On October 14, 2009, Eric K. Shinseki, Secretary of Veterans Affairs, told the House Committee on Veterans Affairs in his “State of the VA” address that the Department of Veteran Affairs’s (VA) mission is “to care for our nation’s veterans, wherever they live, by providing them the highest quality benefits and services possible.” Of the nation’s 23.4 million veterans, 7.8 million choose the VA as their provider of healthcare services and benefits. (Shinseki, 2009).

Veterans and families have made sacrifices on behalf of the American people. Veterans from World War II, the Korean War, and the Vietnam War are aging, which brings with it physical and psychological changes that often require a caregiver to provide support and to meet the care needs of the veteran. In some cases, caregivers anticipate taking on the caregiver role and know in advance what will be expected of them. On other occasions, family caregivers have little or no notice that their lives are about to drastically change, as when veterans severely injured during combat in Iraq or Afghanistan require lifelong care.

The Veterans Health Administration (VHA) currently has limited statutory authority to use appropriated funds to provide services to family members of veterans or those individuals who live with or who take a veteran into their home for care. The VA’s mission is to provide the best healthcare to veterans; supportive services are provided to caregivers only when those services are directly related to the veteran’s healthcare. For example, if a veteran is receiving rehabilitation for a new spinal cord injury, VHA staff can provide education and training to the spouse who will become the veteran’s caregiver. But, the VHA cannot provide healthcare or mental health services solely to caregivers separate from the veterans treatment plan.

Who Are the Caregivers of Veterans?

The VA recognizes that caregivers play a vital role in the successful health outcomes of veterans. Caregiver Support in the Veterans Health Administration: Caring For Those Who Care

The VA recognizes that caregivers play a vital role in the successful health outcomes of veterans.
a national caregiver support advisory board and has implemented five national work groups to provide expert clinical input into the development of the program.

The VA is focusing on eight major areas of caregiver support: respite care, education and training, VA supportive services, community resources, caregiver wellness, emotional and spiritual health, emergency preparedness, and home safety.

In the 1990s the VA was reorganized, impacting healthcare delivery services and implementing managed care principles to shift from inpatient-based care to an outpatient system focused on primary care and preventive services. Kenneth Kizer, the VA’s Under Secretary for Health during this period, stated: “VA care is an organized approach to reducing variations so that the right care is provided in the right way at the right time in the right place for the right cost each and every time” (Kizer, 1999).

The changes decreased inpatient stays and offered more services at home and in the community. But the changes also resulted in greater demands on veteran’s families, who often provide caregiving services in the home.

Typically, there are two kinds of caregivers: informal and formal. Informal caregivers provide care without being paid, such as family members, partners, friends, or neighbors; formal caregivers are paid or are volunteers through a service delivery system, such as home health-care or nursing home employees (Fradkin and Heath, 1992; McConnell and Riggs, 1994). This article will focus on the needs of informal caregivers.

According to the National Alliance for Caregiving and AARP (2009), there are an estimated 65.7 million caregivers in the United States providing unpaid care. Of those caregivers, it is estimated that 43.5 million provide care to someone age 50 or older. Additionally, it is estimated that this unpaid caregiving is valued at $375 billion annually (National Alliance for Caregiving and AARP, 2009). In the VA, as the veteran population ages and continues to increase, the role
of caregivers will become even more important. According to the National Center for Veteran Analysis and Statistics (2007), the veteran population ages 65 and older is expected to increase from 39.9 percent to 56.2 percent by 2020. It is evident that as the aging veteran population continues to increase, caregivers will continue to make significant contributions to the successful outcomes of their healthcare.

Providing care for a loved one or friend has great social, environmental, and economic ramifications. Caregiver burden has been recognized by governmental services and public organizations. The U.S. Centers for Disease Control and Prevention (CDC) notes that providing family care is an emerging public issue expressed in “complex and fluctuating roles” (Talley and Crews, 2007). The CDC also states that, “[W]e contend caregiving must be considered in the context of lifespan needs that vary according to the ages, developmental levels, mental health needs, and physical health demands of both caregivers and care recipients” (Talley and Crews, 2007).

The VA recognizes that caregiving can significantly affect psychological health, including increased depressive symptoms and other health-related problems. As many as 6 to 11 million informal unpaid caregivers aiding older persons may be battling symptoms of depression or related disorders (Gray, 2003). An Evercare study (2006) showed that caregivers reported stress, lack of sleep, and depression; caregivers self-report fair to poor health; and that six in ten caregivers’ health had gotten worse because of caregiving. Multi-component interventions, including respite, financial support, individual and family counseling sessions, and primary-care interventions, such as Resources for Enhancing Alzheimer’s Caregivers Health (REACH) have shown to effectively improve caregivers’ psychological health and well-being (Gray, 2003).

