

Journal of AGING (i)fe CARE™

VOLUME 27
SPECIAL ISSUE
MARCH, 2017

3275 West Ina Road,
Suite 130, Tucson,
Arizona 85741
p 520.881.8008
f 520.325.7925
aginglifecare.org

How Responsible Parties Value Aging Life Care Professionals'® Services

Mary Ann Horne, MHA & Judith Ortiz, PhD, MBA
Management Department, Webster University, Orlando, FL, United States of America

Executive Summary Florida Research	2
How Responsible Parties Value Aging Life Care Professionals' Services	3
Introduction The Role of The Aging Life Care Professional	4
Review of the Literature	5
Methods	6
Results Why and How The Aging Life Care Professional was Chosen.....	7
Important Aging Life Care Professional Functions	8
How Responsible Parties Perceived Effects on Their Lives Discussion	9
Limitations Future Research References	11

AGING (i)fe CARE®
A S S O C I A T I O N

Formerly National Association of Professional Geriatric Care Managers



Executive Summary | Florida Research

Welcome to this special issue of the Journal of Aging Life Care – How Responsible Parties Value Aging Life Care Professionals’ Services. Seven years ago, the Florida Chapter of the Aging Life Care Association invested in a groundbreaking research project to gauge the perceived value of Aging Life Care Professional services by both the care recipient (client) and the responsible parties (individuals who authorize and pay for the Aging Life Care services). The project was completed in two phases during 2010 – 2016.

Phase One | The Role and Contributions of Geriatric Care Managers*

Phase One study results – The Role and Contributions of Geriatric Care Managers: Care Recipients’ Views – were published in *Professional Case Management*, Vol. 18, No. 6, pages 286-292, in November/December 2013. Phase 1 reports that survey respondents indicated that their Aging Life Care Professional greatly improved the quality of their lives, along with:

- 88% respondents reported that the Aging Life Care Professionals would be among the first contacts they would make in case of a health care emergency.
- 83% responded that they would request the Aging Life Care Professional’s assistance after returning home from a hospital stay.

Phase Two | How Responsible Parties Value Aging Life Care Professionals’ Services

We are excited to share Phase Two of the ALCA Florida Chapter research. Through the Florida Chapter’s efforts, Aging Life Care Professionals now have a grasp on how their work impacts the lives of both a care recipient and the Responsible Party. Here are some highlights from the following pages:

- 97% of Responsible Party respondents felt that engaging a Aging Life Care Manager had a positive overall effect on the client.
- 99% said that engaging Aging Life Care Manager services had a positive effect on their own lives.
- Professional background, credentials, and experience are the most persuasive factors for Responsible Parties in choosing an Aging Life Care Manager. Referrals from other professionals and the Aging Life Care Manager’s membership in a professional association also factored into their selection process, indicating the importance of Aging Life Care Managers connecting with others in their field and associated fields.
- Responsible Parties cited keeping them informed about the client’s status as the most common Aging Life Care Manager function, followed by emergency management and medical management. All these services work together to set the Responsible Parties’ minds at ease.
- When asked about the importance of Aging Life Care Manager functions, “managing emergencies” was a clear top choice, with 90% of respondents identifying it as “Extremely Important” or “Very Im-

portant.” That choice was followed by three functions associated with medical care of the client -- advocating for the client during visits to the doctor (84% identified it as “Extremely Important” or “Very Important”); facilitating communication among client, family and health care facility (82%); and monitoring medical care (74%).

The value of Aging Life Care Professional services is evident. With the increasing aging population and the emphasis on continuity of care, Aging Life Care Professionals are poised to play a larger role in coming years.

For questions concerning the research and report, contact Mary Ann Horne at mahorne15@hotmail.com.

For questions on the Aging Life Care Association or to connect directly with an Aging Life Care Professional, visit aginglifecare.org.

Thank you to the Florida Chapter and to the Florida Public Policy & Research Committee.

Liz Barlowe, CMC

Co-Chair, Public Policy & Research Committee, ALCA FL Chapter

**In May 2015, the National Association of Professional Geriatric Care Managers (NAPGCM) changed its name to Aging Life Care Association™ (ALCA). The profession of “Geriatric Care Management,” as defined by this organization, was changed to the Aging Life Care™ profession and its practitioners “Aging Life Care Professionals™. The use of the phrases “geriatric care manager” or “GCM” in this research share the same meaning as Aging Life Care Professional.*



How responsible parties value Aging Life Care Professionals' services

Mary Ann Horne, MHA & Judith Ortiz, PhD, MBA

Mary Ann Horne, MHA is Community Outreach Specialist with MetroPlan Orlando in Orlando, FL. She has a background in journalism and social work and researched aspects of caregiving for older adults as part of her master's degree project, published in the 2011 Best of Webster.

Judith Ortiz, PhD, MBA, is an Adjunct Professor at Webster University, Orlando, FL, and is a Research Associate Professor with the College of Health and Public Affairs at the University of Central Florida, Orlando. She has held positions in health care administration and marketing and has published on a variety of health care topics.

The Florida Chapter of the Aging Life Care Association® (formerly Florida Geriatric Care Managers Association) funded and assisted with this project. However, the findings and opinions expressed in the article are those of the authors, not the organization.

The Institutional Review Board approval for this study was obtained from Webster University under IRB protocol number SU14-12.

