

FAMILY CAREGIVER ALLIANCE OF RHODE ISLAND

We are a systems change coalition transforming how we value and support family caregivers through advocacy, engagement and cross-sector partnerships at the national and state level.

We believe that equitable and healthy aging communities are caregiver supportive communities.

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This program is supported by the R.I. Office of Healthy Aging (OHA) through funding from the U.S. Department of Health and Human Services (HHS), Administration for Community Living (ACL).



UNITED WAY
Rhode Island

Family Caregiver Alliance
of Rhode Island



RHODE ISLAND OFFICE OF
Healthy Aging

FAMILY CAREGIVER ALLIANCE OF RHODE ISLAND

MISSION – We advocate alongside family caregivers to expand access to supports and improve the wellbeing of those who provide care for older adults, adults with disabilities and children with high needs.

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FAMILY CAREGIVER ALLIANCE OF RHODE ISLAND

VISION - We envision a Rhode Island that recognizes the value of caregivers, their labor and dedication to caring for their loved ones and can offer families access to the right supports at the right time.

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NATIONAL STRATEGY TO SUPPORT FAMILY CAREGIVERS

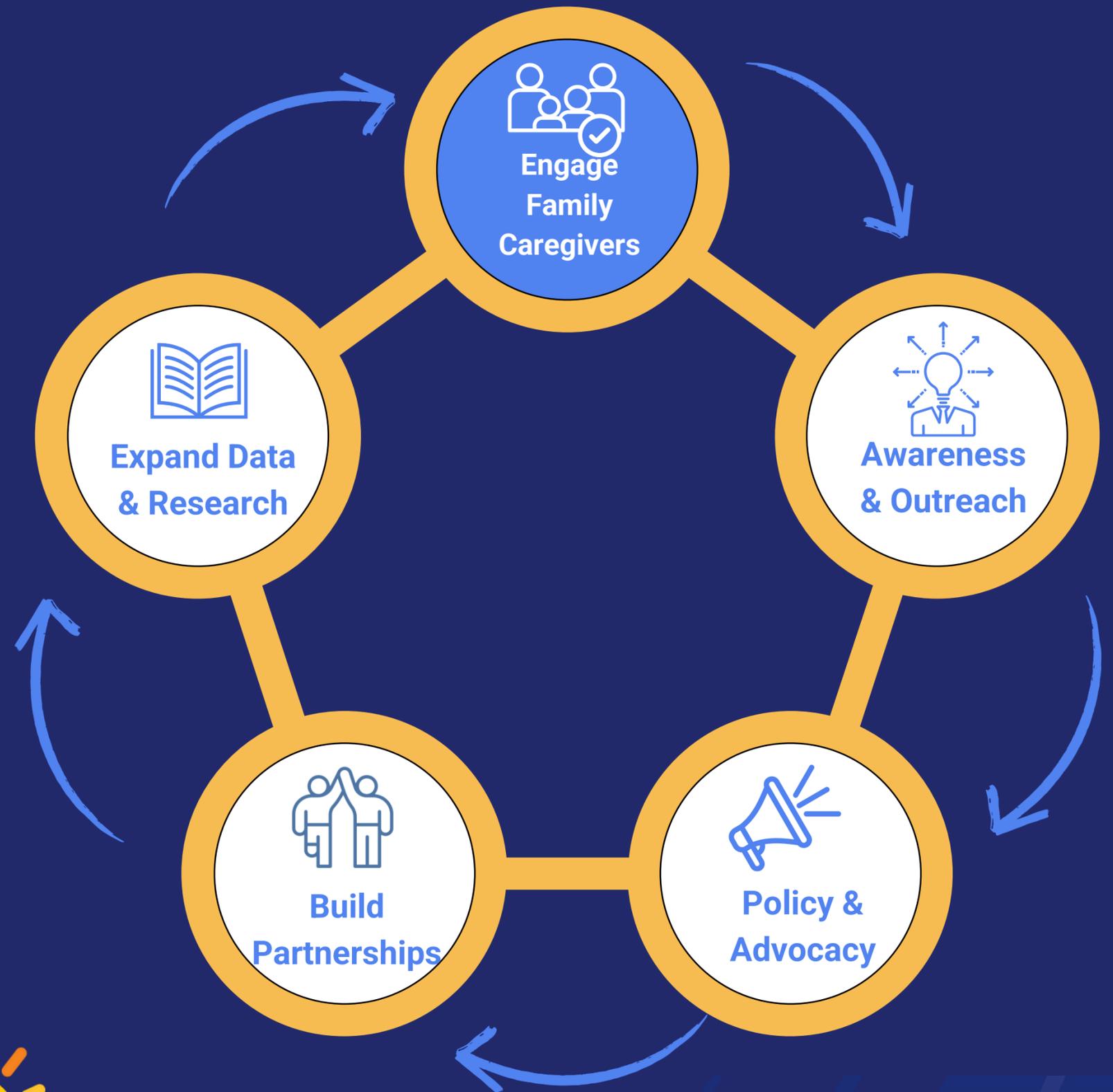
H.R.3759 - RAISE Family Caregivers Act - Recognize, Assist, Include, Support, and Engage Family Caregivers Act

