Understanding Adult Foster Care State by State: Provider Experience in North Carolina

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Demographics and Long-Term Care

•With the aging of the population, both in the United States and globally, community leaders are facing an increasingly urgent challenge to ensure sufficient care services and providers for the nation's elders (Bloom & McKinnon, 2010; Uhlenberg & Cheuk, 2008).

•In the United States, the population of adults age 65 and older is expected to increase from 13% in 2010 to nearly 20% by 2030 (Federal Interagency Forum on Aging Related Statistics, 2012).

•The steepest population increase will be among the oldest-old, individuals 85 years and older. As a group, the oldest-old are likely to have high morbidity and care needs (Bloom & McKinnon, 2010; Federal Interagency Forum on Aging Related Statistics, 2012).

•This marked increase in numbers of older adults needing more intensive care suggests the need for a range of long-term care options (Davey & Szinovacz, 2008; Uhlenberg & Cheuk, 2008).

Long-Term Care Spectrum

- The spectrum of long-term care housing options includes large and small settings (FamilyCare America, 2012).
  - Large settings include assisted living facilities or publicly-funded institutional care, such as nursing homes.
- There is a nation-wide and policy-driven move away from large publicly-funded institutional care, including nursing home care, toward more integrated community-based care (National Council on Disability, 2003).
- Supportive housing options include small facilities such as group homes, congregate or board-and-care, and adult foster care (AFC).
  - These options offer opportunities for more home-like environments, personal attention from care providers, and a sense of connection with and belonging to the local community.

National and State Positions

<u>National Priority and Policy</u>

- A national transition toward community-based care has been in process for more than two decades , but requires great implementation at the state and local levels.
- Precedence for quality long-term care was established with the Omnibus Budget Reconciliation Act of 1987, stipulating standards and improvements in nursing home care (Kelly, 1989).
- The momentum toward improved quality of care created a platform for subsequent transitions captured by the 1999 Olmstead decision under the Americans for Disabilities Act (ADA), embracing quality community-based care options for all individuals with disabilities—age related or not.

<u>Diverse State Responses</u>

- States have responded in diverse ways to the Olmstead decision to move away from institutional care, and on varied timelines (National Council on Disability, 2003).
  - This variability may contribute to the great inconsistency in how states have implemented community-based forms of long-term care, such as AFC.
  - For example, Virginia was slow to act in response to the Olmstead decision, with the state legislature finally mandating a related task force in 2002 (National Council on Disability, 2003; Virginia Department of Social Services, Division of Family Services, Adult Services Programs, 2010).
  - North Carolina has uniquely resisted the Olmstead decision by offering community-based alternatives to institutional care only if requested by the resident.
- The range of state priorities in implementing the Olmstead decision impacts individuals needing long-term care.

Adult Foster Care as a Promising Option

- As one option for community-based long-term care, Adult Foster Care (AFC) usually serves two to six people.
  - AFC may be an appealing alternative to nursing home or other public institutional care for adults of any age who are dependent due to age-related frailty or an intellectual or physical disability (AARP Public Policy Institute, 2009; Mollica, Simms-Kastelein, Cheek, Baldwin, Farnham, Reinhard, & Accius, 2009).
- AFC providers demonstrate a "willingness and ability" to provide service to individuals "with high levels of need" (AARP Public Policy Institute, 2009).
- In addition to providing a community living option for older adults and adults of any age with disabilities, AFC manages to save states money (AARP Public Policy Institute, 2009; Mollica et al., 2009).
  - The cost burden may be transferred to the AFC provider, as providers must carefully balance a budget inclusive of home repair, cleaning services, respite service above and beyond Medicaid funding, and recreational activities for the residents.
  - Depending on the funding mechanisms utilized by AFC agencies in each state, providers may only break even financially.
  - Lack of adequate compensation may threaten the sustainability of adult foster care.

Proposed Project in North Carolina

- The reluctance demonstrated by North Carolina to share options for community-based care inspires questions about state dedication to the AFC system and care provider attitudes within the system, ultimately affecting the quality of the system and the experience of the AFC resident.
- Interviewing providers in North Carolina is a first step to understanding these issues. Although the understanding will be through the lens of the provider, it will provide a glimpse of AFC resident experience within the framework of provider experience, care context and overall organizational dynamics.
- I am employing an interview protocol driven by research questions that attempt to capture how providers perceive their residents as well as the AFC system and their relationship to it as professional carers; what strategies providers implement in their efforts to integrate residents into the AFC homes and communities; and how providers recognize and manage power relations and constraints in the AFC system.

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