How Responsible Parties Value Aging Life Care Professionals' Services

ABSTRACT | Aging Life Care Professionals work with various specialists and service providers to improve the well-being of their clients – often older persons in fragile health. While clients are the primary focus, relationships between Aging Life Care Professionals and “responsible parties” – individuals who authorize and pay for the services – are crucial to the care plan. This study gathered opinions from 177 responsible parties of Aging Life Care Professional clients across Florida. Responsible parties – often clients' family members – reported using and valuing a variety of care professionals' services. Overwhelmingly, however, they indicated that engaging Aging Life Care Professionals had positive effects for them and the clients. Among the most common benefits cited were: getting an objective assessment of a client's needs, knowing the client has a medical advocate, and simply contributing to peace of mind.

Keywords: *aging; family caregiving; care management; services; older adults*

(continued on page 4)

Journal of AGING (ife CARE™

Published by the Aging Life Care Association®
Formerly National Association of Professional Geriatric Care Managers

3275 W. Ina Road, Suite 130, Tucson, Arizona, 85741 | aginglifecare.org

©Aging Life Care Association®

Journal 2017 Editorial Board

EDITOR IN CHIEF

Jennifer Pilcher Warren, MS, PhD, CMC | Lincoln, MA

EDITORIAL BOARD

Ted Aransky, BS, MEd, LSW, CMC | Charlton, MA

Debbie Beatty, RN, ADN | Yorba Linda, CA

Phyllis Mensh Brostoff, CISW, CMC | Milwaukee, WI

Cathy Cress, MSW | Santa Cruz, CA

Heidi L. Garvis, BS | Merrifield, VA

Lenard Kaye, PhD | Orono, ME

Jean Llamas MSN, RN, CCM, ACM | Algonquin, IL

Carrie Mulcahy, MBA/HCM, BSHA, CMC | Bremerton, WA

Purnima Sreenivasan, MBBS, MD, MPH | Walnut Creek, CA

Laura Vaillancourt, LMHC, GMHS | Olympia, WA

Jennifer E. Voorlas, MSG, CMC | Malibu, CA

(continued from page 3)

Introduction

As more frail older adults require health care and social services, their caregivers struggle to navigate these systems, perform direct care, and manage emotional stress (Yedidia & Tiedemann, 2008). Many caregivers are family members dealing with increasing burdens and diminishing support, as people are living longer, while at the same time family size is shrinking and reducing the available caregiving pool (Redfoot, 2013). Other factors contributing to these difficulties include family members living many miles apart and the need for many family caregivers to remain in the workforce as they save for their own retirements (Bookman & Harrington, 2007).

During the past few decades, the United States has been undergoing a dramatic age shift. The percentage of the population classified as “very old” – 85 or older – is likely to more than double in the next 30 years (U.S. Census Bureau, 2014). Meanwhile, the number of people in the primary caregiving years (ages 45-64) has remained flat; during the next 30 years the percentage of this segment of the population is expected to shrink from 26.2% to 24.5% (U.S. Census Bureau, 2014). This situation, attributed in part to smaller families with changing compositions, often means fewer potential caregivers for older adults. With the caregiving responsibilities falling on fewer shoulders, there will

likely to be an increase in responsible parties who seek assistance with caregiving (Redfoot, 2013).

Currently, about 87% of the 12 million Americans who need long-term care services receive them from unpaid family caregivers (Rousseau, 2013). Most paid care delivered to older adults comes from direct care workers such as home health aides, certified nursing assistants, and personal care aides (Rousseau, 2013). While 7 out of 10 adults are expected to need assistance as they age, scholars in the aging field perceive it is unrealistic to continue to rely so heavily on family caregivers because of their declining future numbers, the complexity of the healthcare system, and competing responsibilities for modern families (Bragg, 2015; Redfoot, 2013).

The stress on these caregivers is often enormous. Most family caregivers are middle-aged women who frequently have both full-time jobs and family responsibilities in addition to providing care for the aging relative (Redfoot, 2013). These unpaid family caregivers have been described as “a shadow workforce,” performing a variety of difficult administrative and even medical tasks, for which they often have not been sufficiently trained, in order “to fill dangerous gaps in a system” (Bookman & Harrington, 2007). Researchers found that family caregivers often are expected to perform professional tasks that a few years ago would have belonged to case workers, paramedics or patient

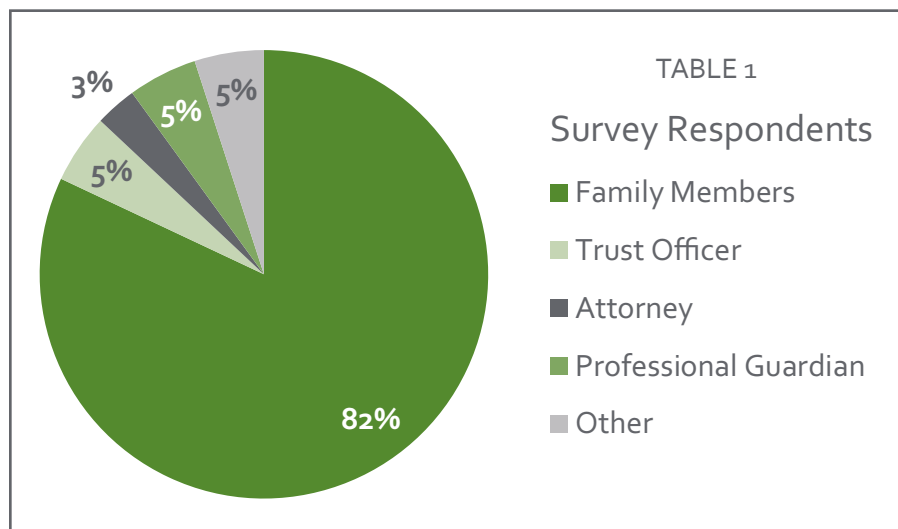
advocates, because professional care is not readily available (Bookman & Harrington, 2007).

