

Family Caregiving for People with Cancer and Other Serious Illnesses: Research Challenges and Opportunities

Jennifer L. Wolff, PhD

Eugene and Mildred Lipitz Professor



**The Science of
Family Caregiving**

**Impact on
Caregiving
Policy & Practice**



Research Impact

Impact occurs when research generates benefits in one or more areas (health, economic, society) in addition to building the academic knowledge base

Greenhalgh et al, “Research impact: a narrative review”; *BMC Medicine*, 2016
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4876557/>



Research Impact to Address The Needs of Family Caregivers: Challenges Across the Continuum

Descriptive

Interventional



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- Words Matter: variable nomenclature (“informal”, “family”, “caregiver”, “proxy”, “knowledgeable informant”, “care partner”; *Stall; JAGS 2019*)
- Variable definitions: by activity, population, setting
- Diffuse and far-ranging consequences – both positive and negative: for individuals, families, employers, insurers, society

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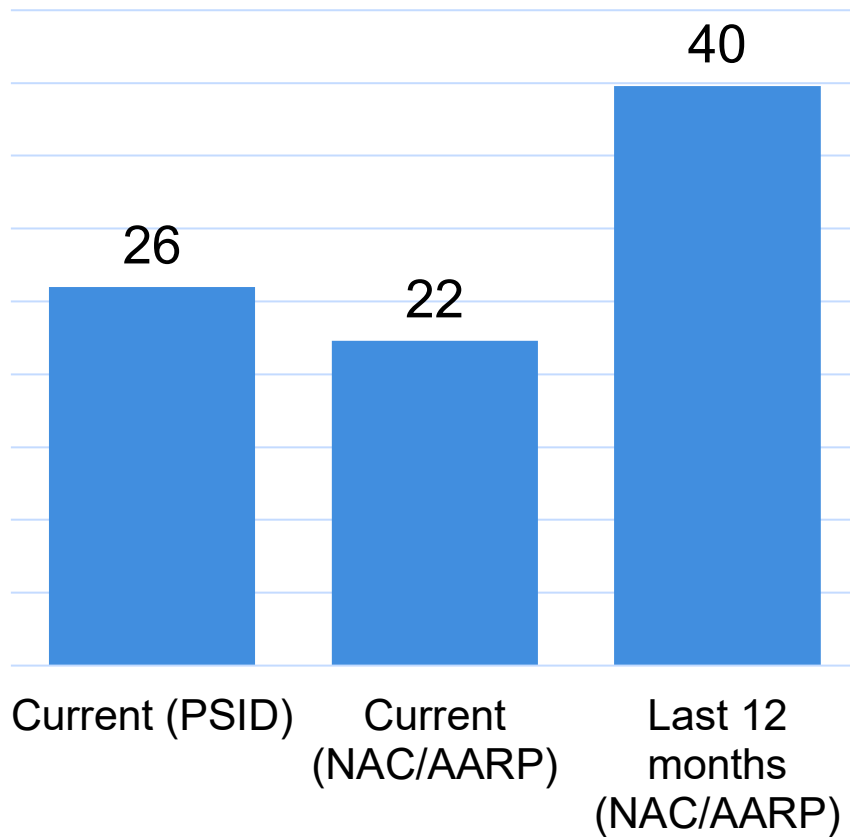
→ Weak Policy Progress

