care indicates that paid non-medical workers can be an integral part of the in-home care continuum for seniors, including those who also receive treatment from medical professionals. This is especially true for those seniors who are older or need more-intensive levels of care.

In fact, the Home Instead Senior Care research uncovered an association between the use of paid in-home non-medical care and a lower number of visits to doctors by care recipients.

The reason for this may be that the use of paid in-home non-medical care results in more hours of care – and presumably better care – for older adults. What's more, the benefits of paid in-home non-medical care extend not just to seniors, but also to the people who most often are caring for them: their family members and friends.

A Supplement to Medical Care

This Home Instead Senior Care study strongly suggests that for seniors across the country, paid non-medical care is rapidly establishing itself as a supplement to the healthcare services they receive in their homes.

Thirty-five percent of the seniors studied were being cared for not only by clinical professionals (physicians, registered nurses, licensed practical nurses, home-health nurses, or physical or occupational therapists), but also by non-medical personnel who worked in collaboration with these providers.

The following results reflect in-home healthcare usage in this group of seniors over a 12-month period:

- 60 percent used home-health nurses.
- 59 percent used physical therapists.
- 32 percent used occupational therapists.
- 37 percent had at least one in-home visit from a physician's assistant or nurse practitioner.
- 17 percent had an in-home visit from a physician.

Section IV Part of the Solution: Paid In-Home Non-Medical Care (Continued)

In addition, 17 percent of those with paid in-home non-medical care had used adult day-care, as opposed to just 4 percent of those without such services. (Adult day-care centers are similar to senior centers in that they are designed to help keep seniors in their homes by providing them with a wide range of day-time activities. But unlike senior centers, they have the staff and equipment to serve seniors who have greater needs, including those suffering from dementia.)

The remaining 65 percent of the older adults in the study were using only paid in-home non-medical services to meet all their care needs. This suggests that paid in-home non-medical care is increasingly functioning as a “jumping-off” point from which seniors access more formal medical care as the need develops.

Help for Those with Intensive Needs

This Home Instead Senior Care study found that the U.S. seniors with the greatest need for medical care are also making extensive use of paid in-home non-medical care.

The recipients of this combination of non-medical and medical in-home care tended to be older. According to the research, 75 percent were at least 80 years of age.

And these care recipients were often sicker or otherwise more limited in their daily routines:

61% had mobility problems.

29% had Alzheimer’s disease.

43% were suffering from other types of dementia.

22% were contending with the after-effects of stroke.

48% were dealing with “frailty,” which is defined by the American Geriatrics Society as a condition characterized by “three or more of the following: muscle weakness; slow walking speed; exhaustion; low physical-activity levels; or unintentional weight loss.”²

Both the seniors who use paid in-home non-medical care, and their families and friends, recognized it as a vital supplement to clinical medical care for those who wanted to stay in their homes but had chronic health problems, or who presented demanding caregiving challenges.

Fewer Doctor Visits

The Home Instead Senior Care research found that the use of paid in-home non-medical care is associated with a lower rate of in-office doctor visits, thus helping to improve seniors' quality of life while helping them save on healthcare expenditures.

Overall, the study found that on average, caregivers for seniors in the group using paid in-home non-medical care reported that those seniors had about 25 percent fewer doctor visits each year (12.5) than the older adults who did not have such care (16.6 visits).

The following results, which cover a 12-month period, are for less-healthy seniors whose caregivers rated their conditions as “worse than [those of] others of the same age”:

- Among care recipients with heart disease/stroke, caregivers told us that those with paid in-home non-medical care had 18.5 visits to a doctor compared with 23.5 visits for those without such care.
- For those with arthritis, the numbers were 19.7 doctor visits for those in the first group versus 22.2 for those in the second group.
- Among those with Alzheimer's or other dementias, the difference was 10.2 doctor visits for those with paid in-home non-medical care versus 19.2 visits for those without.

Thus, it appears that having paid in-home non-medical care helps reduce the need to make inconvenient and potentially expensive visits to a doctor's office.

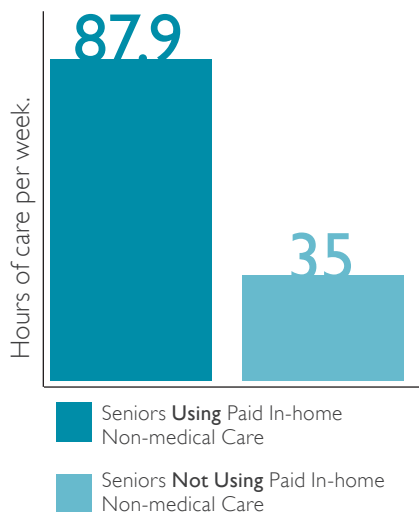


25%
fewer doctor visits

More Care, Better Care

The Home Instead Senior Care research found that per week, recipients of paid in-home non-medical care typically receive more overall hours of care (both paid and unpaid, medical and non-medical) than older adults who do not use such services.