Aging Life Care Professionals (sometimes called Aging Life Care Managers™, Aging Life Care Specialists™, geriatric care managers or “GCMs”) – have emerged as resources for some families – especially those separated by distance, in which family caregivers are unable to handle day-to-day care for the older relatives. These privately-paid care professionals are uniquely positioned to relieve some of the family caregivers’ burdens of caring for older family members. Aging Life Care Professionals usually have backgrounds in nursing, social work or psychology, with specialization in issues relating to aging and elder care. They assess an older adult’s (client’s) needs in terms of such things as physical limitations, mental health, community resources, and housing. They then handle a variety of managerial tasks to get the proper care for meeting those needs (Aging Life Care Association, 2016).

This study analyzed the value of Aging Life Care Professionals’ services from the viewpoint of the “responsible parties” to determine the perceived benefit of this type of resource. These responsible parties authorize services and pay for them – either with their own funds or with the client’s funds; the services are seldom covered by insurance. Responsible parties are often, but not always, family caregivers who need help with older relatives. They may engage Aging Life Care Professionals through an agency or independently. Understanding responsible parties’ perceptions of Aging Life Care Professionals’ services can help the professionals improve the quality of their services and reduce caregivers’ stress.

The Role of the Aging Life Care Professional

The function of Aging Life Care Professionals has been evolving since the 1980s. Early care managers were entrepreneurs with social work or nursing backgrounds. In recent years, however, routes into the profession and means by which certification and



training are obtained have diversified, providing a broader base of experience as well as more avenues for specialization (Ortiz & Horne, 2013). To date, there are more than 1,800 care management professionals who are members of the non-profit Aging Life Care Association or ALCA (formerly the National Association of Professional Geriatric Care Managers). These Aging Life Care Professionals are educated and trained to assist older adults and their families with such challenges as housing, home care services, medical management, and legal or financial issues. They provide “a holistic, client-centered approach to caring for older adults or others facing ongoing health challenges” (ALCA, 2016). As the profession matures, it is important to assess the effectiveness of Aging Life Care Professional services and how they affect responsible parties, family members as a whole, and other professionals who work with older adults.

Review of the Literature

The relationship between Aging Life Care Professionals and responsible parties is an integral part of the client’s care (Nowitz, 2005). To date, only a few studies have identified and described the services that Aging Life Care Professionals provide. Most of these have analyzed the services from the perspective of the Aging Life Care Professionals themselves. For example, Kelsey and Laditka (2009) conducted in-depth interviews with Aging Life Care Professionals (formerly called geriatric care managers) about their roles in working with families and clients. Others have used descriptive case examples (Gay, 2010; Nowitz, 2005). In addition, a few evaluations of Aging Life Care™/geriatric care management as a profession or business have been conducted (Gerber, 2010; Scott & Sharkey, 2007). Finally, a recent study examined the value of Aging Life Care Professional services

from the older or disabled clients’ perspective (Ortiz & Horne, 2013). These studies show the ways in which many Aging Life Care Professionals work across disciplines to provide a holistic approach to their clients.

Relatively little attention has been paid to the value of Aging Life Care Professionals services from the responsible parties’ perspective. These responsible parties are often adult children of the clients, but may also be trust officers, guardians or others. Wideman (2012) analyzed a small sample of family satisfaction surveys from clients served by an Aging Life Care management company. In addition, some examinations of relationships between health care providers and families or others who care for frail older adults have been conducted (Weydt, 2010; Ward-Griffin & McKeever, 2000). All of these studies underscored the increasing need for reliable guidance through a confusing landscape of care

(continued on page 6)

TABLE 2 | Importance of Aging Life Care Professional Services

Service Performed by Aging Life Care Professional	Extremely Important	Very Important	Important	Somewhat Important	Unimportant
Assist during emergencies	74%	16%	7%	2%	0.6%
Advocate for the client	60%	24%	13%	1%	2%
Monitoring medical care	55%	19%	23%	2%	1%
Facilitating communication among client, family, health care facility	55%	27%	10%	4%	6%
Assessing, planning for long-term needs	44%	25%	20%	10%	2%
Preserving client’s independence	36%	28%	18%	9%	9%
Providing Memory Care Support	26%	14%	20%	12%	28%
Getting client to “open up”	19%	20%	19%	19%	23%
Referring legal, financial issues	15%	16%	20%	13%	36%
Arranging outside activities	15%	12%	27%	22%	23%

(continued from page 5)

options for older adults.

The typical situation in which Aging Life Care Professional services are used involves interaction between a client, a responsible party, and an Aging Life Care Professional. The goal of this study was to shed light on the least-studied of those relationships – that between responsible party and the Aging Life Care Professional – by examining the responsible parties’ perceptions of care being delivered by the Aging Life Care Professional.