Interventional

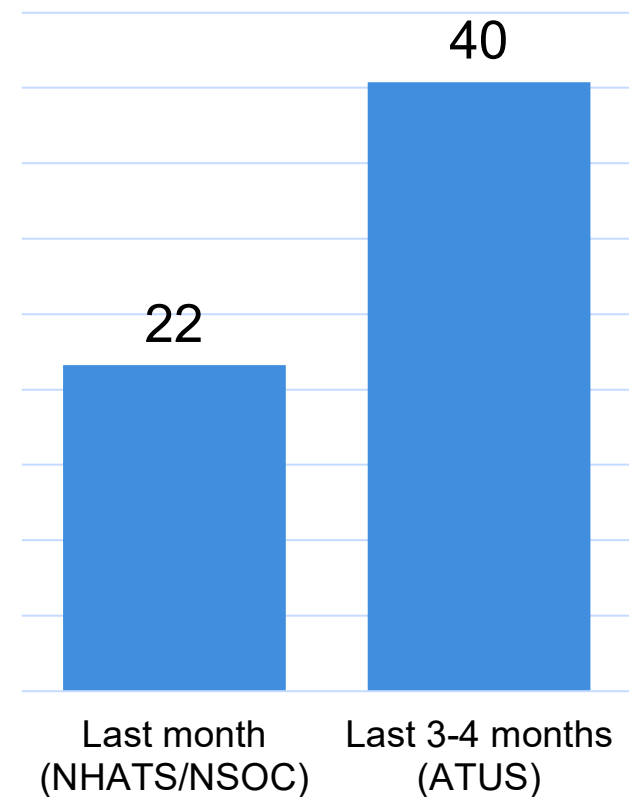


Range of Family Caregiving Estimates, 2015-2017 (in millions)

