

Caregiving for Older Adults and Caregiver Wellness in the United States

アメリカ合衆国における高齢者 介護と、介護者のウェルネス

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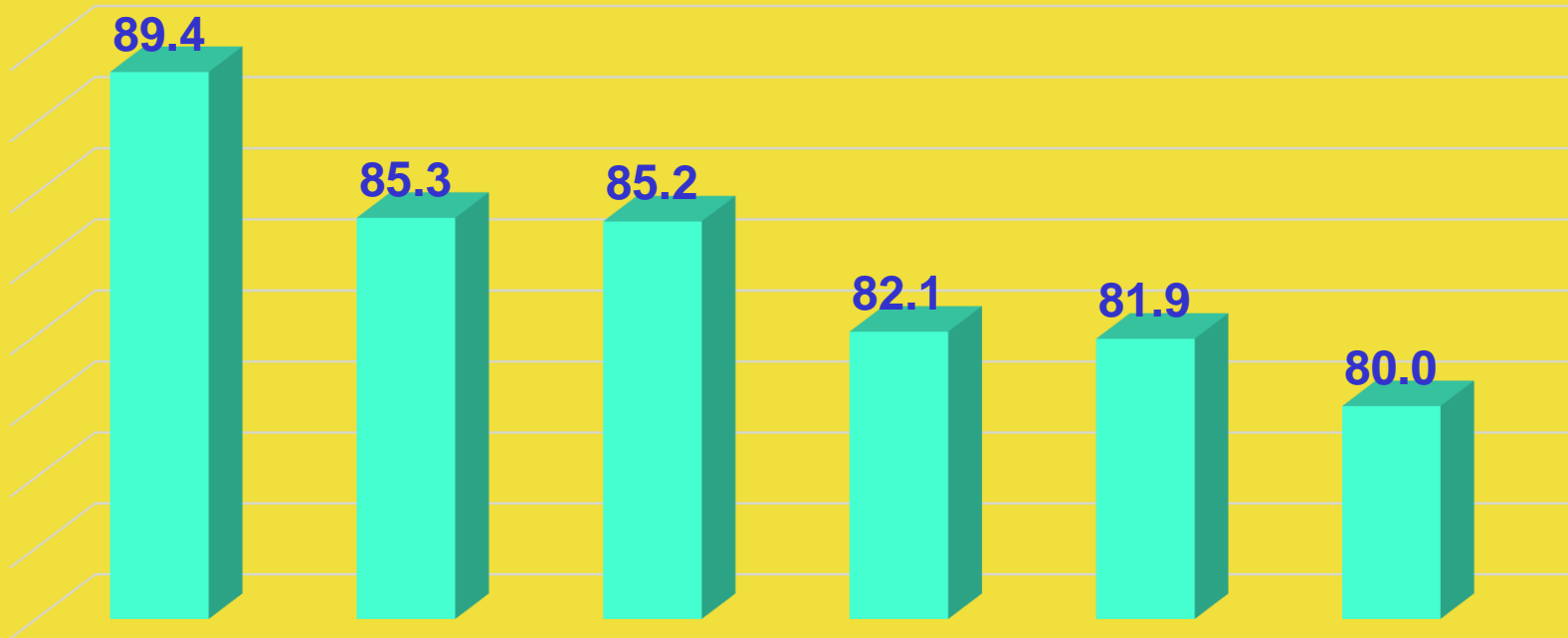
Presentation Outline

プレゼンテーションの概要

- Demography of Older Adults and their Caregivers in the U.S. アメリカの高齢者と介護者の人口
- Roles and Challenges of Family/Informal Caregivers of Older Adults in the U.S. 高齢者の家族介護者
- Caregivers and Transitional Care from the Hospital-To-Home for Older Adults across America's Multicultural Communities 多文化社会の介護者及びバ

Life Expectancy 平均寿命

Globally, U.S. is ranked 43rd out of 224 nations.



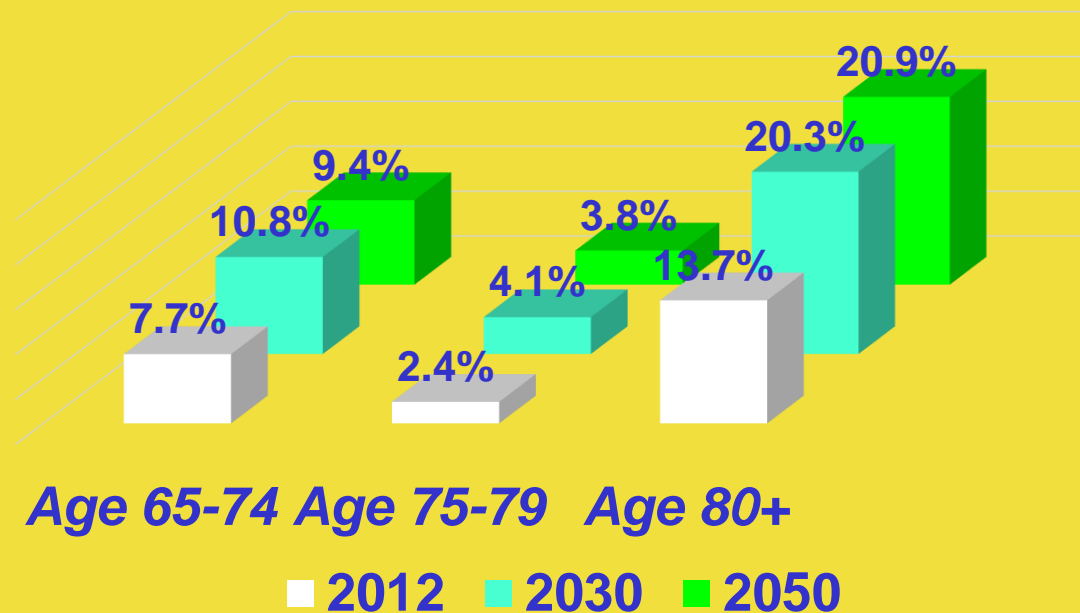
1 Monaco 2 Japan 3 Singapore 16 Sweden 17 France 43 U.S.

