

DOCUMENT RESUME

ED 317 891

CG 022 403

AUTHOR Adamek, Margaret E.  
 TITLE Cash Assistance as a Support for In-Home Care: Caregivers' Perspectives.  
 PUB DATE Nov 89  
 NOTE 16p.; Paper presented at the Annual Meeting of the Gerontological Society of America (42nd, Minneapolis, MN, November 17-21, 1989).  
 PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.  
 DESCRIPTORS \*Disabilities; \*Family Caregivers; Federal Aid; \*Financial Support; \*Older Adults; Social Support Groups; \*Stress Variables

ABSTRACT

Recognition of the importance of families in providing care to older persons has led to advocacy for a variety of supports to assist them. This study was conducted to describe caregivers' perceptions of the helpfulness of cash assistance and to identify factors associated with perceived helpfulness. Subjects were co-resident caregivers (N=155) whose disabled family member was a non-institutionalized veteran aged 65 or over who was a beneficiary of the Veterans' Administration Aid & Attendance program. Caregivers completed descriptive items regarding the veteran's disability and activities of daily living limitations, amount of care provided, and type of formal and informal supports, and a questionnaire consisting of five measurement scales assessing emotional strain, financial strain, future outlook, perceived helpfulness, and program knowledge. The results indicated that most of the 155 caregivers found cash assistance to be helpful in supporting the veterans' care at home. Caregivers who reported lower financial and emotional strain were more likely to find cash assistance helpful. Those who received a higher benefit and who spent it on health-supportive items as opposed to everyday necessities were also more likely to rate the benefit as helpful. The more helpful cash assistance was perceived to be, the less restricted caregivers' future outlook, the better their subjective mental health, and the greater their confidence in their ability to continue providing care at home. (Author/NB)

\*\*\*\*\*  
 \* Reproductions supplied by EDRS are the best that can be made \*  
 \* from the original document. \*  
 \*\*\*\*\*

1991

CASH ASSISTANCE AS A SUPPORT FOR IN-HOME CARE:  
CAREGIVERS' PERSPECTIVES

Margaret E. Adamek, Ph.D.  
Post-Doctoral Fellow  
The University of Michigan  
School of Social Work and Social Science  
1065 Frieze Building  
Ann Arbor, MI 48109

0022403

U.S. DEPARTMENT OF EDUCATION  
Office of Educational Research and Improvement  
EDUCATIONAL RESOURCES INFORMATION  
CENTER (ERIC)  
✓ This document has been reproduced as  
exactly as received from the person or organization  
originating it.  
• Minor changes have been made to improve  
reproduction quality.  
• This report was prepared under contract  
number 171-78-0001, awarded to the  
ERIC project, contract number 171-78-0001.

PERMISSION TO REPRODUCE THIS  
MATERIAL HAS BEEN GRANTED BY

*Margaret E. Adamek*

TO THE EDUCATIONAL RESOURCES  
INFORMATION CENTER (ERIC)

Research supported by a Veterans Administration  
Health Services Research & Development Doctoral  
Traineeship.

BEST COPY AVAILABLE

CASH ASSISTANCE AS A SUPPORT FOR IN-HOME CARE:  
CAREGIVERS' PERSPECTIVES

Abstract

Recognition of the importance of families in providing care to older persons has led to advocacy for a variety of supports to assist them. This study examined caregivers' views of economic support in the form of Veterans' Administration Aid & Attendance allowances. Most of the 155 caregivers found cash assistance to be helpful in supporting the veterans' care at home. Caregivers who reported lower financial and emotional strain were more likely to find cash assistance helpful. Those who received a higher benefit and who spent it on health-supportive items as opposed to everyday necessities were also more likely to rate the benefit as helpful. The more helpful cash assistance was perceived to be, the less restricted caregivers' future outlook, the better their subjective mental health, and the greater their confidence in their ability to continue providing care at home.

