

Social Care Services Evidence Summary: Personal Care Services

This evidence summary includes a broad range of research/resources on personal care services and is primarily focused on health care impact. It is not intended to be an exhaustive compilation of research/resources on this topic. The information presented in this summary can inform the value proposition of partnering with a community-based organization (CBO) or a network of CBOs to offer these services and supports as part of a strategy to address social determinants of health (SDOH).

Personal care services (PCS) are services to assist individuals with routine activities, such as bathing and getting in and out of bed. PCS support individuals with disabilities and older adults to live in their homes and communities and avoid higher levels of care such as nursing homes. There are several promising studies that have linked PCS with improvements in quality of life and health outcomes. For example, Cooper et al. (2017) conducted a systematic review of interventions to improve how home caregivers deliver home care services to older home care clients and found that the interventions that yielded the best results consisted of training with additional implementation, such as regular supervision, and promoted care focused around clients' needs and goals. That study also found that caregivers reported valuing need-based work models as opposed to task-based work models. Study findings concluded that PCS that are centered around the individual's needs are beneficial for both the individual and the caregiver. Furthermore, Rantz et al. (2011) evaluated Aging in Place (AIP), or living in one's own home and community safely and independently, programs in Missouri and found an increase in health restoration and independence. While cost savings have not been established, Counsell et al. (2009) conducted a cost analysis of the Geriatric Resources for Assessment and Care of Elders (GRACE) intervention and found that the intervention is relatively cost neutral. The table below highlights specific examples of PCS interventions and their findings.

For specific, further detailed information on this evidence, please review the resources listed below.

Personal Care Services Research and Evidence

Study	Population Studied	Objective of Study	Type of Analysis	Findings / Results
Cooper et al. (2017)	A systemic review evaluating the impact of paid home caregiver training, supervision, and other interventions on the health and well-being of older home care clients	To improve how home caregivers and home care agencies deliver care to older people, regarding clients' health and well-being and paid caregivers' well-being, job satisfaction, and retention.	A review of papers found in the electronic search fitting predetermined criteria, assessed quality using a checklist, and synthesized data using quantitative and qualitative techniques.	Ten papers described eight interventions. The six quantitative evaluations used diverse outcomes that precluded meta-analysis. In the only quantitative study (a clustered randomized control trial), rated higher quality, setting meaningful goals, caregiver training, and supervision improved client health-related quality of life. The interventions that improved client outcomes comprised training with additional implementation, such as regular supervision and promoted care focused around clients' needs and goals. In their qualitative synthesis of four studies, the intervention elements caregivers valued were greater flexibility to work to a needs-based rather than a task-based model, learning more about clients, and improved communication with management and other workers.
Counsell et al. (2009)	951 low-income seniors aged 65 and older; 474 participated in the intervention and 477 in usual care	To provide, from the healthcare delivery system perspective, a cost analysis of the GRACE intervention, which is effective in improving quality of care and outcomes.	Randomized control trial with physicians as the unit of randomization; measurements included chronic and preventive care costs, acute care costs, and total costs in the full sample (n=951) and predefined high-risk (n=226) and low-risk (n=725) groups.	Mean 2-year total costs for intervention patients were not significantly different from those for usual care patients in the full sample. In the high-risk group, increases in chronic and preventive care costs were offset by reductions in acute care costs, and the intervention saved costs during the postintervention, or third, year. Mean 2-year total costs were higher in the low-risk group. Overall, in patients at high risk of hospitalization, the GRACE intervention is cost

Study	Population Studied	Objective of Study	Type of Analysis	Findings / Results
				neutral from the healthcare delivery system perspective.
<u>Dale et al.</u> (2003)	Included Medicaid enrollees who were eligible for PCS under the Arkansas Medicaid plan who enrolled in the state's Independent Choices program "Cash and Counseling" program, a model of consumer-directed supportive services that gives eligible beneficiaries who choose to participate a flexible monthly allowance to purchase disability-related goods and services (including hiring relatives as workers).	To find the effects of Cash and Counseling on personal care services and Medicaid costs in Arkansas.	Statistical analysis of survey data and Medicaid claims data	The program increased the receipt of paid care but reduced unpaid care. The treatment group had higher Medicaid personal care expenditures than controls did, because many controls received no paid help, and recipients obtained only two-thirds of entitled services. By the second year after enrollment, these higher personal care expenditures were offset by lower spending for nursing homes and other Medicaid services.
<u>Rantz et al.</u> (2011)	Residents at two long term care settings in Missouri	To evaluate AIP as an alternative to assisted living and nursing home care.	Descriptive statistics as well as cross-sectional and longitudinal analysis	The combined care and housing cost for any resident who received care services beyond base services of AIP and who qualified for nursing home care has never approached or exceeded the cost of nursing home care at either location. Both mental health and physical health measures indicate the health restoration and independence effectiveness of the AIP model for long-term care.