Methods

The study population was composed of responsible parties who authorized services of members of the Florida Chapter of ALCA. In early 2015, there were 238 Aging Life Care Professionals serving clients across Florida, and their approximately 1,200 responsible parties (ALCA, Florida Chapter, 2015). Institutional Review Board approval was obtained from Webster University to conduct the study.

Data Collection Procedures

The study was designed to analyze a very specific situation – in which a responsible party (who often serves as an informal caregiver) and an Aging Life Care Professional are engaged in caring for an older adult. The study sought to find out which services performed by the care professionals proved most beneficial to the responsible parties. Aging Life Care Professionals were involved in recruiting responsible parties to complete the survey to ensure participants’ perceptions were relevant to the study. The questionnaire was developed in several steps, and engaged Aging Life Care Professionals and responsible parties throughout. First, the researchers reviewed relevant literature to determine what was

known about the relationship between responsible parties and Aging Life Care Professionals. Next, we discussed the study’s purpose and objectives with members of the FGCMA’s research committee. Then, to provide a framework for developing the survey questions, five responsible parties were interviewed. Three themes emerged from the semi-structured interviews: (1) how and why the Aging Life Care Professional was chosen; (2) important Aging Life Care Professional functions; and (3) perceptions of how the care professional affected client/family dynamics. Using these three themes, researchers developed a 16-item survey questionnaire. Insights from these pilot interviews with responsible parties also are used to illustrate findings with real life examples to provide context to the reader.

The questionnaire included a mix of question types, including multiple choice, yes/no or free response. Three of the questions pertained to the first theme area, on how and why the Aging Life Care Professional was chosen, including: “Why did you engage a Care Manager?” Respondents were offered four scenarios, including “Noticeable changes in the client’s status were very concerning,” and “The client had a crisis, which resulted in immediate need for supportive services.” Respondents were also offered an “Other” option, where they

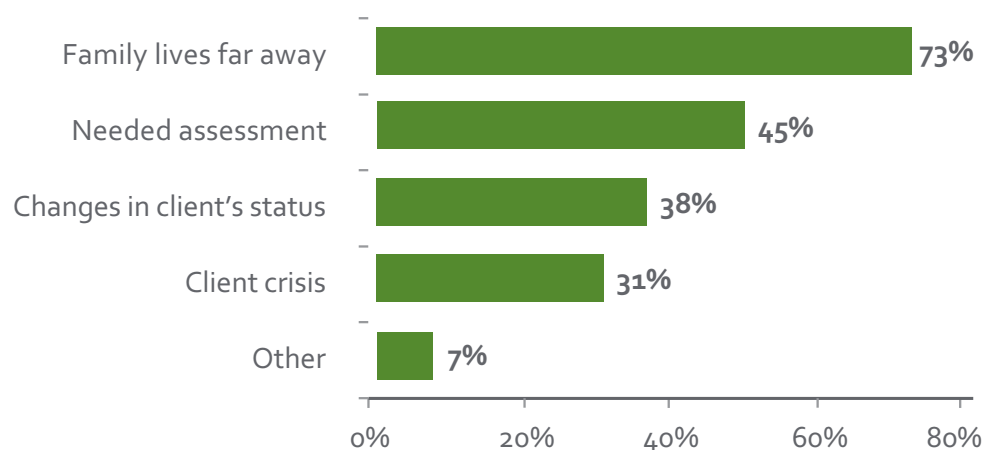
could write in a specific scenario. They were asked to choose all responses that applied. Eight questions pertained to the second theme area on Aging Life Care Professional functions, including a ranking of 10 basic functions and how important the responsible parties thought these were. *Table 2 explores this question in detail.*

Seven questions pertained to the third theme area how services may have affected the family, including the “value” responsible parties placed on the services and their assessment as to whether services had “a positive overall effect on the client’s life” and whether services “had an overall positive effect on your life.” (Table 3 explores the value placed on services in detail.)

A pilot test of the survey was conducted with 10 responsible parties. Based on the feedback from the pilot test respondents and discussion with the now ALCA Florida Chapter research committee members, the survey was modified slightly to create the final version: “Survey of Responsible Parties on Care Management Services ©.” The ALCA Florida Chapter research committee briefed members on the purpose and content of the final survey at the annual conference of the ALCA Florida Chapter in January, 2015. Soon after the conference, an electronic link to the final survey was distributed to 183 Aging Life Care Professionals in Florida via email. These Aging Life

TABLE 3

Reasons for Engaging Aging Life Care Manager



Care Professionals were asked to invite responsible parties with whom they work to respond to the survey directly. The Aging Life Care Professionals who chose to participate sent the link to 600 responsible parties via email. The link was attached to a letter from the researchers describing the purpose of the survey, explaining that participation in it was voluntary, and assuring that responses would be anonymous and confidential.

Data Analysis Procedures

The responses were summarized using descriptive statistics. Five of the 16 survey questions allowed respondents to choose “other” in addition to suggested responses. Respondents who chose the “other” response category were invited to provide explanation in a free-response box. The free responses were reviewed and summarized, noting commonalities. Some participants did not respond to all questions. Results were analyzed for each question using the number of respondents to that particular question.

Results

The study sample included 600 responsible parties who were contacted by Aging Life Care Professionals. At the close of the survey period, 177 responsible parties had participated by answering at least some of the survey questions. The number of responsible parties affiliated with the ALCA Florida Chapter at the time of the survey was estimated to be 1,200. Thus, the final response rate was estimated to be 30%.