S.1091 - Supporting Grandparents Raising Grandchildren Act

- ◆ Goal 1: Increase awareness of and outreach
- ◆ Goal 2: Advance partnership and engagement
- ◆ Goal 3: Strengthen services and supports
- ◆ Goal 4: Ensure financial and workplace security
- ◆ Goal 5: Expand data, research, and evidence-based practices



CONTINUUM OF CAREGIVER SYSTEMS CHANGE



INFORMATION + REFERRAL + APPLICATION ASSISTANCE

” NO WRONG DOOR”

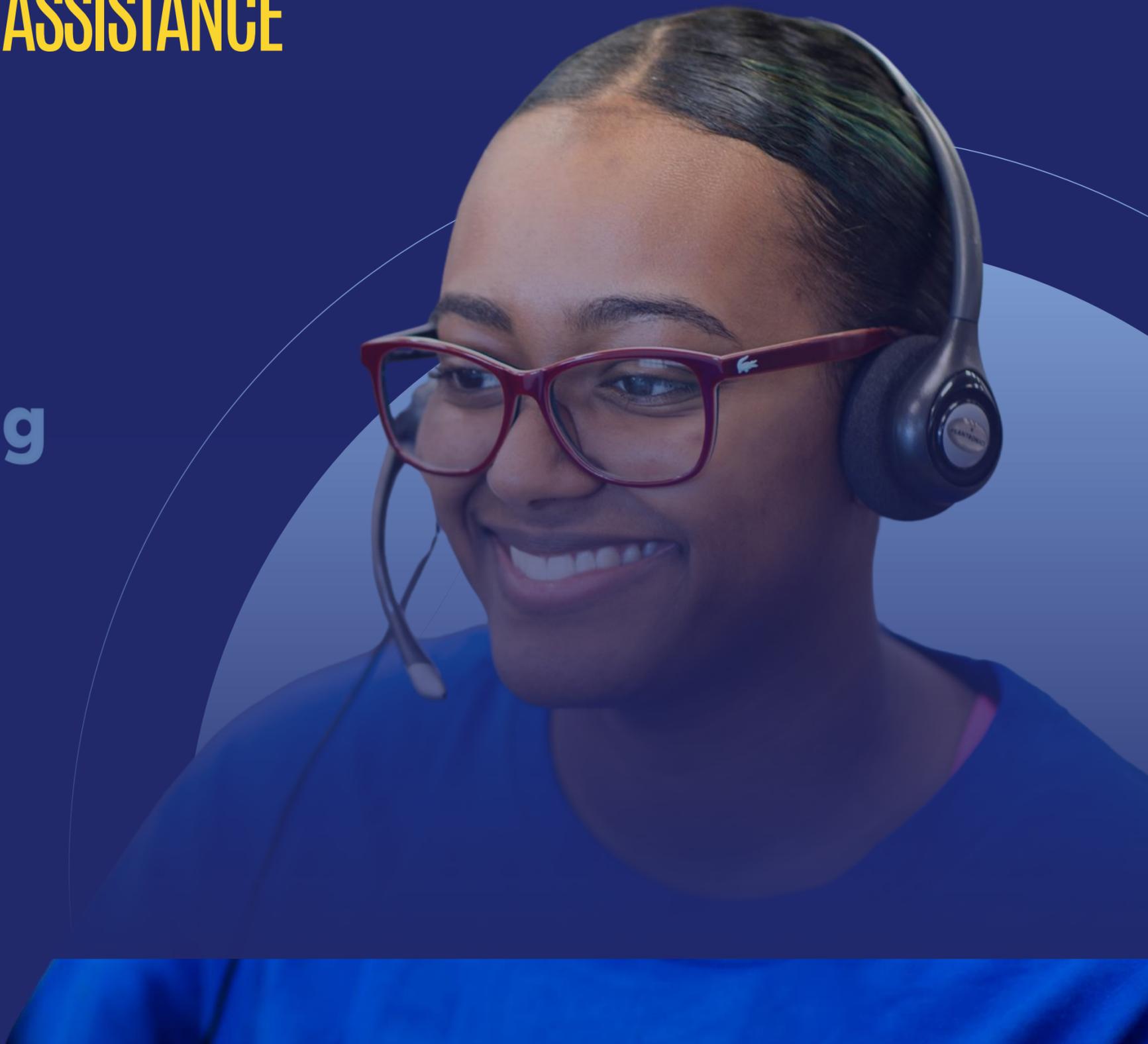


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FAMILY CAREGIVER ALLIANCE OF RHODE ISLAND

- NASHP Caregiving State Policy Learning