Life Expectancy (World Fact Book 2017)

Older Adults in the U.S.

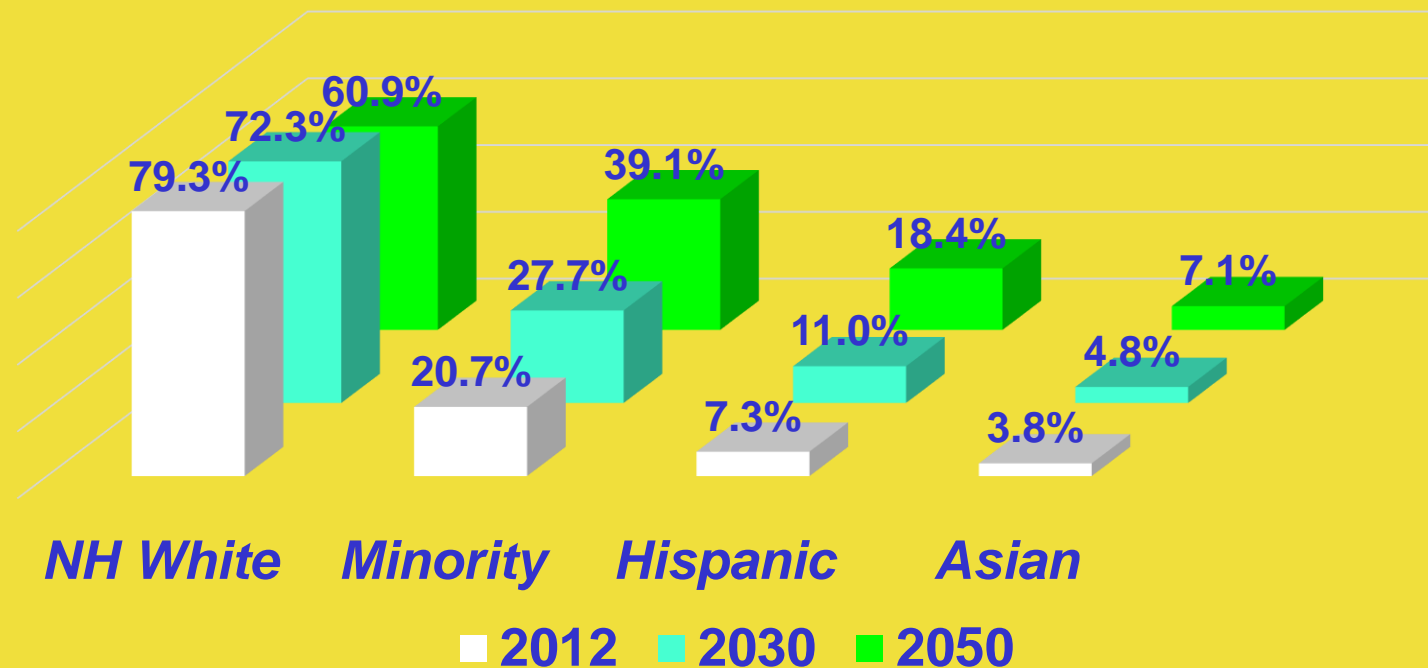
アメリカの高齢者

The U.S. population age 65+ will almost double from 2012 (43.1 million) to 2050 (83.7 million). Population age 80+ are growing the fastest.



Demography of Older Adults in the U.S. アメリカの高齢者人口

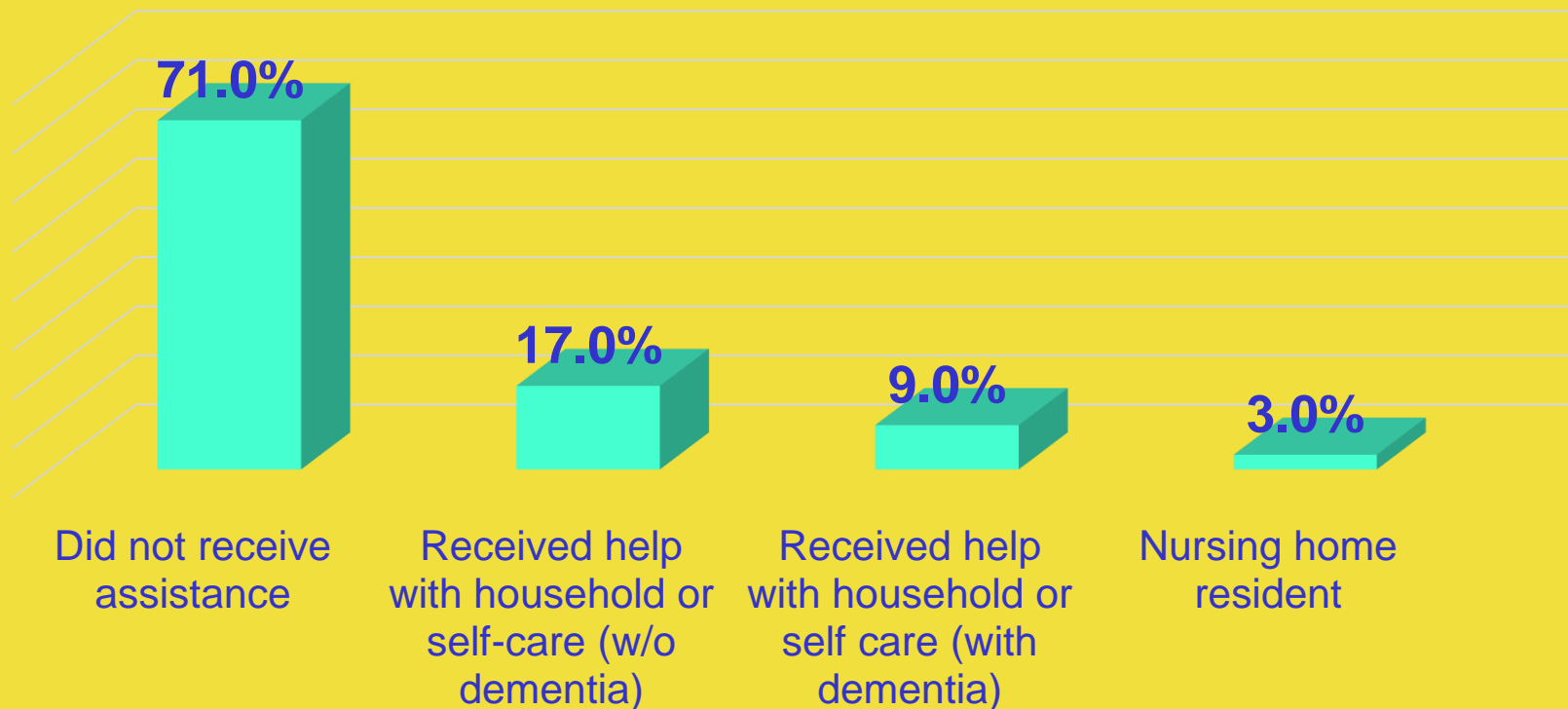
The U.S. population age 65 and over will almost double from 2012 (43.1 million) to 2050 (83.7 million).