Among these respondents, 145 (or a full 82%) were family members of older adult clients. Of the 18% who did not identify as family members, nine (5%) were trust officers, five (3%), were attorneys, and nine (5%) were professional guardians. Nine respondents (5%) described themselves as friends, neighbors or family friends.

Why and how the Aging Life Care Professional was chosen

Responsible parties were asked to identify reasons that motivated them to seek Aging Life Care services. Most

TABLE 4
Most Common Services Performed by Aging Life Care Professionals

Assessing, monitoring and updating responsible party on client’s needs	89%
Managing crises, safety concerns or conflicts in the client’s life	80%
Coordinating and advocating for the client’s medical concerns	75%
Providing support and services that preserve the client’s independence	58%
Providing mental health referrals, counseling and emotional support for the client	34%
Offering activities that enhance the client’s social support and quality of life	30%
Providing impaired memory support and services	26%
Completing paperwork associated with the client’s insurance, benefits or finances	25%

respondents (73%) reported they engaged the professional because the family did not live near the client so that they needed a local contact for care. Many indicated they were concerned about changes in the client’s status (38%), or that the client was experiencing a crisis at the time the professional services were sought (31%). Forty-five percent were seeking a professional assessment to explore options for the client’s care. Participants were asked to describe “other” situations that led to engaging care. Among those identified were “caregiver had a crisis,” “needed guidance navigating options for dementia/Alzheimer’s care,” and “family dissension.”

Respondents were asked to identify factors that contributed to their choice of an Aging Life Care Professional. The majority of responsible parties (69%) said they were most influenced by information on the professional’s background and credentials. The next most influential factors were whether the Aging Life Care Professional was referred by a professional source (63%) and the Aging Life Care Professional’s level of experience (60%). Another 28% said they considered whether the care professional

belonged to an association, such as the Aging Life Care Association (then National Association of Professional Geriatric Care Managers) or the ALCA Florida Chapter (then Florida Geriatric Care Managers Association). Only 16% said they considered the Aging Life Care Professional’s website or marketing materials; only 16% said they were swayed by a recommendation from a former client of the Aging Life Care Professional.

Case in Point

One of the responsible parties whose interviews helped shape the questionnaire provided an example of how a family might come to engage an Aging Life Care Professional. The woman and her sister live on opposite sides of the Florida peninsula and share responsibility for their mother, who lives in a third city at least an hour’s drive from either of the sisters. The mother was living alone in a condominium when the sisters noticed her ability to care for herself “was starting to go downhill.” In particular, the mother was having trouble managing her medications and was experiencing frequent falls,

(continued on page 8)

(continued from page 7)

although she insisted that she did not need outside help. Matters reached a crisis in 2012 when the mother was hospitalized after a series of falls, and the sisters needed someone to manage her care day-to-day. The mother initially resisted Aging Life Care Professional, but she eventually accepted the services – first to find capable in-home help, then to transition to an assisted living facility, where the Aging Life Care Professional still helps manage medical appointments and provides updates and assessments for the sisters.

Important Aging Life Care Professional functions

Respondents were asked to identify and rank services performed by the Aging Life Care Professional. Common responses to a question about what services were performed by Aging Life Care Professionals were “assessing, monitoring and updating me on the client’s needs” (89%), followed by “managing crises, safety concerns and conflicts in the client’s life” (80%), and “coordinating and advocating for the client’s medical concerns” (75%). See Table 4.

Respondents were asked to describe services they received from Aging Life Care Professionals that were not listed in the survey.

Some responses in this category were “monitoring finances” and “coordinating and updating medications.” One respondent’s comment illustrates the breadth of services that may be provided by Aging Life Care Professionals: “She helped me discern the right times to add daycare, and then placement in memory care. Helped me refine a back-up care plan ... Emotional support for me when I need it.”

Sixty-three percent of the respondents reported that the Aging Life Care Professional accompanied the client on doctor’s visits or other medical appointments. Asked what functions were performed during those visits, the common responses were: “ensures accurate information is conveyed to medical personnel and to the responsible party” (90%); “facilitates communication between the doctor and the client” (86%); and “advocates for the client’s needs” (84%).

Survey responses indicated that the Aging Life Care Professional often oversee services they do not provide directly. For example, 82% of the responsible parties reported that they rely on the Aging Life Care Professional to coordinate or monitor other service providers - most frequently home health aides/companions (63%). Other service providers included staff at assisted living facilities or nursing homes (56%), therapists (40%), nurses (36%), and household helpers (26%).

One surprising result involved settings where responsible parties were using Aging Life Care Professional services. Aging Life Care services have often been associated with the home health care industry and with helping older clients in a home setting (Scott & Sharkey, 2007). Our study indicated that while Aging Life Care Professionals serve some clients in

their homes, many others work with clients in assisted living or nursing home facilities. Asked whether the Aging Life Care Professional suggested modifications to the client’s home, almost half the survey participants (47%) answered that the client did not live at home. Most indicated that the Aging Life Care Professional had assisted (or would assist) the client with a move to a facility.

Responsible parties were asked about which of the functions Aging Life Care Professionals provided were most important to them. Importance was measured by combining positive responses for the “extremely important” and “very important” scale anchors. The top-rated function was “assist during emergencies,” where 90% of the responsible parties rated it as “extremely important” or “very important.” The next highest-rated function was “advocating for the client” (84%), followed by “facilitating communication among client, family and health care facility” (81%). See Table 2.