- Paid Family Leave Coalition
- ARCH National Respite Network
- RIPIN Family Voices
- The Advisory Council on Alzheimer's Disease Research and Treatment Council
- RI Suicide Prevention Task Force

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ABOUT FAMILY CAREGIVERS

145,500 RI Family Caregivers provide 2.1B worth of direct care / care partners ADLs – *not just helping out.*

40% Sandwich gen 45-64yrs

25% 65+

60% Women

20% BIPOC – Cultural needs

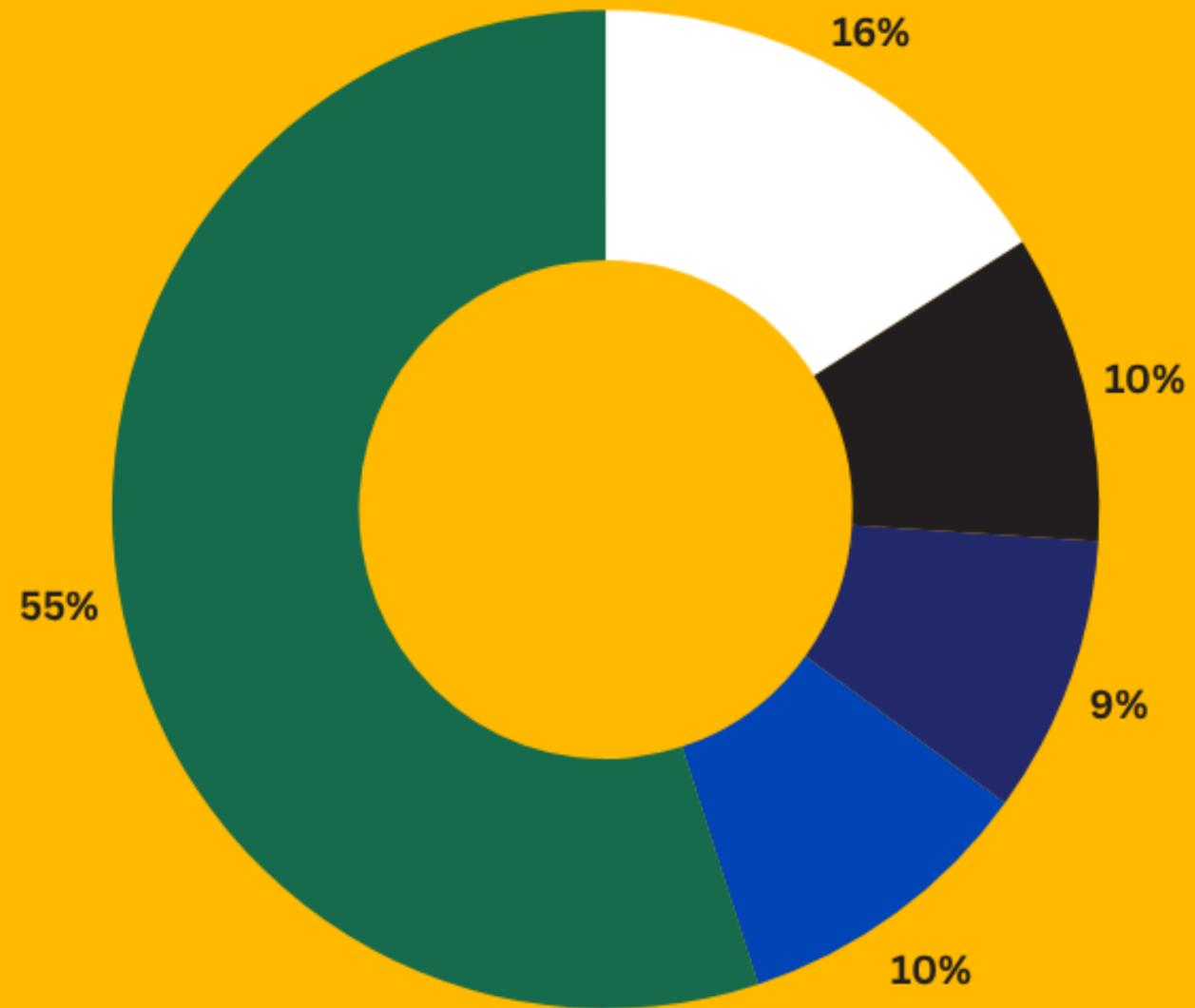
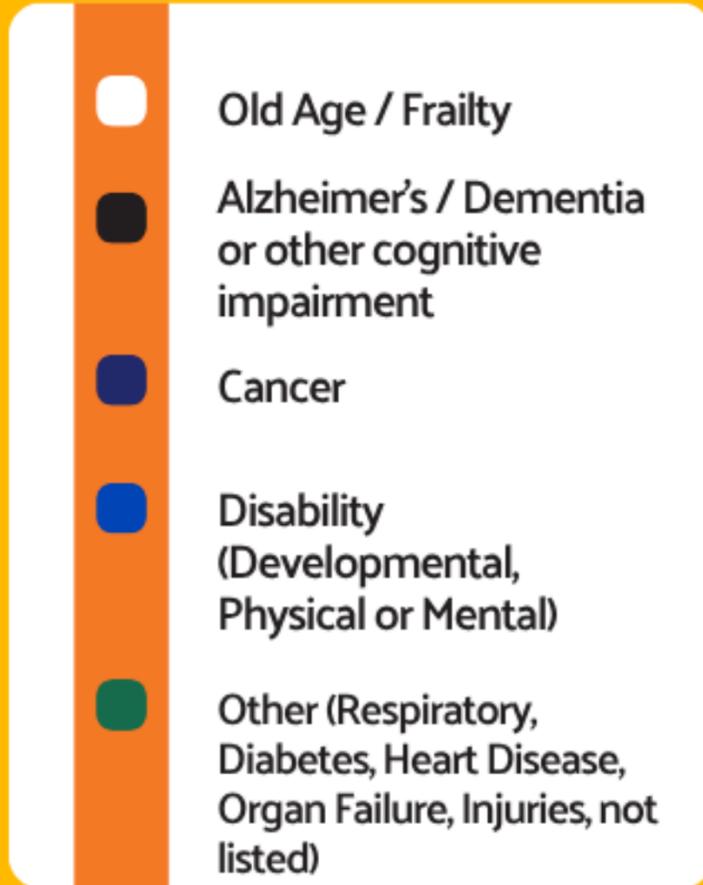
60% Work full or part time