% of Older Adults 65+ Receiving Assistance by Level of Assistance (NTATS 2011)

支援レベルによる要支援の65歳以上高齢者%

29% received assistance (10.9 million) and 71% (27.3 million) did not receive assistance

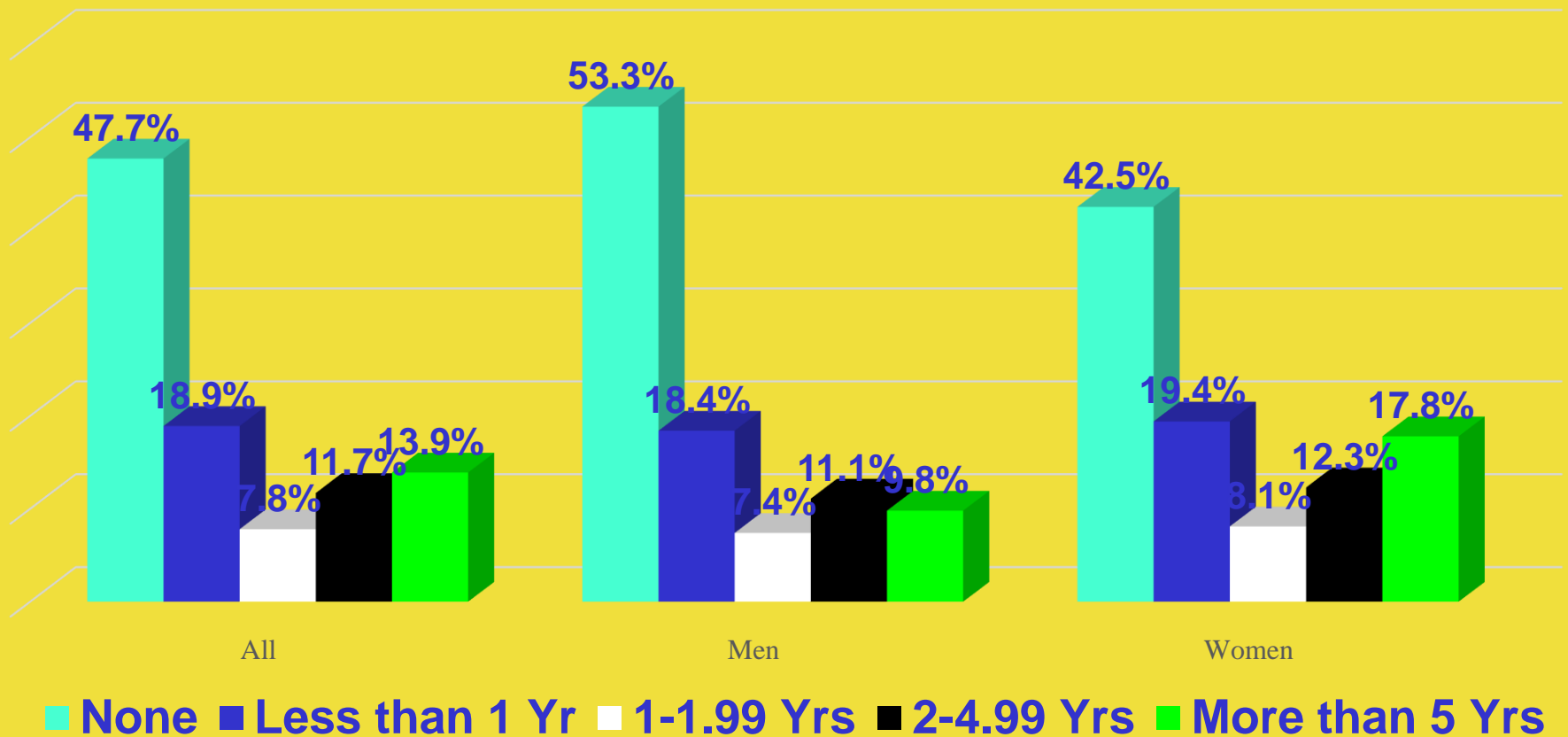


■ % of 65+ Received Assistance in the Past Month by Level of Assistance

Projected Future Need for Long-Term Services and Supports (Favreault & Day 2016)

要介護と要支援の将来需要の予測

52.3% of older adults turning age 65 will need help with at least 2 ADLs for 90+ days or supervision for severe cognitive impairment