## Introduction

A common theme in the family support literature is that a variety of supports is required to meet the differential needs of informal caregivers (Cantor, 1983; Gibson, 1984; Noelker & Wallace, 1985; Pilisuk & Minkler, 1980). To date, there is little empirical evidence indicating which types of supports are best suited to which types of caregivers or caregiving situations. Research regarding the utility of financial support as a means of assisting family caregivers is particularly sparse. Although recent surveys indicate that in the United States at least one-third of the states have experimented with financial supports for family care (Biegel et al., 1986; Linsk et al., 1986), there is very little data documenting the effects of such programs.

Attitudinal studies have found that family members react negatively to the concept of payment for care provision (Horowitz & Shindelman, 1983; Sussman, 1977, 1979), leading to the conclusion that service supports are more important than economic supports in caregiving (e.g. Cantor, 1980; Horowitz & Dobrof, 1983; Mutschler, 1985). In contrast, evaluations of state cash assistance programs in Florida, Maryland and Wisconsin indicate a number of positive outcomes for caregiving families (Frankfather et al., 1981; Florida, 1982, Maryland Office on Aging, 1981, 1985; State of Maine, 1983; State of Wisconsin, 1984).

One reason for the contradictory findings is that in attitudinal studies respondents were asked about hypothetical situations or hypothetical economic support programs (Biegel et al., 1986; Doty, 1985; Grana & Yamashiro, 1987). None of these

respondents had experience with a financial support program to assist them in their caregiving efforts. Findings from evaluations of cash assistance programs may also be questioned because the views of caregivers themselves were rarely assessed. Many of the available evaluations are based on the anecdotal and impressionistic views of program administrators and government officials. Only a few studies directly questioned family members about an economic support program in which they were participating (Florida, 1982; Maryland Office on Aging, 1982; Murphy et al., 1988). Much of the available data focuses on cost-effectiveness issues. For the most part, the area of caregiver perceptions of cash assistance and of the factors affecting those perceptions is largely unexplored.

The goal of this study is to describe caregivers' perceptions of the helpfulness of cash assistance and to identify factors associated with perceived helpfulness. Assessed are the views of co-resident caregivers whose disabled family member is a non-institutionalized veteran aged 65 or over who is a beneficiary of the Veterans Administration Aid & Attendance program. A secondary aim is to assess whether perceived helpfulness is associated with particular caregiving outcomes.

## METHODS

### Data

Respondents were obtained in May 1988 from a VA listing of all Aid & Attendance and Housebound beneficiaries in the state of Ohio as of June 1987 (N = 1,404). Selection criteria included: a non-institutionalized veteran age 65 or older, receiving a VA

pension and allowance, and living in northeast Ohio with an in-house caregiver. Aid & Attendance is a supplemental allowance that is added to a veteran's pension if the veteran is determined to be in need of the "regular aid and attendance" of another person or is permanently housebound. A veteran becomes eligible for the supplemental allowance based on a physician's certification of his need for regular assistance with the activities of daily living.

In-depth interviews with a pretest sample of 22 caregivers were carried out to ensure that the relevant factors were included in the primary measurement instrument. Based on analysis of the pretest data, the interview schedule was refined and converted to a self-administered mail questionnaire. Altogether 184 questionnaires were mailed. During the data collection phase, one veteran died and another was transferred to a nursing home, reducing the sample to 182. 155 useable questionnaires were returned for an 85% response rate.

### Participants

Sociodemographic characteristics of participants are shown in Table 1. Subjects were drawn from a 23 county area in northeast Ohio. The overwhelming majority of caregivers surveyed were female with well over half (58%) being the spouse of the

-TABLE 1 about here-

veteran. Twenty-one percent of the sample was Black. Caregivers ranged in age from 25 to 90 with a mean age of 62.7 years. The veterans being cared for ranged in age from 65 to 99 with a mean age of 73.4 years and all but two were male. These caregivers can be characterized as coming from a low socio-economic group.

Nearly half (46.4%) reported not completing high school. The median household income of these families was between \$10,000 and \$12,000 a year.

