



U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Office of Disability, Aging and Long-Term Care Policy

WHY DO ELDERS RECEIVING INFORMAL HOME CARE TRANSITION TO LONG STAY NURSING HOME RESIDENCY?

December 2014

Office of the Assistant Secretary for Planning and Evaluation

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the Department of Health and Human Services (HHS) on policy development issues, and is responsible for major activities in the areas of legislative and budget development, strategic planning, policy research and evaluation, and economic analysis.

ASPE develops or reviews issues from the viewpoint of the Secretary, providing a perspective that is broader in scope than the specific focus of the various operating agencies. ASPE also works closely with the HHS operating agencies. It assists these agencies in developing policies, and planning policy research, evaluation and data collection within broad HHS and administration initiatives. ASPE often serves a coordinating role for crosscutting policy and administrative activities.

ASPE plans and conducts evaluations and research--both in-house and through support of projects by external researchers--of current and proposed programs and topics of particular interest to the Secretary, the Administration and the Congress.

Office of Disability, Aging and Long-Term Care Policy

The Office of Disability, Aging and Long-Term Care Policy (DALTCP), within ASPE, is responsible for the development, coordination, analysis, research and evaluation of HHS policies and programs which support the independence, health and long-term care of persons with disabilities--children, working aging adults, and older persons. DALTCP is also responsible for policy coordination and research to promote the economic and social well-being of the elderly.

In particular, DALTCP addresses policies concerning: nursing home and community-based services, informal caregiving, the integration of acute and long-term care, Medicare post-acute services and home care, managed care for people with disabilities, long-term rehabilitation services, children's disability, and linkages between employment and health policies. These activities are carried out through policy planning, policy and program analysis, regulatory reviews, formulation of legislative proposals, policy research, evaluation and data planning.

This report was prepared under contract #HHSP23337033T between HHS's ASPE/DALTCP and the Urban Institute. For additional information about this subject, you can visit the DALTCP home page at http://aspe.hhs.gov/office_specific/daltcp.cfm or contact the ASPE Project Officer, Pamela Doty, at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. Her e-mail address is: Pamela.Doty@hhs.gov.

WHY DO ELDERS RECEIVING INFORMAL HOME CARE TRANSITION TO LONG STAY NURSING HOME RESIDENCY?

Brenda Spillman

Urban Institute

December 2014

Prepared for
Office of Disability, Aging and Long-Term Care Policy
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
Contract #HHSP23337033T

The opinions and views expressed in this report are those of the authors. They do not necessarily reflect the views of the Department of Health and Human Services, the contractor or any other funding organization.

TABLE OF CONTENTS

ACRONYMS	iv
INTRODUCTION	1
DATA AND METHODS	3
Methods	3
Source of Key Analytic Measures.....	5
Variables Included in the Models.....	6
RESULTS	10
DISCUSSION	20
CONCLUSION	24
REFERENCES	25
APPENDIX A. Additional Tables	28

LIST OF FIGURES AND TABLES

FIGURE 1.	Predicted Percent with High Stress by Presence of High Physical or Financial Strain	17
FIGURE 2.	Simulated Reduction in Nursing Home Days Over 1 Year from Reducing Physical or Financial Strain	19
TABLE 1.	Outcome Variables, Endogenous Regressors, and Instruments, Nursing Home Model.....	7
TABLE 2.	Care Recipient Characteristics and Other Explanatory Variables	8
TABLE 3.	Instrumental Variables Estimation: Admission to a Nursing Home Episode of 60 Days or Longer, Pooled 1999 and 2004 Data	11
TABLE 4.	Instrumental Variables Estimation: Expected Days of Longer-Stay Use, Pooled 1999 and 2004 Data.....	13
TABLE 5.	Simulated Reduction in Nursing Home Entry from Reducing Caregiver Stress.....	15
TABLE 6.	Marginal Effects of Caregiver and Caregiving Characteristics on the Likelihood that Caregiver is Highly Stressed.....	16
TABLE 7.	Simulated Reduction in Nursing Home Entry from Reducing Sources of High Caregiver Stress	18
TABLE A1a.	OLS Estimation: Admission to a Nursing Home Episode of 60 Days or Longer, Pooled 1999 and 2004 Data.....	29
TABLE A1b.	OLS Estimation: Expected Days of Longer-Stay Use, Pooled 1999 and 2004 Data.....	31
TABLE A2.	First Stage Regressions from IV Models, Pooled 1999 and 2004 Data	33
TABLE A3.	Personal and Caregiving Characteristics of Primary Informal Caregivers, 1999 and 2004	35

TABLE A4.	Probit Estimation of the Reduced Form Model of High Caregiver Stress.....	37
TABLE A5.	Support Service Use and Perceived Effectiveness by Caregiver	39

ACRONYMS

The following acronyms are mentioned in this report and/or appendix.

ACL	Administration for Community Living
ADL	Activity of Daily Living
CMS	Centers for Medicare and Medicare Services
DALTCP	Office of Disability, Aging and Long-Term Care Policy
HCBS	Home and Community-Based Services
HMO	Health Maintenance Organization
IADL	Instrumental Activity of Daily Living
ICS	Informal Caregiver Supplement
IV	Instrumental Variable
LTSS	Long-Term Services and Supports
MDS	Minimum Data Set
MSA	Metropolitan Statistical Area
NFCSP	National Family Caregiver Support Program
NHATS	National Health and Aging Trend Study
NLTCS	National Long-Term Care Survey
NSOC	National Study of Caregiving
OLS	Ordinary Least Squares
SPMSQ	Short Portable Mental Status Questionnaire