Major U.S. Demographic Trends

アメリカの主要な人口傾向

- **Oldest old (Age 80+) is fastest growing** and projected to be 30+ million by 2050 超高齢者の急増
- **Minority older adults growing rapidly** and projected to be more than 44% of total U.S. older adults by 2060
マイノリティ高齢者の激増
- **Lower fertility rates, higher rates of childlessness, traditional family structure changing, increases in divorce and never married status** – leading to shrinking pool of potential caregivers 伝統的家族の変化
- More than half of family caregivers are employed driven by **increasing number of women in the workforce**
働く女性の家族介護者の増加

Family Caregivers of Older Adults by Level of Need and Years (NHATS / NSOC 2011)

介護ニーズと介護期間による高齢者の家族介護者

Caregivers represent 7.7% (17.7 million) of the U.S. Population Age 20+;

Median # of Years Caring for High Need Care Recipient is 5 Years

Care Recipient Need	Number of Caregivers
All needs in household activities and functioning	17.7 million
High needs (need 2+ ADLs or supervision for severe cognitive impairment)	8.5 million
Average Number of Years Caring for Care Recipient	Percentage
1 year or less	15.3%
2 to 4 years	34.7%
5 to 10 years	34.9%
More than 10 years	15.1%

Family Relationships of Caregivers of Older Adults (NHATS/NSOC 2011)

高齢者の介護者の家族関係

62% of caregivers were female & 70% of care recipients were female;
 50.5% of caregivers were between ages 45 and 64 years old and 32.3%
 were older adults themselves

Family Relationship	All Caregivers (%)	High Need Caregivers (%)
Relationship to Recipient		
Spouse	21.5%	18.1%
Daughter, Daughter-In-Law, Stepdaughter	33.6%	38.0%
Son, Son-In-Law, Stepson	21.2%	21.8%
Marital Status		
Married / partnered	66.6%	66.1%
Separated / divorced	11.6%	12.0%
Widowed	5.9%	6.0%
Never Married	14.3%	13.7%
Lives with care recipient	43.8%	42.2%

Caregiving Trajectory

介護の相互作用

Awareness: Sporadic Care



Unfolding Responsibility: Household Tasks



Increasing Care Demands: Personal Care



End-Of-Life: End-Of-Life Care



Bereavement

Roles of Family Caregivers

家族介護者の役割

- Household tasks 家事
- Self-Care, supervision, and mobility
セルフ・ケア、スーパービジョン、モビリティ
- Emotional and social support 情緒的支援
- Health and medical care 保健医療ケア
- Advocacy and care coordination アドボカシ
- Surrogacy サロガシー

Impact of Caregiving on Caregivers

介護の介護者に対する影響

- Psychological effects (negative, positive)
心理的影響(否定的、肯定的)
- Physical health effects (health status, injuries, physiological effects, health behaviors) 身体的健康への影響
- Social effects (family relationships)
社会的影響 (家族関係)
- Elder mistreatment and neglect 高齢者虐待

Risk Factors for Adverse Caregiver Outcomes

ハイリスク介護者の危険因子

- Sociodemographic factors 社会人的的要因
- Intensity and type of caregiving tasks ケアタフ
- Caregivers' perceptions of care recipients' suffering 介護者の非介護者に対する知覚
- Caregivers' own health and functioning 健康
- Caregivers' social and professional supports 介護者の社会的、専門的サポート
- Care recipients' physical home environment 非介護者の物理的な住環境

U.S. Administration for Community Living (ACL) Programs for Caregivers アメリカ の介護者のコミュニティ・プログラム

- **National Family Caregiver Support Program (NFCSP)**
- **National Eldercare Locator**
- **National Alzheimer's Call Center**
- **Aging and Disability Resource Centers**
- **National American Caregiver Support Initiative**
- **Alzheimer's Disease Supportive Services Program**
- **Alzheimer's Disease Initiative Specialized Support Services**
- **Lifespan Respite Care Program**

U.S. Department of Veterans Affairs Programs and Services for Caregivers アメリカ退役軍人局の介護者プログラム

- **Caregiver education and training**
- **Caregiver support line**
- **Caregiver support coordinators (CSCs)**
- **Peer Support for Caregivers**
- **Resources for Enhancing Alzheimer's Caregiver Health (REACH)**
- **Telephone support groups for caregivers**
- **Adult Day Health Care (ADHC)**
- **Homemaker and Home Health Aid Program**
- **Respite Care**
- **Home Hospice Care**

Committee on Family Caregiving for Older Adults Recommendations

高齢者の家族介護委員会の提言

- Develop and execute a **National Family Caregiver Strategy** that systematically supports the essential role of family caregivers to older adults. 国家介護策
- The strategy should include specific measures to adapt the nation's health care and long-term services and supports (LTSS) systems and workplaces to effectively and **respectfully engage family caregivers and to support their health, values, and social and economic well-being**, and to address the needs of our increasingly culturally and ethnically diverse caregiver population. 介護者策

Committee on Family Caregiving for Older Adults Recommendations

高齢者の家族介護委員会の提言

- Emphasis on person-centered care needs to evolve into a focus on person- and family-centered care 個人や家族中心のケアの強調
- Family caregivers should: 家族介護者の健康支援
 - Have their own health and well-being considered
 - Have rights and protections
 - Have their preferences, needs, and strengths recognized and supported
 - Are supported as caregiving changes and evolves