Assist Adult of Any Age

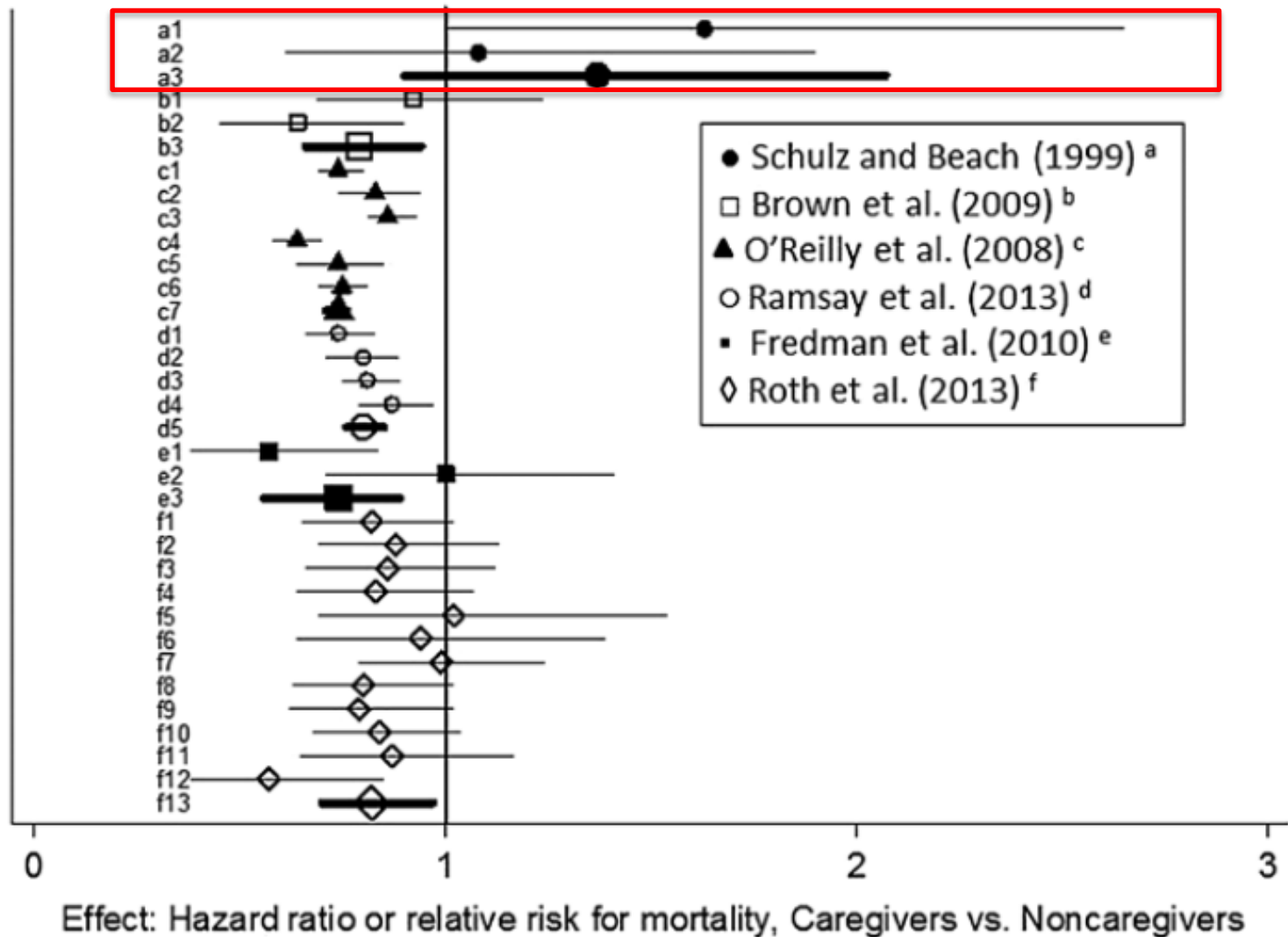


Assist Adult Age 65+



Freedman & Wolff, AEI-Brookings Conference on Paid Family Leave. November 2019.