### Measures

Caregivers were asked to complete a variety of descriptive items regarding the veteran's disability and ADL limitations, amount of care provided, and type of formal and informal supports. The questionnaire included five measurement scales, three of which were adaptations of existing scales and assessed Emotional Strain (Montgomery et al., 1985), Financial Strain (Ozawa, 1981), and Future Outlook (Rakowski & Clark, 1985). Two original scales assessed Perceived Helpfulness and Program Knowledge.

## RESULTS

### Amount of Care

According to the caregivers, these veterans required a substantial amount of care. The most common disabilities were: heart or circulatory problems, psychiatric and neurological problems, and eye conditions -- usually blindness. One-third of the caregivers reported taking care of veterans whose disabilities were a combination of both mental and physical ailments. Nearly 85% of the veterans had at least 5 out of 7 IADL restrictions. Nearly 60% had 3 or more ADL restrictions. One in five of the care recipients needed help with all 13 ADL and IADL tasks. Sixty percent of the veterans being cared for had continence problems.

Over half (54%) of the caregivers had been providing care

for 10 years or more. Nearly 60% reported spending 8 hours or more per day in caregiving activities and three-quarters reported that the veteran either required constant supervision or could be left alone for only a few hours.

#### **Informal and Formal Support**

A little over half (54%) of the respondents reported receiving help from family or friends. Of these, nearly 60% received help for 5 hours or less per week. For about one third (31%) of the caregivers, help was available not regularly but on an "as needed" basis such as for transportation to medical appointments.

The amount of VA assistance received by the veterans varied from \$28 per month up to \$959 per month. The average amount received--\$336--is close to the national average of \$321 per month. The length of time the veterans had been receiving a VA pension ranged from 1 to 56 years with a mean of 17.5 years.

Forty percent of the caregivers confirmed that their veteran was receiving the disability allowance. Another 54% responded "no" or "don't know" to the question asking if the veteran received the special allowance, indicating that they were unaware that the veteran was indeed a recipient. This was surprising yet understandable because the allowance comes in the same check with the veteran's monthly VA pension. Few respondents--only about 8%--reported the exact amount of the allowance separate from the pension.

In response to a global item concerning the helpfulness of VA assistance, 43% of respondents indicated that the VA benefit was "very helpful," 21% that it was "moderately helpful" and 28%



that it was "a little helpful." Less than 5% felt that VA assistance was "not at all helpful" as a support for caregiving.

Multiple regression analyses were used to determine what factors influence caregivers' perceptions of the helpfulness of financial assistance. Of 10 contextual variables examined, only two the amount of the VA benefit and health-spending--were significant predictors of perceived helpfulness. The more the benefit went towards health-supportive items as opposed to everyday necessities the more it was considered helpful as a support for caregiving at home. As anticipated, caregivers' level of both emotional strain and financial strain was inversely related to perceived helpfulness. Program knowledge was also a significant predictor. The more caregivers knew about the Aid & Attendance program, the more helpful they perceived the benefits to be. Five variables were retained and entered into a hierarchical regression as shown in Table 2.

-TABLE 2 about here-

Together, the five variables account for 33% of the variance in perceived helpfulness.

Table 3 shows the correlation of perceived helpfulness with the three caregiver outcome variables. The more helpful caregivers perceived cash assistance to be, the more positive their future outlook, the better their subjective mental health, and the greater their confidence in their ability to continue providing care at home.

-TABLE 3 about here-

## DISCUSSION

In summary, the vast majority of caregivers reported that VA financial benefits were helpful in maintaining the veteran in the community. These findings contradict those of attitudinal studies which questioned caregivers about hypothetical economic support programs.

Second, knowledge of the benefit program was associated with a perception of helpfulness. An important implication is that researchers evaluating a particular support strategy need to assess respondents' knowledge of the program and consider the impact of that knowledge on their responses.