Informal Caregivers and for Older Adults across Multicultural Communities

多文化社会のインフォーマル介護者と高
齢者介護：病院から自宅へ
From Hospital to Home: A Strategic

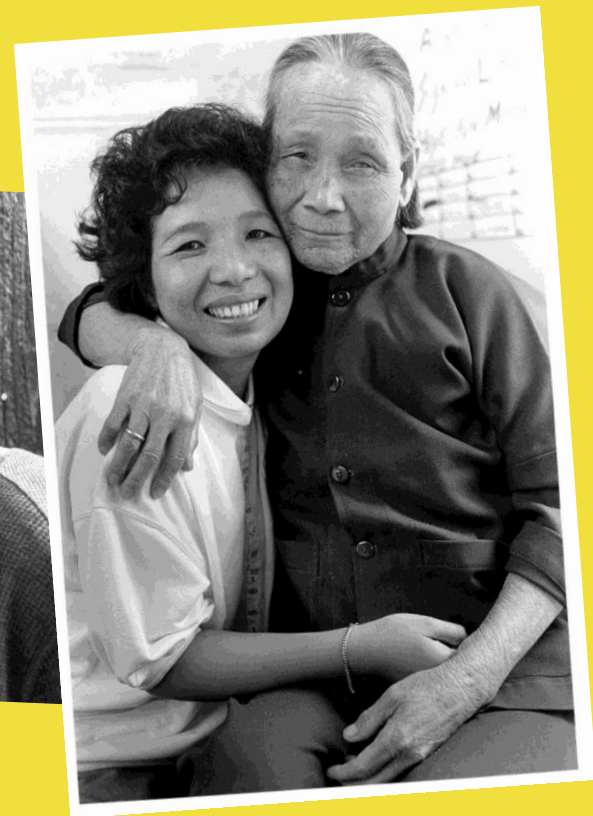
Assessment of Eldercare in the Bay Area

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What is transitional care?

Care that is provided to a patient as they transition from one care site to another.

移行ケアとは何か？：移行期に提供されるケア



Why is transitional care important? なぜ移行期のケアが重要か？

Older adults are especially vulnerable during care transitions. 高齢者は移行期ケアで特に支援を受け難いグループ。

Seniors who do not have support during care transitions are more likely to experience poor outcomes, including hospital readmissions. 移行期ケアの支援を受けない高齢者は転帰がよくない。

Study Goal & Objectives

研究の目標と目的

- Assess the services available to patients and caregivers 患者と介護者が利用可能な保健医療福祉サービスの評価
- Assess unmet needs of patients and caregivers 患者と介護者の満たされていないニーズの評価
- Identify populations that are especially vulnerable and assess their special needs 特に支援が必要なグループの特定と、特別支援ニーズの評価
- Identify effective interventions from the literature and potential interventions to increase access to services and support for patients and caregivers 効果的なインターベンションの明確化

Presentation Goal & Objectives

プレゼンテーションの目標と目的

Advance our understanding of the needs of older adults across multicultural communities transitioning home after a hospital stay from caregiver perspectives, including the needs of patients (care recipients) and their caregivers before, during, and after hospital discharge.

病院から自宅への移行期ケアの高齢者のニーズの理解
This presentation is part of a larger institutional care and methods study across the San Francisco Bay Area in California.

Definitions 定義

Caregiver (CG): Someone who provided at least two hours of unpaid care per week for a family member or friend. 介護者：家族や友人に週に2時間以上無給の介護を提供した者。

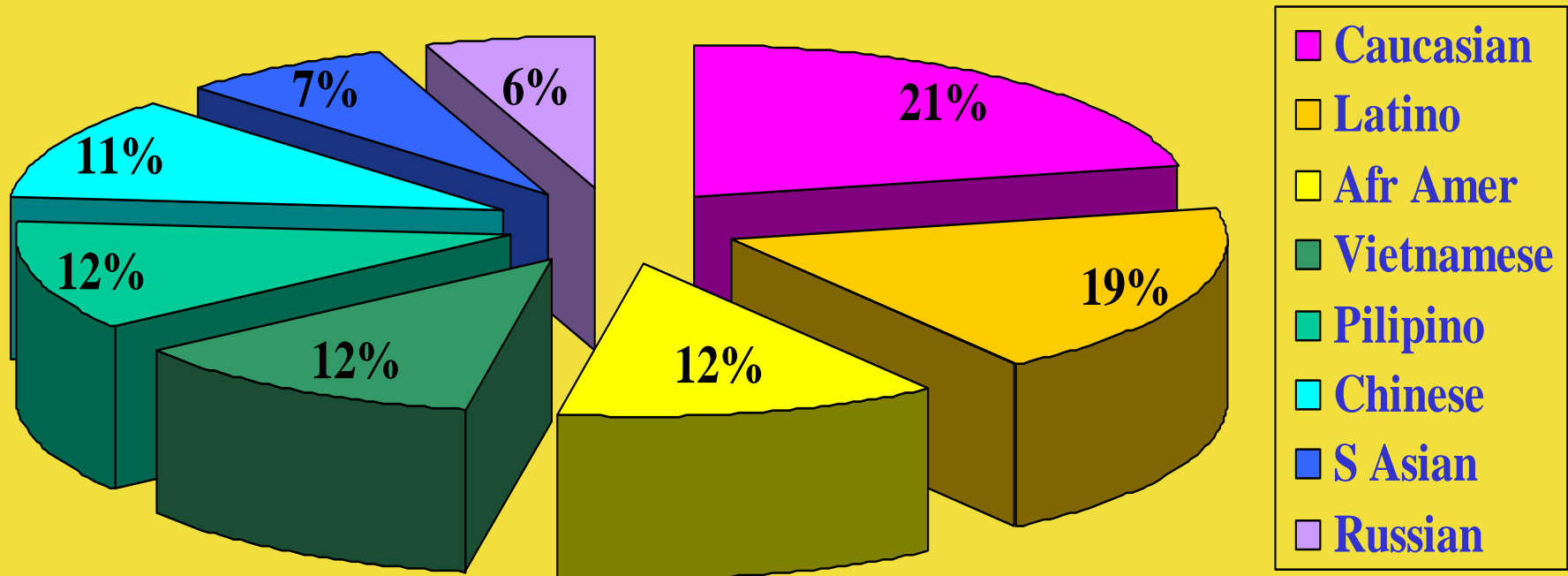
Care Recipient (CR): Someone who had been discharged from the hospital in the last twelve months. 非介護者：12か月内に退院した者

Caregiving: Broadly defined; included personal care, housework, transportation, financial assistance, and emotional support 介護：家事、移動、経済支援、情緒的サポートを含む。

Sample: 161 Informal Caregivers of Older Adults across Multiethnic Communities in the SF Bay Area