26% Report providing care for 5 year or more



**2021 RIDOH BRFSS, RI Medical Journal*

Primary Condition of Care Recipient



HEALTH OUTCOMES FOR CAREGIVERS

Table 3. Health indicators among caregivers compared to non-caregivers

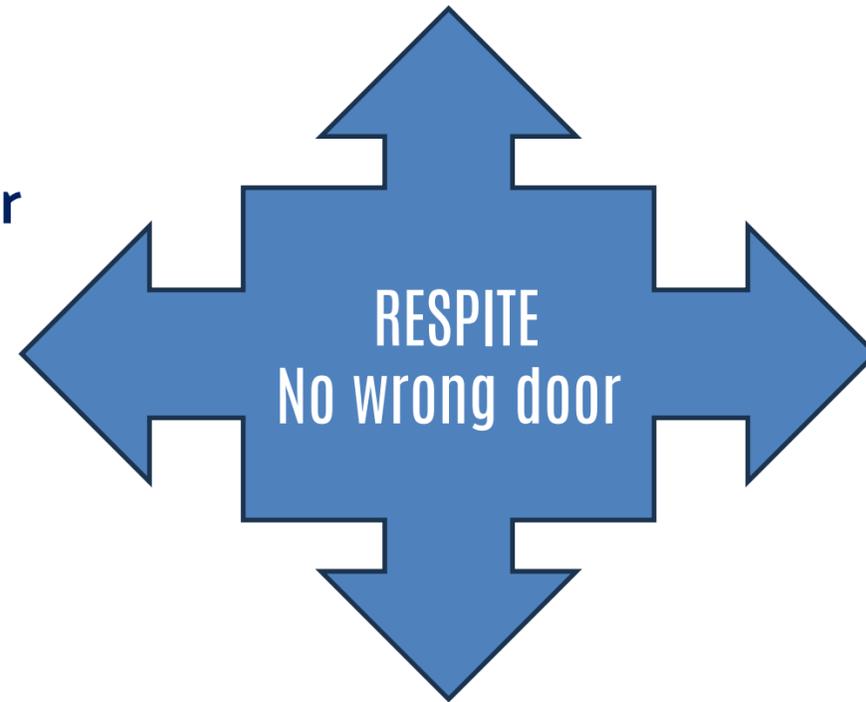
Health indicator	% of Caregivers	% of Non-Caregivers	Adjusted odds ratio [95% CI] Caregivers vs. non-caregivers
Mental Health			
Frequent mental distress*	21.5%	12.5%	2.14 [1.60 –2.85]
Depression*	30.1%	22.0%	1.61 [1.27 –2.04]
Do not usually get support*	32.7%	25.9%	1.58 [1.25 –2.00]
General Health			
Fair/Poor health*	20.8%	16.3%	1.59 [1.21 –2.08]
Have chronic disease*	57.6%	47.2%	1.44 [1.14 –1.82]
Obese	32.0%	29.8%	1.10 [0.88 –1.38]
Health Risk Behaviors			
Binge drink*	12.3%	18.5%	0.69 [0.49 –0.97]
Smoke cigarettes*	16.3%	13.6%	1.34 [1.00 –1.81]
Used marijuana*	12.8%	10.2%	1.59 [1.11 –2.29]
Did not exercise	26.1%	26.9%	1.00 [0.79 –1.26]
Healthcare Utilization			
Did not have annual checkup	15.7%	19.2%	0.89 [0.66 –1.21]
Did not receive annual flu shot	50.1%	46.2%	0.94 [0.76 –1.16]

