

Long-Term Support Services for Seniors Wherever They Live: The Quality of Life Connection

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Outline

- LTSS—definition, goals, and problems
- Quality of life
- Home care
- Assisted living and other residential settings
- Nursing homes
 - Green House example
- Conclusions/Research Implications



LONG TERM SUPPORT SERVICES (LTSS)

(more favored term than LTC)



What is LTSS

Personal care and related health and human services for people who have lost or never acquired various self-care abilities

- Need for services measurable
- Multiple places for services
- Multiple types of caregivers—paid & unpaid
- Wide age range of clientele



Problems with LTC

- Institutional dominance
 - Most public \$\$\$ go where people want not to
 - Procrustean beds
- In-home services hard to organize
- Labor force issues
- Stresses on family
- Quality of life and quality of care concerns
- High costs—individual & societal



What old People Want

- Live meaningfully despite disability
- Live at home (or a place they consider home)
- Have friends & stimulation
- Competent, compassionate care
- Have health problems addressed as needed
- Respect from family and others
- Their families want:
 - Happy, safe lives for older person
 - Freedom from worry & guilt

Goals of LTC

- Enabling meaningful life despite disability
 - compensatory
- Improve functioning and prevent functional deterioration
 - rehabilitative
- Quality of Life



QUALITY OF LIFE



CMS QOL Study: 1998-2003

- Develop measures & indicators of QOL in NHs
 - measure = outcome of resident
 - indicator = aspect of NH that may be related to outcomes
- Determine how physical environments affects QOL
- Pave way for QOL improvement efforts
- Done for more than 3000 residents in 100 NFs



About QOL

- It can be measured
- Subjective phenomenon
 - Info must come from older persons themselves
- Indicators of QOL can be developed
 - measures = actual outcome
 - Indicators = programmatic, staff, environmental factors associated with outcomes



QOL lessons

- Wording items to take into account culture differences
 - E.g. can you get the kind of food **you** enjoy?
 - Are you spending time doing what **you** like to do?
- Training needed on how to conduct QOL interviews
- Process of asking these questions improve staff awareness of residents



QOL Domains (from NH study)

- Comfort
 - Security
 - Relationships
 - Enjoyment
 - Meaningful activity
 - Functional capacity*
 - Autonomy
 - Dignity
 - Privacy
 - Individuality
 - Spiritual well-being
- *is as independent as he/she wants to be

Other QOL domains

- Financial well-being
- Sexual & romantic functioning
- Emotional well-being
- Functional abilities
- Cognitive abilities



Our Measures

- 3-6 items per domain
- Mostly 4-point Likert scales
 - E.g. often, sometimes, rarely, never
- Dichotomous (yes/no) fall-back
- Item pool based on literature & expert judgment
- Interview 45-90 minutes
 - Most residents can do in one sitting

General Issues

- QOL is more than health
- QOL is more than absence of bad outcomes
- Subjective: older person's voice needed
 - Allow for individuality and cultural differences by wording of questions—e.g., “as much as you want”