Methods: 20 Focus Groups (FGs)

対象者：ベイ・エリアにおける20フォーカス・グループの161名の高齢者のインフォーマル介護者



Caregiver Focus Groups by County

カウンティによる介護者フォーカス・グループ

Alameda County (7 FGs) アラメダ・カウンティ

- ❖ African American, Caucasian, Chinese, LGBT, Pilipino, S. Asian, and Vietnamese アフリカ系、ヨーロッパ系、LGBT、フィリピン系、南アジア系、ベトナム系アメリカ人

San Francisco County (6 FGs) サンフランシスコ・カウンティ

- ❖ African American, Caucasian, Chinese, Latino, LGBT, Russian アフリカ系、ヨーロッパ系、中国系アメリカ人、LGBT等

San Mateo County (3 FGs) サンマテオ・カウンティ

- ❖ Latino, Latino, Pilipino ラテン系、フィリピン系アメリカ人

Santa Clara County (4 FGs) サンタクララ・カウンティ

- ❖ Caucasian, S. Asian, Vietnamese, Mixed Race ヨーロッパ系、南アジア系、ベトナム系、ミックス系アメリカ人

Gender, Age, Education

対象者の性別、年齢、教育歴

Gender	CG: F 76% M 24%
Age (Avg)	CG: 53; CR: 75
CG Education: 36% College Grad 17% Some College 16% HS Grad 21% Unsure	CR Education: 25% College Grad 10% Some College 19% HS Grad 26% Unsure

CG/CR Relationship and CG Services

介護者・非介護者関係と介護サービス

CG/CR Relationship	23% Daughter/Daughter-in-law; 22% Spouse; 14% Friends; 6% Sons
Supportive Services Most Helpful to CGs in Caring for CRs	1) Home Health 2) Homemaker 3) Physical Therapy/ Occupational Therapy
Types of Assistance Provided by CGs to CRs	1) Meal Preparation 2) Grocery 3) House Cleaning

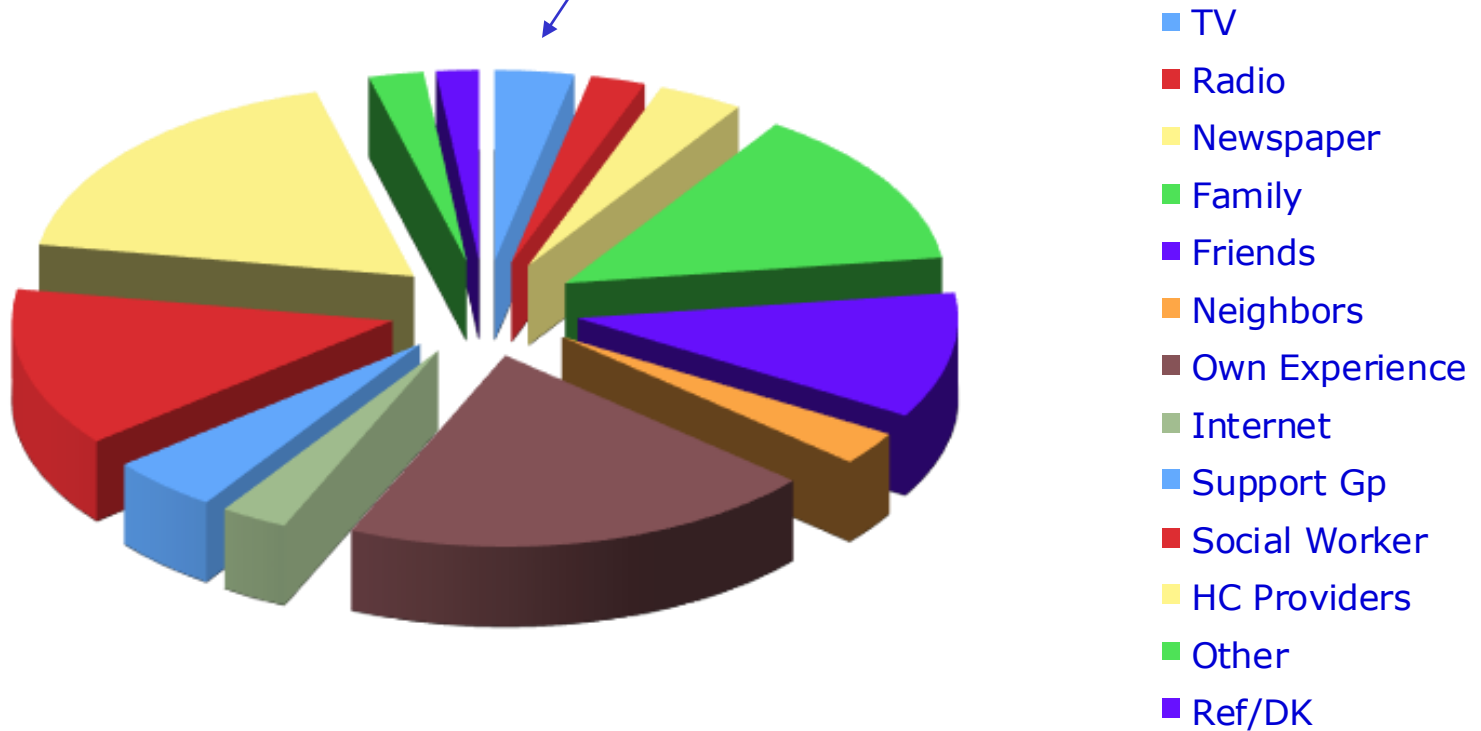
Information Needs and Limitations

情報ニーズと限界

- ◆ Information received from hospital at time of discharge was inadequate 退院情報不足
- ◆ Caregivers felt unprepared for their care recipient to return home 介護者の準備不足
- ◆ Hospital provided inadequate, incomplete, or uncoordinated information about how to care for their care recipient at home 病院は自宅での介護に不十分な情報を提供。