**Typically, there are two kinds of caregivers: informal and formal.**

How Does the VA Support Veterans and Caregivers at Home?

When an enrolled veteran is receiving VHA healthcare services, interdisciplinary team members may provide screening and assessment to determine the veteran’s caregiver needs for adequate care at home. This may result in referrals to the VA and community programs to provide additional support at home, and home visits to assess the adequacy of the home environment and to identify the need for home equipment or home modifications.

The VA is moving to support caregivers across the continuum of care and recognizes the physical and emotional burdens associated with providing daily care to severely disabled or chronically ill veterans. The VA has current programs that provide informal support to caregivers and is developing more formal caregiver support programs.

**Pilot Programs**

Additionally, the VA has just concluded eight caregiver-assistance pilot programs that provided clinical demonstrations of the implementation of innovative caregiver support programs and services. The VA is currently reviewing the success of the pilot programs to determine the feasibility and advisability of nationwide implementation. Recommendations will provide the foundation for formal caregiver support programs in the VA.

The Resources for Enhancing Alzheimer’s Caregiver Health program (REACH-VA) was tested in twenty-four HBPC programs across the country in fifteen states. The REACH-VA is based on the NIA- and the National Institute for Nursing Research-funded Resources for Enhancing Alzheimer’s Caregivers Health (REACH II) Study. It is the first national clinical translation of a
Current informal support programs include the following:

- Respite care offers relief from caregiver responsibilities by providing services to veterans in a variety of settings, including inpatient, community nursing home, adult day healthcare, and in-home care. Respite care ranges from a few hours a day to four weeks per year in a skilled nursing home.

- Home-Based Primary Care (HBPC) provides primary medical and interdisciplinary care in the home to chronically ill or disabled veterans. The comprehensive HBPC team creates a therapeutic and safe home environment that supports the caregiver.

- Adult Day Healthcare (ADHC) is a therapeutically oriented outpatient day program providing health maintenance and rehabilitative services to frail elderly persons in a congregate setting. ADHC allows the family caregiver to work or engage in leisure activities.

- The Homemaker/Home Health Aide program provides services such as bathing, dressing, and assistance with activities of daily living for the veteran, chore services such as grocery shopping and meal preparation, and respite-like services such as reading to or talking with the veteran to allow the caregiver to leave the home for a short period of time.

- In the Veteran Directed Home- and Community-Based Care Program, the VA partners with Area Agencies on Aging to purchase needed services. This program allows the veteran to decide on a case mix of services to best meet care needs and those of the caregiver.

- Spinal Cord Injury/Disorders Specialty Programs provide specialized home care services, respite care, long-term care, bowel and bladder care, and caregiver education.

- Uniform Mental Health Services offers specialized family services, including family consultation, family education and family psycho-education, behavioral family therapy, and multiple family group therapy. These services help the family to better understand the veteran's mental health needs so that they can better assist with care.

- Caregiver education and training is provided across patient care areas to assure that caregivers have the knowledge and skills to provide for the veteran's healthcare needs at home.

- Temporary lodging and Fisher Houses provide caregivers a place to stay while they are supporting veterans who are either hospitalized or receiving extended outpatient services.

- Emotional and spiritual care is provided in the form of counseling and pastoral care to caregivers by social workers and chaplains in relation to the care being provided to the veteran.

- The VA's prosthetics service provides a range of services including adaptive home equipment and small grants for minor home modifications for eligible veterans.

- Beneficiary travel provides eligible veterans and attendants with mileage reimbursement and special transportation reimbursement.

- The Veterans Benefits Administration has three major programs that assist eligible veterans with grants for home modifications and adapted automobiles.
proven dementia behavioral intervention for stressed and burdened caregivers. This intervention provides education, support, and skills development to help caregivers manage both patient behaviors and their own stress. In October 2008, REACH-VA won the Rosalynn Carter Institute Leadership in Caregiving award, which included $10,000 to continue the pilot.

The Transition Assistance Program (TAP) evaluated an evidence-based program assisting informal caregivers of veterans with stroke-related disabilities during the transition from hospital to home. The TAP program was conducted at the Stroke Specialty Rehabilitation Program in San Juan, Puerto Rico, and in Houston, Texas (these two centers have the highest volume of stroke treatment in the VA). The TAP program includes three components to improve caregiver self-efficacy and reduce caregiver strain and burden: skill development, education, and supportive problem-solving. The VA California Office on Caregiving worked with a community coalition to provide interventions that support caregivers of veterans who suffered a traumatic brain injury (TBI), post-traumatic stress disorder (PTSD) or dementia in the state of California using telehealth delivery modalities, including the web, telephone, and video-conferencing. Interventions came from the VA Cares California Caregiver Centers of Excellence; the California caregiver resource centers;

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the powerful tools caregiver training program; and the Stanford University Internet-based Caregiver Self-Management program.