Third, caregivers who reported lower financial and emotional strain, and those who received higher benefits and who spent them on health-supportive items were more likely to perceive cash assistance as helpful. Such findings imply that when benefit levels are adequate, they fulfill their intention of supporting impaired elders and their family caregivers at home.

The utility of cash assistance is further supported by the association between perceived helpfulness and the three caregiver outcome measures implying that the benefits of cash assistance go beyond relief of financial strain. The favorable reaction of these caregivers to economic support suggests that a similar program could be helpful in the wider population as well. A financial strategy may be particularly useful for families resembling those included in this study. Many family support advocates agree that financial supports for caregiving could be useful if targeted to low-income families (Pollak, 1983; Stephens & Christianson, 1986).

The carereceivers in this study were nearly all men and the majority of caregivers were wives. Future research is needed to investigate whether cash assistance is perceived similarly by other types of caregivers and care-recipients.

Certainly, cash subsidies are not appropriate for all types of caregiving situations. Providing a cash supplement to caregivers who are inadequately prepared to provide on-going care may not be in the best interests of the impaired elder. The question is now being raised whether caregivers receiving financial subsidies should be required to participate in basic nurse's aid training. The quality of care and training issue is one which will recur as the lines of distinction between formal and informal care are re-evaluated.

In conclusion, it is clear that low-income caregiving families find direct financial assistance to be helpful in supporting care at home. The issue still to be addressed concerns what combination of economic and service supports is optimal for facilitating and maintaining informal caregiving arrangements.

## REFERENCES

- Biegel, D., et al. (1986). Family elder care incentive policies. Final Report to the Pennsylvania Department of Aging. June.
- Cantor, M. (1980, November). Caring for the frail elderly: Impact on family, friends, and neighbors. Paper presented at the 33rd Annual Scientific Meeting of the Gerontological Society of America, San Diego, CA.
- Cantor, M. (1983). Strain among caregivers: A study of experience in the United States. The Gerontologist, 23, 597-604.
- Doty, P. (1986). Family care of the elderly: The role of public policy. Milbank Quarterly, 64, 34-75.
- Florida Department of Health & Rehabilitative Services. (1982). An evaluation of Florida's Home Care for the Elderly and Adult Foster Home Programs. Office of the Inspector General, Office of Evaluation, September.
- Frankfather, D., Smith, M., & Caro, F. (1981). Family care of the elderly: Public initiatives and private obligations. Lexington, MA: D.C. Heath & Co.
- Gibson, M. J. (1984). Family support patterns, policies, and programs. In C. Nusberg (Ed.), Innovative aging programs abroad: Implications for the United States. Westport, Conn: Greenwood Press.
- Grana, J. M. & Yamashiro, S. M. (1987). An evaluation of the Veterans Administration Housebound and Aid and Attendance Allowance program. Project HOPE, Millwood, VA: Center for Health Affairs.
- Horowitz, A., & Dobrof, R. (1982). The role of families in providing long-term care to the frail and chronically ill elderly living in the community. HCFA Grant #18-P-97541/2-02.
- Horowitz, A. & Shindleman, L.W. (1983). Social and economic incentives for family caregivers. Health Care Financing Review, 5, 25-33.
- Linsk, N., Osterbusch, S., Keigher, S. & Simon-Rusinowitz, L. (1986). Paid family caregiving: A policy option for community long-term care. Final report submitted to the Illinois Association of Family Service Agencies.
- Maryland Office on Aging. (1981). Report to the General Assembly on the Family Support Demonstration Program. August.
- Maryland Office on Aging. (1985). Project Gateway II: Evaluation update for the period July 1 - December 31, 1984. Maryland General Assembly.