WHY INCLUDE CAREGIVERS IN MPA'S

- Older adults contribute directly to Rhode Island's long term care system. Of the 145,000 reported 25% are 65+.
- Millions of older adults and people with disabilities would not be able to live in their communities without essential family caregiving support.
- Replacing family caregiving with paid services would cost an estimated \$2.1billion per year in RI based on the 114 million unpaid hours of work provided by family caregivers.
- As Rhode Islanders live longer, the demand for care will continue to grow.
- Caregiver policies at the State level are needed. Cuts to Medicaid would mean growing waiting lists and even fewer people accessing the home care they need, worsening of the already dire direct care workforce crisis, and fewer supports for family caregivers.

Medicaid: Caring for older adults or adults with disability enrolled in LTSS Shared Living
- Careforth Agency
Caring for Children with disabilities/IDD - EOHHS

Providence VA Caregiver Program and Respite



Medicare Part A and B: GUIDE Program for Alzheimer's /Dementia Care

PACE Program

OHA / Lifespan Respite Program / Carebreaks
Can be used regardless of Medicaid/Medicare status

Eligibility based on caregiver only

On site, at home

FREE Congregate respite options

TOGETHER IN CARE - THE CARE ECONOMY

The FCARI recognizes the importance of empowering family caregivers and direct care workers to meet the growing demands of care in our Long-Term Care systems.

- Promote Care team integration to improve quality of care and outcomes.
- Collaborate with other entities to create/promote workforce and self-direction training, education for family caregivers and direct care workers.
- Policy advocacy which supports direct care work recruitment and retention



COMMUNITY-BASED SUPPORT



STRATEGIES FOR FAMILY CAREGIVERS



IDENTIFY + SUPPORT =

IMPROVE OUTCOMES



Identify caregivers: Implement the Family Caregiver Screening: "Does someone help you with daily or occasional care?", "Do you help an adult family member with daily or occasional care?"

Connect with community resources and Respite: Aging & Disability Resource Center 401-462-444, FCARI, 211, Alzheimer's Association, OHA, Catholic Social Services, MyOptionsRI, Case Management Agencies, APS (emergency respite), Providence VA, Mental and behavioral health- No wrong door

Provide training and skill-building: caregiver trainings that improve health outcomes for both care recipient and caregiver (Alzheimer and Dementia care, CPR, medication management). Partner with Lifespan FCARI and Lifespan respite nursing groups for trainings.

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» ACTIVITIES & POLICY RECOMMENDATIONS AT STATE LEVEL



Prioritize a reform agenda that focuses on family caregiver and direct care workforce through the MPAs and commissions.



- Increases the recognition of family caregivers among society so they can self-identify and know where to go for trusted information.
- States can continue to rebalance Medicaid spending to support caregiver by funding HCBS rather than institutional settings where appropriate.
- Recognize, engage and support family, kin and grandparent caregivers as key partners in the provision of health care and long-term services and supports.
- Municipalities and states can adopt policies that allow designation of family caregivers as essential workers during emergencies and as part of emergency planning.
- Increase the use of caregiver assessments in public and private programs.
- Adopt and expand the CARE Act, which requires hospitals to inquire if a patient has a family caregiver, include them discharge process, and teach them how to provide care after the discharge, if needed.
- Expand the 2013 40-8.11 RI Family Caregiver Support Act.