Joint programs between the Tampa and Miami VA medical centers provided respite and support services to caregivers of high-risk veterans. These centers delivered an expansion of their current respite services. The Tampa program provided twenty-four-hour, in-home respite care for temporary relief to caregivers and emergency respite in local assisted living and medical foster care facilities. The Miami program provided and coordinated comprehensive community-based respite services, which included in-home service, adult day healthcare, and VA contract nursing home service.

The Communicating Effectively with Healthcare Professionals program converted a three-hour workshop developed by the National Family Caregivers Association into a cost-effective multimedia format, and developed a face-to-face workshop using the converted format. The workshop and multimedia materials provide concrete tools and strategies to help caregivers prepare for, effectively participate in, and follow up on healthcare provider visits for the care recipients.

The Telehealth Technology to Support Family Caregivers program created a telehealth program using messaging technology (Health Buddy devices) already used in the VHA to educate and support family caregivers of older, functionally impaired veterans. The pilot staff delivered instrumental and emotional support, including education and training on care recipients’ medical conditions, along with monitoring of relevant processes and issues, for caregivers who live in remote areas or who cannot leave the veteran alone.

Caregiver advocates were developed to evaluate a model of care designed to enhance the quality of life of veterans by reducing the strain on veterans’ caregivers. A collaborative effort between the Cincinnati and Dayton VA home-based primary care (HBPC) teams, this pilot program used caregiver...
Care at home is usually the preferred choice of the veteran and family caregiver.

provide overnight respite for veterans in areas where no other inpatient respite options were available, such as the more remote, rural sections of the patient service area. Presently, overnight respite services can only be provided at the VA Pacific Islands Healthcare System Center for Aging in Honolulu, or in contract nursing homes located on Oahu. Veterans were enrolled in HBPC and received case management from both the pilot program and HBPC social workers.

The Future of the VHA Caregiver Support

The VHA caregiver support program within Care Management and Social Work Service, Office of Patient Care Services, is building a national caregiver support program that will be a comprehensive system of care to support caregivers.

Currently, five national caregiver support workgroups are helping to build the program from a field-based perspective. The workgroups focus on staff education and development, innovative caregiver practices, caregiver screening and assessment, website development, and public relations.

In an effort to bring caregiver awareness to the forefront, the staff education and development workgroup is developing the core components to educate VA employees on caregiver needs and supportive services. VA clinics across the nation independently have recognized the value added to the veteran’s care from the presence of caregivers and have built programs to address their needs. The innovative practices workgroup was designed to seek out, research, and compile best practices for providing support services for caregivers of veterans. The group will publish a guide in Fall, 2010, to be used by the national program office and local VA facilities for continued development of caregiver support programs.

Additionally, a workgroup is researching the feasibility of the VA developing a standardized process for conducting caregiver screening and assessments that can be used across all patient care areas in the VHA. The workgroup is looking at private and public sector caregiver screening and assessment tools that identify and measure caregiver burden. The website workgroup is designing a new caregiver-support website for the VA. The website will feature eight core areas, including respite care; caregiver education and training; VA supportive services; community resources; caregiver wellness; emotional and spiritual health; home safety; and emergency preparedness.

The public relations workgroup developed a media package for dissemination to all VA medical centers in recognition of National Family Caregiver Month in November. All VA facilities are encouraged to plan meaningful activities to acknowledge caregivers and continue to provide supportive services to ensure that the needs of our veterans’ caregivers are met.
The VA continues to collaborate with national caregiver organizations to enhance cohesive services for caregivers of veterans, and will continue to address caregiver needs and build a national program based on input from veterans, caregivers, stakeholders, and the best empirical evidence.

Conclusion

Caregiving can be a very difficult journey with immense challenges that take a spiritual, emotional, physical, social, and economic toll. Yet caregivers report that caregiving is also very rewarding.

Care at home is usually the preferred choice of the veteran and the family caregiver. Studies have also shown that care provided in the home is less costly than institutional care. The home environment provides a significant psychological benefit for the veteran and may also delay institutionalization, relieving spousal or family guilt.

It is incumbent upon the VA to invest in caregivers, offering them lifelong resources and supportive education and training services about disease processes and managing caregiver stress. An array of home- and community-based services, including in-home care, adult day healthcare services, home telehealth, and respite care, should be provided. The services provided by caregivers are the foundation of healthcare and can be instrumental in the successful care of veterans. It is our hope that practitioners implement evidence-based practices to demonstrate that supportive services result in a healthier caregiver, an improved quality of care for the veteran, and a better quality of life for both the caregiver and the veteran.

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