- Montgomery, R.J., Gonyea, J.G., & Hooyman, R. (1985). Caregiving and the experience of subjective and objective burden. Family Relations, 34, 19-26.
- Murphy, C., Keigher, S. & Michigan Department of Social Services. (1988). Michigan clients' and caregivers' perceptions of a family reimbursement program. Paper presented at Family Care: Research and Policy Agendas for the 1990's, Michigan State University, March 12-14.
- Mutschler, P. H. (1985). Supporting families in caring for the elderly. Volume I: What we know. Working Paper #26. Boston: Brandeis University, Florence Heller Graduate School, Policy Center on Aging.
- Noelker, L. & Wallace, R. (1985). The organization of family care for impaired elderly. Journal of Family Issues, 6, 23-44.
- Ozawa, M. N. (1981). The fading issue of stigma attached to income support programs for the elderly: A study. Journal of Gerontological Social Work, 3, 51-63.
- Pilisuk, M. & Minkler, M. (1980). Supportive networks: Life ties for the elderly. Journal of Social Issues, 36, 96-116.
- Pollak, W. (1983). The financing of long-term care: Practices and principles. In J.M. Grana & D.B. McCallum (Eds.), The impact of technology on long-term care. Millwood, VA: Center for Health Affairs, Project HOPE.
- Rakowski, W. & Clark, N. (1985). Future outlook, caregiving, and care-receiving in the family context. The Gerontologist, 25, 618-623.
- State of Maine. (1983). Home-based care: A report to the Maine State Legislature. Department of Human Services, Bureau of Maine's Elderly.
- State of Wisconsin. (1984). The community options program: An evaluation of program operations during 1982 and 1983. Madison, WI: Wisconsin Department of Health & Social Services.
- Stephens, S.A. & Christianson, J.B. (1986). Informal care of the elderly. Lexington, MA: Lexington Books.
- Sussman, M.B. (1977). Incentives and family environments for the elderly. Final Report to the AoA, February 12.
- Sussman, M. B. (1979). Social and economic supports and family environments for the elderly. Final report to the AoA, Washington, D.C.

Table 1. Sociodemographic Characteristics of Caregivers  
(N=155)

<u>Characteristic</u>	<u>N</u>	<u>Percent</u>
Female	144	92.9
Male	11	7.1
White	121	78.1
Black	32	20.6
Other	2	1.3
Relationship to veteran		
Spouse	90	58.1
Daughter	16	10.3
Sister	16	10.3
Son	5	3.2
Other	28	18.0
Marital Status		
Married	108	69.7
Widowed	19	12.3
Separated/Divorced	17	11.0
Single	11	7.1
Household Size		
2 persons	96	61.9
3 persons	36	23.2
4 persons	14	9.0
5 or more	8	5.0
Education		
0 to 8 years	30	19.3
H.S. incomplete	42	27.1
H.S. complete	63	40.6
Beyond high school	18	11.6
Employment Status		
Full-time	20	12.9
Part-time	5	3.2
Not working	130	83.9
Household Income		
Under \$10,000	41	26.3
\$10,000- \$11,999	43	27.7
\$12,000- \$14,999	37	23.9
\$15,000- \$19,999	13	8.4
\$20,000 or more	14	9.0

Table 2. Hierarchical Regression of Perceived Helpfulness on Benefit Amount, Emotional Strain, Financial Strain, Health-spending, and Program Knowledge (N=155)

<u>Independent variables</u>	<u>Standardized regressions coefficients</u>	<u>Standard error</u>	<u>t-value</u>	<u>sig t</u>
Benefit Amount	.24	.07	3.35*	.001
Emotional Strain	-.27	.07	-3.89*	.000
Financial Strain	-.29	.07	-4.23*	.000
Health-spending	.18	.07	2.57*	.011
Program Knowledge	.19	.07	2.67*	.008
<hr/> Multiple R=.57 $R^2 = .33$ F=14.43, p<.0001 <hr/>				

Table 3. Zero-Order Correlations of Caregiving Outcomes With Perceived Helpfulness (N=155)

---

<u>Dependent Variable</u>	<u>Zero-order correlation</u>
Future Outlook	-.23*
Mental Health	.40*
Confidence in Ability	-.26*

---

\*  $p < .01$