



Division for Research on Aging

Who Cares for the Caregiver? How the Health Services Address the Needs of Family Caregivers

Ayelet Berg-Warman ■ Shirli Resnizky ■ Jenny Brodsky

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Related Myers-JDC-Brookdale Institute Publications

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Berg-Warman, A.; Laron, M.; Spelter, T.; Resnizky, S. and Brodsky, J. 2015. *Support Groups for Family Caregivers of Elderly with Disabilities*. National Insurance Institute (Hebrew only).

Bentur, N.; Resnizky, S.; Eilat-Tsanani, S. and Balicer, R. 2013. *Use of Healthcare Services, Quality and Cost of Care of Terminal Cancer Patients*. RR-647-13 (English).

Brodsky, J. 2011. "Home Care for Frail and Chronically Ill Older Adults: Issues and Dilemmas", in *Home Care for Frail Older Adults, Issues, Services and Programs*. Iecovich E (ed.), JDC-Israel (Hebrew only).

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Naon, D.; Brodsky, J.; Ben-Nun, S.; Resnizky, S.; Morginstin, B.; Graa, R. and Shmeltz, M. 2004. *Disabled Elderly Recipients of Cash and In-kind Benefits: What can be Learned from the Experience of Recipients of Disability Benefits – both Cash and In-Kind – in Israel?* RR-441-04 (Hebrew).

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Abstract

Background

Although the health and social services provide many services to patients and people with disabilities, family members continue to play a major role in caring for them. Almost one million people, constituting about one-quarter of the Israeli population aged 20+, care for an elderly person. However, this is often at considerable cost, which may be detrimental to their own health. The current study is one of the few that examines how caring for an elderly relative may affect the health status of the family caregivers and looks at the role of family caregivers as mediators between the elderly patient and the health system. The study proposes recommendations for programmatic directions to contribute to the preparations of the health system for the aging of the population in Israel.

Goals

1. To identify the correlation between characteristics of family caregivers and health problems, and to identify populations at high risk for health problems
2. To examine the role of family members as assistants in the medical care of the elderly patient and their role in decision-making processes when the patient is not competent, and to identify difficulties in fulfilling the role
3. To learn about the medical system's attitude towards family caregivers and examine potential ways of raising the system's awareness of their needs, improving attitudes, and promoting the caregivers' health.

Methods

1. Secondary analysis of surveys carried out by the Myers-JDC-Brookdale Institute among family caregivers of elders with disabilities and those suffering from various illnesses (such as dementia and cancer) and of the Central Bureau of Statistics Social Surveys that included family caregivers in the general population
2. An up-to-date survey of programs implemented for this population in Israel and abroad
3. Multidisciplinary group discussions with service developers and policymakers in the health and social services, to examine possible strategies and programs in order to improve interventions for family caregivers and improve the caregivers' role as intermediaries between the elderly and the health services.

Outcomes

Caring for elderly family members is detrimental to the caregiver's health. A key factor associated with this is the burden of care, which causes caregivers to neglect their own health. High-risk groups for health risk are spouses, primary caregivers age 50-70, and family members caring for dementia patients. The family member plays a significant role in actually providing medical treatment and in mediating between the elderly patient and the health system. Many of the family caregivers

reported feeling that they did not have adequate care skills, having not been given enough training. Likewise, many felt a lack of confidence in managing the care, and reported feeling burdened by their involvement in decision-making. Planning tools currently available, such as power of attorney, are underused, and there is little awareness in the health service about these matters.

Conclusion

The study helps to identify the health needs of family caregivers and those in high-risk groups. The study raised a range of possible ways for the health and social services to combine forces to address the needs of family caregivers and promote their health. The main directions are: raising awareness, providing information, training and guidance for families and professionals, and developing diverse interventions to meet the specific needs of caregivers. The study also brought up recommendations to consider legislation to address the needs of family caregivers.

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