Information Sources Used by Caregivers

Clockwise in Order Starting with TV



Information At Discharge Was Inadequate

退院時の情報不足

He had a pacemaker installed. And three of us were there to see that he got home safely. It happened to be a Sunday and they said, “Okay, you can go home. You can go home.” So, there was, there were no instructions. Nothing. So we took him home and none of us knew what to do, because we didn't have any instructions. 退院時に病院から何もインストラクションがなかった。

Caregiver Didn't Know What To Ask 介護者は何を聞くべきかわからなかった。

I didn't even know what questions to ask or what information to even look for. What is important for me was to have someone that had a family member who went through the similar issues basically that their parents went through... surgeries or...an illness. Basically they would tell me what questions to ask, you know, the doctor, what questions to ask the social worker or the nurse...find out what information to ask for...I didn't know where to get a lot of information to begin with, but I didn't even know what to ask. I think it was important to find someone who went through the most experiences. 退院時に、医師、看護師、ソーシャル・ワーカーに何を聞いたらよいかわからなかった。

Information Is Not Tailored

情報が応答的でなかった

It would be nice that when the patient is discharged, instead of just verbal information to the caregiver and family, it would be nice that they have the tailored written information to the caretaker to take it home and remember what to do. 介護者に必要な情報がほしい。

I think there should be a dedicated service, you know, that the social worker definitely has a file just on that patient, and specifically custom-designed treatment and everything for that patient not just a general list for like, oh, everybody that has diabetes gets this type of treatment. I think it should be designed obviously based on family history as well as medical history individually, based on the patient himself. 患者の既往歴や家族歴に応じた情報やサービスにしてほしい。

Service Use During the

Hospital-to-Home Transition

病院から自宅への移行期のサービス

- ◆ Information and support from family and friends more helpful than paid services 有料保健医療福祉サービスより家族や友人からの情報や支援
- ◆ Many cited help from family and friends as the only assistance received 家族や友人は支援源
- ◆ Family and friends provided assistance with respite care, meals, transportation, and emotional support to caregivers 家族や友人は介護者にリキが、介護、食事、移動、情緒的支援を提供。

Need for Caregiver Support Programs

介護者サポート・プログラムのニーズ

You could have a program...every month you can have a caregiver kind of a session where people share their experiences, share their services...? Half of the pain (of caregiving) is drawn from “why me?” in the corner and “I have nobody to talk to, nobody is understanding my problems and nobody is giving me ideas.” 介護者が情報やサービスを共有できるプログラムがほしい

Physical and Occupational Therapists were Helpful

運動療法士、理学療法士は有益

I do think that the physical therapy is the one system in this equation that is worked out. I mean, I think exactly every experience we've had with various physical therapists, they know exactly how to talk to the person and how to encourage and coach and assist and challenge. And so their demeanor, as well as their skill at physical therapy, is a very well thought-through training system.

運動療法士は患者支援を知っている。

Caregiver Training Helps 介護者のトレーニング援助

*[I recommend] workshops for caregivers.
There is the Family Caregiver Alliance.
They give seminars. I have attended some of
these classes. They were very helpful.*

介護者のワークショップやセミナーで、
私が参加したものは、助けになった。

Challenges During the Hospital-to-Home Transition

病院から自宅の移行期の課題

- ◆ Caregiving work of elders a burden for caregivers and affect their finances, work, and health as well as raising children

高齢者介護は介護者に負担感を与え、介護者の子育て、経済状況、仕事、健康に影響する。

The Effects of Caregiving on Work and Finances Can Be Devastating

介護の仕事や経済状況への影響は甚大

- ◆ *I lost my job—I had to stay there with her, helping her out. I was fired because I missed a few days of work, so this made it more difficult for me to take care of her. I was working like all day long, from 8 to 5. [My CR's home health aides] were always calling for something, some problem, caregivers, always something. I need to go there all the time. They eventually...laid me off.* 介護のために2, 3日仕事を休んだら、解雇された。
- ◆ *She has Medicare and Medi-Cal, but what I'm worried about is, you know, I'm thinking now, should I go back to work, cause money's not coming in fast enough and I know I can't leave her. You know, it scares me. I find myself crying sometimes and I can't sleep, you know.* 経済的に厳しいので仕事に戻ることを考えている。

Effect of Caregiving Detrimental to Caregiver Health

介護の介護者の健康への影響

- ◆ *I also go to the doctor, to a psychologist. I take medicine myself. I have a backache because I have to lift her.*
私自身も、医師や心理師のところに行っている。
- ◆ *If you don't care for your own health, and if you don't get a little knowledge as to how to weed through this very intricate part, then you're gonna fall apart. And then where is the patient gonna be?*
健康に気をつけなかったら、自分が患者になる。
- ◆ *I want to make it so clear that the role of being a caregiver affects your finances, your job if you have one, your family life, your own health, your emotional well-being, your mental well-being.* 介護者の役割が、介護者の経済状況、健康に影響する。

Challenges for Low-Income Caregivers and Care Recipients

低所得介護者と非介護者の課題

- ◆ In-Home Supportive Services (IHSS) are inadequate 自宅支援サービスが不十分である
- ◆ Affordable housing very hard to find アフォーダブルな住まいを見つけることが大変困難である。
- ◆ Home modifications not affordable 住宅改修困難
- ◆ Near-poor and middle-income elders most vulnerable post-hospitalization 低中所得高齢者

Challenges for Near-Poor and Middle-Income Elders

低中所得層の高齢者の課題

◆ *You know, if you're wealthy this isn't a problem. And if you're poor, I admit it's a problem. But for the people in between, it's really tough. It's really tough and I just hit this blank wall over and over and over again.*

経済的に厳しく、本当に深刻で問題だ。

◆ *I find that so many of the agencies, the minute you find, you know, they'll do all kinds of things as long as you're poor, but if you have any kind of resources, they're not helpful. I mean if you're willing to pay for them, it's not easy to know where to go. 貧困層は支援があるが、少し所得があるとエージェンシーから支援を受けられない。*