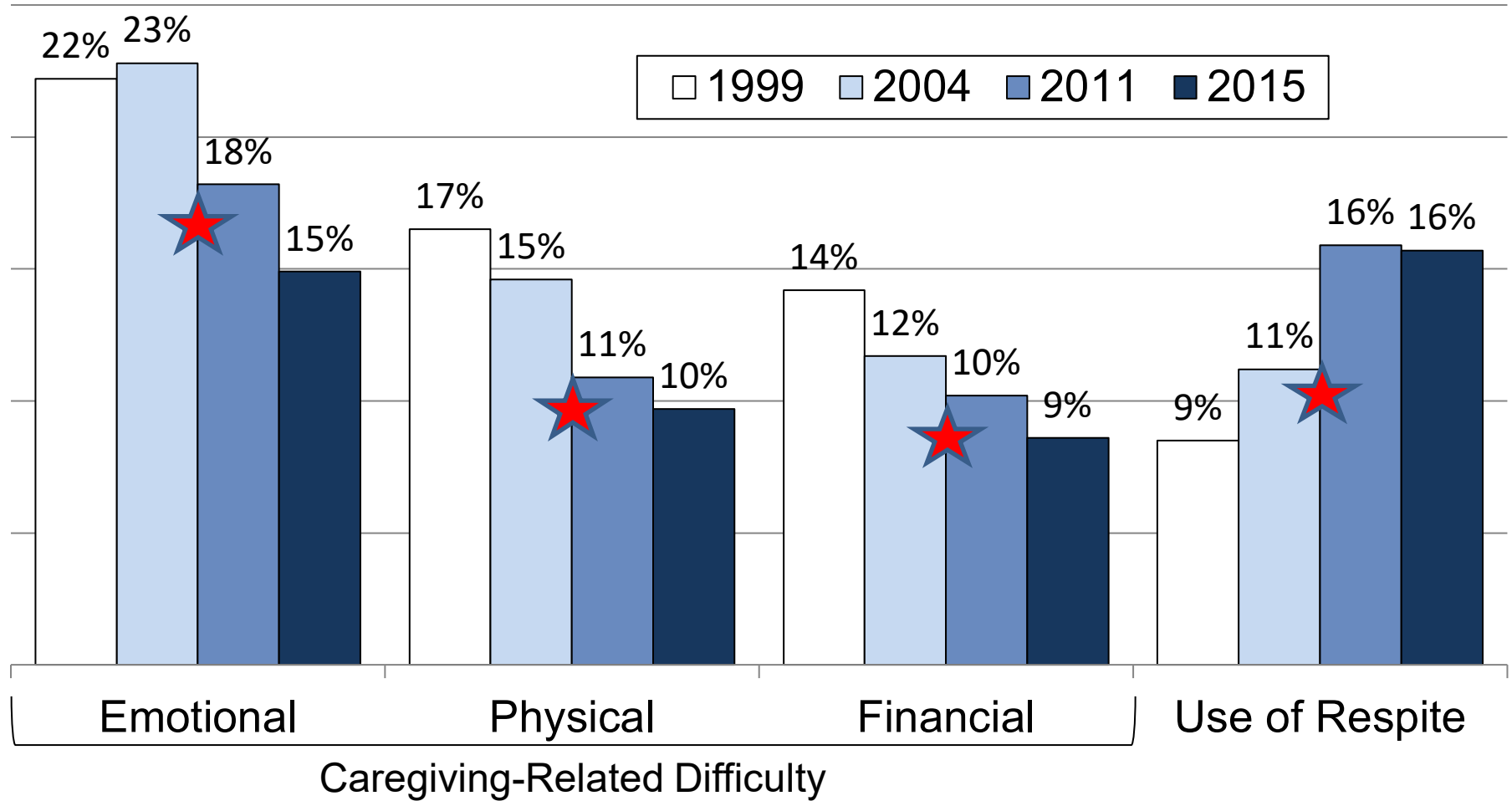




Roth et al, "Informal caregiving and its impact on health: A reappraisal";
The Gerontologist, 2015



Fewer Caregivers with Substantial Caregiving-Related Difficulty, More Using Respite



★ Statistically significant difference, 1999, 2004, and 2011 vs. 2015

JL Wolff, J Mulcahy, J Huang, DL Roth, K Covinsky, JD Kasper, *The Gerontologist*, 2018.

The Landscape of Policy Impact



**Economic Value of
Contributions
\$63 – 642 billion
(Mudrazija & Johnson 2020)**



The Landscape of Policy Impact



Economic Value of Contributions

\$63 – 642 billion

(Mudrazija & Johnson 2020)

**\$1,575-\$16,050 per caregiver,
(assuming 40 million caregivers)**



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National Family Caregiver Support Program

\$150 million

(No increase since inception)



The Landscape of Policy Impact



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**~\$4 of support per caregiver
(assuming 40 million caregivers)**



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- Studies not conducted in real-world settings,
- Interventions too complex, disconnected from care delivery
- Lack of alignment in outcomes of central interest to stakeholders with decisional authority related to adoption/diffusion

Adapted from Table 5.2, NASEM 2016 *Families Caring for an Aging America* report.