Case in Point

A responsible party whose interview helped shape the themes for this study lives in the Midwest, and cares for his uncle, who is in his 90s and resides at an assisted living facility in Florida. The nephew took

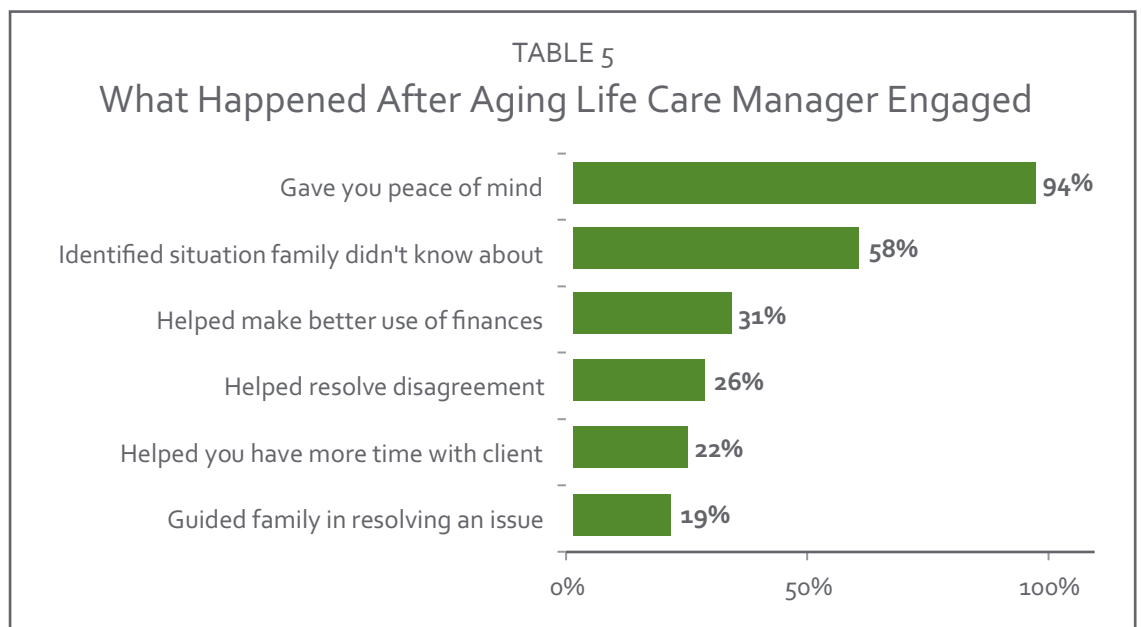


TABLE 6 Services Most Valuable to Responsible Parties	
Providing me peace of mind	93%
Assessing client's needs	83%
Preventing/managing crises	75%
Advocating for medical needs with providers	72%
Preserving client's independence	44%
Navigating/recommending community resources	43%
Managing residential transition	40%
Mediating/resolving conflicts	28%
Providing memory care/ support	20%

TABLE 7 Services Most Valuable to the Clients	
Monitoring/advocating for medical needs	78%
Providing peace of mind by being on call	68%
Coordinating/monitoring service providers	61%
Providing counseling and emotional support	51%
Enhancing social and quality-of-life activities	33%
Making/recommending home safety changes	30%
Providing memory care/ support	28%
Coordinating government assistance, insurance or other benefits	18%

Note: Respondents to both questions were asked to "choose all that apply."

over responsibility after his uncle's daughter died and there were no other family members close by. An Aging Life Care Professional goes with the uncle to all medical appointments, handles paperwork and banking, and stays in close contact with the nephew. The nephew says he has come to depend on the weekly phone calls and almost-daily emails from the Aging Life Care Professional, who "keeps extremely good tabs" on his uncle's status. He describes his uncle as "cognizant, but feeble" and says the Aging Life Care Professional makes it possible for the uncle to lead as full a life as possible in his final years.

How Responsible Parties Perceived Effects on Their Lives

Several questions were posed

to assess the perceived value of engaging an Aging Life Care Professional from the perspective of responsible parties. Responses indicated responsible parties felt they benefited most from the security of having a professional readily available. Respondents were given a series of situations and asked to identify all that had happened since the Aging Life Care Professional was employed. A markedly high percentage (94%) reported that the Aging Life Care Professional's availability to help the client gave [the responsible parties] peace of mind. A majority (58%) reported the Aging Life Care Professional "identified a situation involving the client, of which family members were not aware."

Respondents were also asked to choose the most valuable services the Aging Life Care Professional

provided to them. Almost all (93%) identified "providing me peace of mind by being the local professional I can call on" as most valuable. From a separate list of services, respondents were asked to choose those they thought were the most valuable to the clients. The most frequently reported from that list were: "monitoring and advocating for medical needs" (78%); "providing peace of mind" (68%); and "coordinating/monitoring service providers" (61%). *See Tables 6 & 7.*

Responsible parties were also asked about the overall effect the Aging Life Care Professional had on the client. Almost all (97%) indicated that engaging the Aging Life Care Professional had a positive effect on the client. Respondents were even more emphatic that the Aging Life Care Professional's services had a positive effect on their own lives; 99% responded in the affirmative.