Benefits and Challenges for Ethnic Populations

エスニック・グループの長所と課題

- ◆ Cultural practices provide strength and support to caregivers 文化的実践は介護者に強さと支援を提供する。
- ◆ Ethnic-specific and linguistically appropriate services are inadequate and needed 民族や言語に適切なサービス必要
- ◆ Immigrants with cultural disorientation and limited English proficiency are especially vulnerable 文化的に不適合で、低英語力の移住者が最もサービスを受け難い。

Cultural Tradition of Caring for Ailing Loved Ones

家族介護の文化的伝統

- ◆ *Chinese keep their traditional family values such as filial piety and unconditional love in the family. It is okay that we don't get paid when we take care of our parents when they get old. It is our traditional values. 中国の家族主義*
- ◆ *I think...respecting your elders is such an important aspect of the Chinese culture that...it's drilled in you from when you're born like, you know, I'm taking care of you right now, so you'd better take care of me when I get old. [laughter] They really don't let you forget. 老人尊重*
- ◆ *I'm from El Salvador, and the family takes care of [the elderly]. エルサルバドルでは家族は高齢者を介護する。*

Lack of Bilingual Services and Providers a Major Barrier to Care

多言語サービス不足とプロバイダーのバリア

- ◆ *We could've had more information. It would be nice if they gave us some reminders, some book of instruction. It would be nice to have it in Russian. ロシア語でサービスがほしい。*
- ◆ *Every time we call 911, we need to wait for my daughter; otherwise I cannot communicate with 911 staff even though they are around to help. 911に電話できず*

Discrimination and Health Providers

差別とヘルスケア・プロバイダー

- ◆ *In one occasion, someone said to me “You’re not in Mexico. Spanish in Mexico, not here in the United States,” she said. I understand [English], I barely speak it, but I understand it. If there were someone who spoke a bit of Spanish, so that [we] could understand one another [inaudible], but they don’t have enough [interpreters]. インタープリター*
- ◆ *The doctor yelled at us because nobody was able to communicate with him. He said in a very angry tone that an interpreter was badly needed at that time and [asked] why my daughter who understands English left. He yelled at us that he didn’t need people like us around. What he needed was an interpreter. 医師はインタープリターが必要。*

Immigrants Most Vulnerable 移住者は最もサービスを受け難い

Unfortunately, during the time of my husband's operation, I needed a lot of help and no one gave me any information. I had arrived in this country not too long before and I didn't know how the system worked. I didn't try to seek any information because I didn't know better. —Latino Caregiver 夫の手術中、助けも情報も受けられず。

Lesbian/Gay/Bisexual/ Transgender Issues

LBGTの課題

◆ Many elders live alone and are isolated
LGBT高齢者は独居で孤立しやすい。

◆ *But, you know, people who go home alone are facing something very different from anybody who goes home to other people, whoever those other people might be. And I see that as an issue, a much bigger issue than a gay issue.* 独居の問題

◆ *My friend lives alone. So when he goes to his doctor's and things like that, there is this mentality about a group of gnomes that must live with him, or little elves, little helpers. And they're not there.*
孤立

Suggestions for Improving Transitional Care

移行期ケア改善の提言

- ◆ More coordinated services and information from hospital staff before patient is discharged 退院前にサービスや情報提供。
- ◆ Ongoing information and training for caregivers and patients after the patient returns home 退院後も介護者に対して、継続的に情報やトレーニングを提供する。

Coordinate Information and Services 情報と保健医療福祉サービスのコーディネート

Oh, an information coordinator. It's what I thought of. In a situation like this, if there were one person, like your service coordinator. If there were a care coordinator to follow the big picture, and all of its components, that may—that could be an entirely different sort of career for somebody.

サービスや情報のコーディネーターがほしい。

Provide 24-Hour Telephone Help

24時間対応の電話支援の開設

I wish that there were some sort of a hotline or clearinghouse or something to deal with the issues of, because there's so many different kinds of things that come up that you may or may not know how to find people. So you would just call one number and they'd help you. 電話ホットラインの開設

Create Peer Support Networks

ピア・サポート・ネットワークの創造

There should be more information available so that we can provide better care to the elderly, through agencies, newspapers, family relatives. If I find something out from a friend, then I pass on the information to another friend and so on. Like a chain.

エージェント、家族、親類などを通して、情報を共有するネットワークが、介護を改善。

Additional Service Recommendations

捕捉的保健医療福祉サービスの提言

- ◆ Provide Tailored Community/Home Care Info/Resources 適応的な地域/自宅ケア情報
- ◆ Create Community Resource Guidesガイド
- ◆ Make Services Available on a Sliding Scale
- ◆ Provide Training for Caregivers 介護者へのトレーニング提供
 - ◆ *I would like to have someone to come to the house and show me how to bathe, how to move a recipient. So we wouldn't have this backache. Especially if this person is really heavy.* スキル学習

Conclusions 結論 (1)

- ▶ Informal caregivers critical to hospital to home care transitions and home care management for older adults インフォーマル介護者は病院から自宅への移行期の高齢者ケアにとって、重要である。
- ▶ Health work of culturally and linguistically proficient informal caregivers are central to quality improvement and easing the burden of caring for the increasingly diverse older adult populations across the U.S. during hospital to community/home care transitions. 文化的言語的に適切なインフォーマル介護者の重要性

Conclusions (Cont'd)

結論(2)

- ▶ The formal health care system depends on informal caregivers for transitional care management, but this caregiving work is not reimbursed or supported in the health care industry. フォーマルな保健医療システムは、インフォーマルな介護者の移行期ケア・マネジメントに依拠する。
- ▶ Promoting and implementing formalized health system mechanisms for training, reimbursing, and supporting culturally proficient caregivers in their health work for multicultural older adults will be critical to improving quality transitional care and to reducing racial/ethnic health disparities for all older adults. 健康格差改善のため、文化的に適切な介護者を支援する、組織的な保健医療システムの促進と改善が重要である。

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