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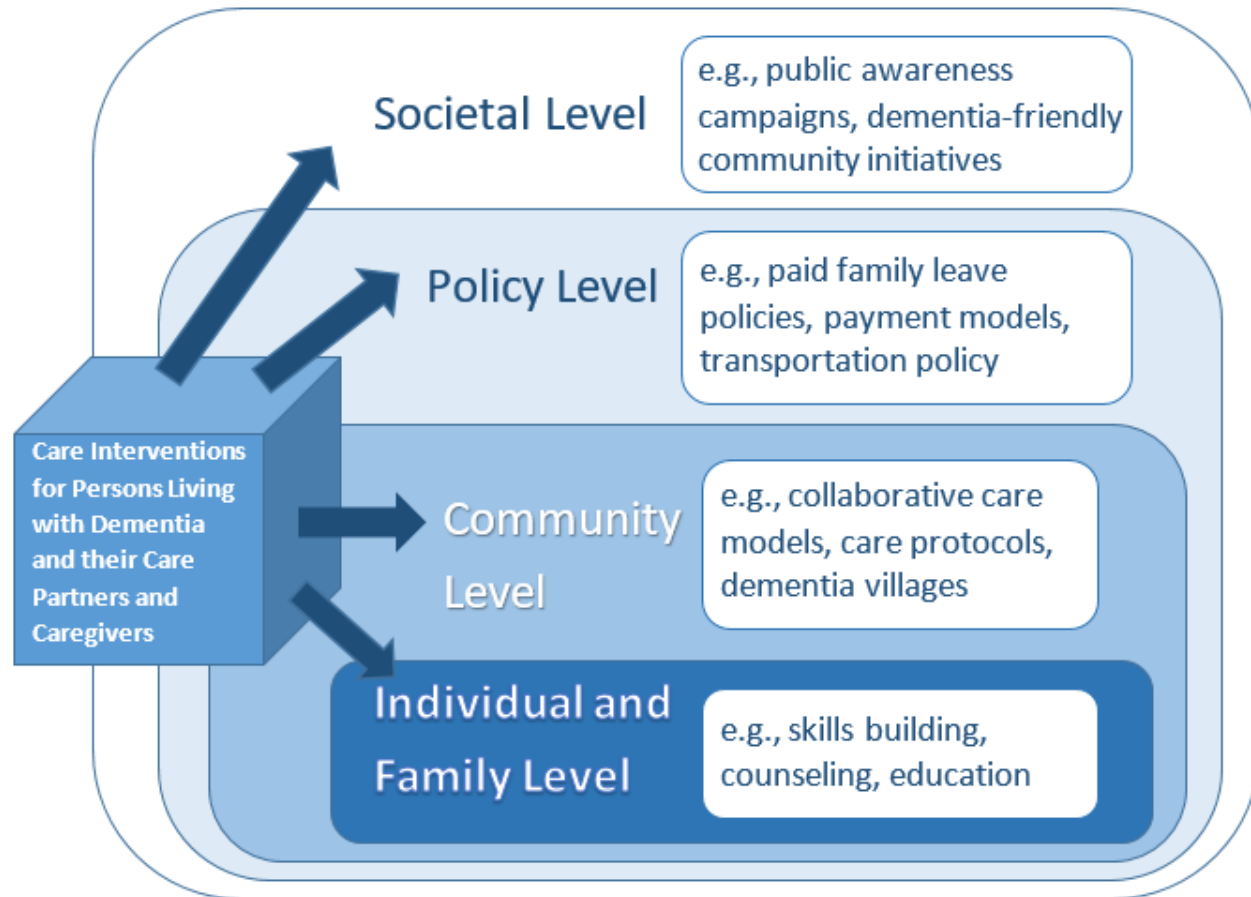
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→ Few Caregivers Benefit



Figure 3-1 NASEM Report: MEETING THE CHALLENGE OF CARING FOR PERSONS LIVING WITH DEMENTIA AND THEIR CARE PARTNERS AND CAREGIVERS
A WAY FORWARD

Organizing Framework for Care Interventions



Designing for Impact –



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Standards of reporting: Internal consistency of analyses
(nomenclature, definition, cited estimates)



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Standards of reporting: Internal consistency of analyses (nomenclature, definition, cited estimates)

Critical review: Assess the existing research infrastructure: strengths, weaknesses, and plan for coordinated action

RAISE Council Recommendation 5.1: Establish a national infrastructure using standardized data, questions, and definitions for obtaining, analyzing, and disseminating information about caregivers and their experiences.





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Transformational Change: Building the capacity for embedded interventional research and trials within systems (health care, long-term services and supports, employer organizations, communities)

RAISE Council Goal 2: Family caregivers are recognized, engaged, and supported as key partners with providers of health care and long-term services and supports.



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Standards of reporting: Internal consistency of analyses (nomenclature, definition, cited estimates)

Critical review: Assess the existing research infrastructure: strengths, weaknesses, and plan for coordinated action

Transformational Change: Building the capacity for embedded interventional research and trials within systems (health care, long-term services and supports, employer organizations, communities)

Observational studies: Investing in national survey infrastructure that affords linkages to care delivery system (e.g., NIA-funded National Health and Aging Trends Study and National Study of Caregiving)



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Critical review: Assess the existing research infrastructure: strengths, weaknesses, and plan for coordinated action

Transformational Change: Building the capacity for embedded interventional research and trials within systems (health care, long-term services and supports, employer organizations, communities)

Interventional studies: Embedded studies in partnership with organizational stakeholders with decisional authority for subsequent diffusion (e.g., NIA-funded Impact Collaboratory; JAHF Age-Friendly Health System)



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National Institute on Aging

Thanks!

Contact:



@jwolff_sph; @LipitzCenter
jwolff2@jhu.edu