Discussion

This study sheds light on what responsible parties (often family caregivers) value about Aging Life Care Professionals and the services they provide for older adult clients. Few studies have examined the relationship between those who are directly responsible for the care of older adults and the professionals who help coordinate that care. The responsible parties' perceptions can be valuable in the field of elder care, by showing which professional services are most important to informal caregivers – in this case, often family members who live at a distance from the older adult. Since Aging Life Care Professionals may be experienced in one or more of several fields – including social work, nursing, gerontology or psychology – they can assist with a broad range of services (ALCA, 2016). The ways responsible parties use and value the Aging Life Care Professionals' services can have a significant impact on the older clients and their families, as well as on service providers.

Some of the study's findings are consistent with those of earlier studies that describe why clients and responsible parties seek the services

(continued on page 10)

(continued from page 9)

of Aging Life Care Professionals. Using admission data for an Aging Life Care management company, Wideman (2012) found that 43% of the responsible parties requesting help were family members who lived at a significant distance from the older adult. A common trigger for seeking care was a noticeable change in the older adult client's health status or a some sort of crisis (Kelsey & Laditka, 2009). The findings from our survey reinforced those earlier findings. A full 73% of the respondents reported that they engaged because the family did not live nearby and needed a local contact for care. Additionally, 69% of respondents to this study had noticed a change in the client's status or reported that the client had experienced a crisis at the time they sought help.

The survey results are relevant to Aging Life Care Professionals who work with family caregivers of older adults, because they show how professionals can best assist informal caregivers who may have limited ability to be directly involved. According to the survey results, these informal caregivers appear to highly value having a "professional to call on at all times," and feel that the older adult clients value this arrangement as well. Because the Aging Life Care Professionals take on a managerial-like role in caring for the older client, they minimize the amount of time the informal caregivers need to spend on such things as hiring household helpers or advocating at doctor visits. This type of service seems to greatly benefit the family caregivers -- a group that is statistically dwindling in size, struggling with increasing responsibilities, and looking for help. The family caregiver is key to the older adult's ability to maintain independence. More than two-thirds of Americans believe they will rely on their families for their long-term care needs (Redfoot, Feinberg & Houser, 2013). This makes it important to identify the types of services family caregivers are likely to need and who can best provide them.

Our study found that, while the services Aging Life Care Professionals

provide are diverse, many relate to assessment, communication or crisis management. The service listed as most common by respondents (89%) was "assessing, monitoring and updating me on the client's needs." This finding underscores the responsible parties' desire to have a professional overseeing and providing insight on the older client's situation, and echoes themes in the literature on caregiving. For instance, Wideman (2012) found that 96% of responsible parties who completed a family satisfaction survey for an Aging Life Care management service indicated that they experienced "an improved understanding of how to meet my

An unexpected finding was the extent to which Aging Life Care Professionals work outside the client's home — in an assisted living facility or nursing homes. This finding points to a new area of discussion for families and other caregivers who interact with older adults no longer living in their own homes.

parent's/family member's needs" as a result of the care.

The service rated as most important to the responsible parties in our survey was "assist[ing] during emergencies." It appears that a crisis often brings a family to seek an Aging Life Care Professional (Scott & Sharkey, 2007). Management and prevention of crises continue to be major concerns and illustrate the perceived benefit to responsible parties of having someone to call on when needed. Other services, such as advocating for medical needs, navigating community resources, providing memory care services, were similar to those

identified by Yedidia and Tiedemann (2008) as services that family caregivers want from professionals. Still other services — preserving independence, enhancing social and quality-of-life activities — echoed those identified by Hilton and colleagues (2009) as ones associated with "successful aging" by family members. Together, these needs and services illustrate that families tend to value service in which the Aging Life Care Professional takes initiative to ensure the older adult's safety and comfort.

An unexpected finding was the extent to which Aging Life Care Professionals work outside the client's home — in an assisted living facility or nursing homes. This finding points to a new area of discussion for families and other caregivers who interact with older adults no longer living in their own homes. Most previous research characterized the Aging Life Care Professional's role as promoting independent living for as long as possible (Kelsey & Laditka, 2009). According to our survey responses, however, many families depend on Aging Life Care Professionals even after the client has left home for a facility. In fact, almost half the respondents (47%) said the clients with whom they are associated do not live at home. Interactions among informal caregivers, Aging Life Care Professionals (or other privately employed caregivers) and facility staff have accrued very little attention in the literature. These overlapping associations and relationships appear to be common for today's extended families.

Older adults who receive services through government and community programs to maintain their health and independence, and their families alike, often find these services "limited," "fragmented," or "uncoordinated" (Judd & Moore, 2010). In a study of low-income frail older adults, researchers found that key to delivering effective services is having in place a care manager who is "acting independent of any service agency, [who] becomes an agent of the care recipient" (Judd & Moore, p. 654, 2010). This service model is similar to that of responsible parties who have engaged Aging Life Care Professionals. Our study shows that the

informal caregivers also perceive this type of system as of benefit to them and the older adults for whom they are responsible.

Limitations

The survey distribution was limited to responsible parties contacted by members of the ALCA Florida Chapter. Thus, our findings cannot be generalized to all responsible parties/informal caregivers who care for aging adults.