In fact, the comparison is startling. The seniors in the study with paid in-home non-medical care received an average of 87.9 hours of care per week, compared with 35 hours for those without. Put another way, in any given week, older adults who use paid in-home non-medical care will receive about two-and-a-half times as much total care as the seniors who do not.



Interestingly, while the first total includes an average of almost 48 hours of paid in-home non-medical care delivered “over the last week,” it also reflects the fact that seniors in this group are likely to receive care from family and friends first, and then from paid professional in-home non-medical care.

What were the most important services offered by paid in-home non-medical care providers? According to the research, the seniors who had such care made extensive use of it in transportation (often a problem for older adults) and housework. In addition, paid in-home non-medical care proved useful in grocery shopping and meal preparation, both critical activities in helping older adults remain healthy and independent.

Thus, paid in-home non-medical services are able to complement the care provided to seniors by their medical professionals and their family and friends – resulting in more care, and more diverse care.

Caregivers Recognize This

The caregivers who participated in the study supported this conclusion when they were asked to use a 1-to-5 scale to rate the overall quality of in-home care being received by their seniors.

Seventy-eight percent of the caregivers for older adults whose “bundles” incorporated paid in-home non-medical services rated the overall quality of care as a “4” or “5” – “very good” or “excellent.” In contrast, 70 percent of caregivers for seniors not using paid in-home non-medical services assigned a “4” or “5” to the quality of care.

In summary, more care appears to also mean better care for seniors who, as a result, should remain healthier and happier in their own homes, and in the company of family and friends.

Section V

CONCLUSION

The Home Instead Senior Care research found that in-home non-medical care for seniors is frequently part of a larger protocol of care involving medical professionals and family members and friends – a combination designed to help older adults remain in their homes as long as possible. And the use of paid in-home non-medical care can help families provide more and better care for their seniors.

As the number of older Americans rapidly expands, paid in-home non-medical care can play a vital role in ensuring that seniors receive necessary and appropriate care even though the U.S. healthcare system is stretched thin in funding and staffing – a problem that likely will become more pronounced in the coming decades.

In an especially significant finding, the study indicates that on average, seniors receiving paid in-home non-medical care experience fewer doctor visits each year. This has major financial implications for seniors and their families, the healthcare system, and the federal budget.

The use of paid in-home non-medical professionals has a major impact not only on the quality of care that seniors receive, but also on the number of hours per week of care that they receive.

Finally, the use of professional in-home non-medical care may help delay or even prevent the need for more formal medical care, thus taking significant pressure off the country's resource-strapped healthcare system – especially hospitals and nursing homes.

The contributions of paid in-home non-medical workers become even more significant in light of society's move away from institutionalizing seniors in favor of helping them remain healthy and independent in their own homes.

Consequently, it will be an important policy-level imperative to determine at which points on the evolving senior-care continuum that paid in-home non-medical care can best augment clinical care – or in some instances, delay or even prevent the need for it.

Section VI

RECOMMENDATIONS

Given the growing importance of paid in-home non-medical services and their potential to improve the quality of senior care while saving the nation significant sums, a series of steps to encourage their growth and development is in order:

- **National Senior-Care Policy** – Establish a comprehensive national senior-care policy to provide optimal care for seniors and ensure good stewardship of the limited human and financial resources available to provide care to an aging population.
- **An Educational Campaign** – Develop a continuing nationwide program to educate seniors and their families about the choices that are available along the healthcare continuum, and how to go about making the best decisions at each stage of the aging process – for example, providing non-medical care in the senior’s home rather than institutionalizing him or her in a nursing home. The campaign could be mounted by a coalition involving public senior-service agencies and the private-healthcare community.
- **Tax-Policy Changes** – Create a national study commission to review the impact of the current tax code on senior-care decision-making and recommend adjustments to the code which would encourage home care and personal responsibility for senior care.
- **A Youth Corps** – Create a corps of young volunteers who would be trained to work for, say, three years as in-home non-medical workers, perhaps using reductions in college-loan debts as an incentive.
- **A Senior Corps** – Often, some of the best in-home non-medical workers are seniors themselves. Social policies should be developed to encourage this trend.
- **New Senior-Care Options** – Offer federal grants to test innovative new programs in senior care, especially programs that will enable older adults to age at home, a choice nearly 90 percent say they prefer.

Sources:

1. Online at <http://www.cdcfoundation.org/healththreats/aging.aspx>.
2. Online at http://www.healthinaging.org/agingintheknow/research_content.asp?id=12.



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