Future Research

Research on services provided by Aging Life Care Professionals is generally scarce. Studies of the perceived benefits to individuals, families, and organizations served by Aging Life Care Professionals is even more limited. Our study paves the way for future research that could be intriguing. Research dealing with the ways in which Aging Life Care Professionals deliver and coordinate services in assisted living facilities and nursing homes could shed more light on how families need to deal with aging members after they leave home, and provide information to help facilities better serve residents and their families. As the nation searches for better ways to deliver services to a rising tide of Medicare recipients, and struggles to prevent service failures to those aging in poverty, there is a growing need for additional studies on the role and services of Aging Life Care Professionals. In addition, future research on the responsible parties themselves will contribute to the knowledge of this segment of the population that struggles to meet the care needs of older adults in our country.

References

- Aging Life Care Association (2016). Our name has changed: Why a name change? Why now? Retrieved from https://www.aginglifecare.org/ALCA/About_Aging_Life_Care/ALCA/Features/The_Transition.aspx
- Aging Life Care Association (2016). What you need to know: What is aging life care? Retrieved from https://www.aginglifecare.org/ALCA/About_Aging_Life_Care/ALCA/About_Aging_Life_Care/What_you_need_to_know.aspx?hkey=a487975b-4621-4c97-a4c9-a0efb2b7f581
- Bookman, A., & Harrington, M. (2007). Family caregivers: A shadow workforce in the geriatric health care system? *Journal of Health Politics, Policy and Law*, 32(6), 1005-1041.
- Bragg, E. J., & Hansen, J.C. (2015). Ensuring care for aging baby boomers: Solutions at hand. *Generations: Journal of the American Society on Aging*, 39(2), 91-98.
- Brown, R. (2009). The promise of care coordination: An analysis of care coordination models that can reduce hospitalization and expenditures among Medicare beneficiaries and improve quality of care. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.511.9484&rep=rep1&type=pdf>
- Gay, B. J. (2010). Geriatric care management: A growing need. *Professional Case Management*, 15(3), 168-170.
- Gerber, L. (2010). Moving into private geriatric nursing care management. *American Journal of Nursing*, 2010 Nursing Career Directory, 22-24
- Hilton, J. M., Kopera-Frye, K., & Krave, A. (2009). Successful aging from the perspective of family caregivers. *The Family Journal: Counseling and Therapy for Couples and Families*, 17(1), 39-50.
- Judd, R. G. & Moore, B. A. (2011). Aging in poverty: Making the case for comprehensive care management. *Journal of Gerontological Social Work*, 54(7), 647-658.
- Kelsey, S.G., & Laditka, S. B. (2009). Evaluating the roles of professional geriatric care managers in maintaining the quality of life for older Americans. *Journal of Gerontological Social Work*, 52(3), 261-276.
- Nowitz, L. (2005). Geriatric care management: Spiritual challenges. *Journal of Gerontological Social Work*, 45(1/2), 185-201.
- Ortiz, J., & Horne, M.A. (2013). The role and contributions of geriatric care managers: Care recipients' views. *Professional Case Management*, 18(6), 286-292.
- Qualtrics (2015). Qualtrics software (Version 2.2015) Provo, UT: ©2015 Qualtrics. Retrieved from <http://www.qualtrics.com>
- Redfoot, D., Feinberg, L., & Houser, A. (2013, August). The aging of the baby boom and the growing care gap: A look at future declines in the availability of family caregivers. AARP Public Policy Institute: Insight on the Issues (85). Retrieved from <http://www.aarp.org/home-family/caregiving/info-08-2013/the-aging-of-the-baby-boom-and-the-growing-care-gap-AARP-ppi-ltc.html>
- Rousseau, D., Firth, J., & Jankiewicz, A. (2013). A short look at long-term care for seniors. *Journal of the American Medical Association*, 310(8), 786-787. Retrieved from http://facts.kff.org/JAMA_082813.
- Scott, L.M., & Sharkey, C. (2007). Putting the pieces together: Private-duty home healthcare and geriatric care management: One home health agency's model. *Home Healthcare Nurse*, 25(3), 167-172.
- U.S. Census Bureau (2014). Percent distribution of the projected population by sex and selected age groups for the United States: 2015 to 2060 (NP2014-T6). Retrieved from <http://www.census.gov/population/projections/data/national/2014/summarytables.html>
- U.S. Census Bureau (2014). Projections of the population by sex and selected age groups for the United States: 2015 to 2060 (NP2014-T3). Retrieved from <http://www.census.gov/population/projections/data/national/2014/summarytables.html>
- Ward-Griffin, C., & McKeever, P. (2000). Relationships between nurses and family caregivers: Partners in care? *Advances in Nursing Science*, 22(3), 89-103
- Weydt, A. (2010). Mary's story: Relationship-based care delivery. *Nursing Administration Quarterly*, 34(2), 141-146.
- Wideman, M. (2012). Geriatric care management: Role, need, and benefits. *Home Healthcare Nurse*, 30(9), 553-559.
- Yedidia, M.J., & Tiedemann, A. (2008). How do family caregivers describe their needs for professional help? Findings from focus group interviews. *American Journal of Nursing*, 108(9), 35-38.

The experts in aging well.

3275 W. Ina Road, Suite 130
Tucson, AZ 85741

ADVERTISEMENT

National Academy of Certified Care Managers

Striving to certify knowledgeable, qualified, ethical professional care managers

Come grow with us.... earn your CMC!

- Review eligibility criteria and go to www.NACCM.net
- Download Candidate Handbook and complete online application
- Take online practice exam and sign up for Exam Prep Course

Certification Exam offered during the months of April and October

Have Questions? Contact us at 520.884.4240

