Community Health Services and Support for Elderly Caregivers

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Abstract

Elderly people are often not receiving existing community-based primary health care (CBPHC) services. Extensive research on the care of the family and public discourse, as a burdensome and stressful experience, explains that it has a serious adverse effect on health. Historical studies by researchers, which report that the mortality rate of caregivers with health problems as evidence of physical health risks is high, are widely cited and often form the basis for the improvement of improved care services. However, the five population-based studies showed a decrease in overall mortality and longevity of noncaregiving compared to compliance monitoring. Most caregivers report the benefits of care and often refer to stress related to care. Political reports, media stakeholders, and many research reports usually show a good idea of health risks associated with care, ignoring positive alternative results. Due to the decline of traditional family caregiving, it is important for future people to care for more people to care for and improve management services based on data on subsets of overly nervous or endangered individuals. The author needs a more balanced, up-to-date account of the impact of care. Recommendations on research that consolidates and better explains informal health care's positive and negative results are discussed.

Introduction

Caregiving is an important aspect of aging in our society. Today, much attention is paid to the problem of care in the United States. The website of the aging management office contains a lot of important information about care, including the kind of programs offered to elderly people. The number of elderly people who need care is constantly increasing. According to researchers, "the development of food and medical care has resulted in an increase of average age, so the highest population growth rate category is the oldest age group" (Brookman, Holyoke, Toscan, Bender, & Tapping, 2011). In the government of the United States, an effective strategy to find solutions to existing problems was introduced. According to the Bureau of Statistics, "the number of elderly people will now double from 80 million in 2050 correspondingly." There are many AoA programs that will help solve these problems. Home & Community Based Long-Term Care programs, Elder Rights Protection programs, and other programs.

The National Family Caregiver Support Program is one of the most effective programs developed to meet the needs of older adults. The Ministry of the Elderly funded this program under the Older

Americans Act of 2000. This law regulates the development and function of regional organizations that provide care services. Particular attention is paid to caregiver education and training to improve the implementation of care programs. The National Family Support Program supports five basic services for family caregivers. Providing assistance to caregivers, strengthening individual counseling services, providing temporary services, establishing support groups, effective training of caregivers and other complementary services (Lafortune, Huson, Santi, & Stolee, 2015).

A large fee for families providing long-term caregiving includes physical, emotional and financial expenses. Families need to pay attention to elderly parents and grandparents, care for them stressfully, and meet the needs of older adults. Families can be regarded as “main providers of long-term care” (National Family Support Program) (Lafortune et al., 2015). Nursing requires significant physical, emotional and financial compensation, but many caregivers must provide effective care and receive education to avoid conflicts of duty. According to statistics, “about 20 percent of caregiving are helping two people while about 10 percent are helping two or more respectively” (Roth, Fredman, & Haley, 2015). In many cases, parents are confronted with a significant decline in health, insufficient funds, and little emotional support respectively. Caregivers may separate themselves, experience depression, and fear of physical evil and other problems.

In fiscal year 2016, the funds for caregiving are helping more than 700,000 caregivers receive effective and useful services through the National Family Care Support Program. These services helped caregivers fulfill their caregiving obligations more effectively and allowED loved ones to stay in society for as long as possible (National Family Welfare Support Program (Brookman, Holyoke, Toscan, Bender, & Tapping, 2011). Therefore, the author must conclude that the number of elderly people who need long-term care is increasing. To increase the number of elderly people, effective care services are necessary. The National Family Care program helps caregivers to meet the needs of the elderly. Services provided by the program include a coordinated set of support for caregivers, depression relief, stress relief, and effective education for long-term care.

Discussion

The increase in people over 65 years of age has raised awareness of the need to reform the health system. Older people are often suffering from various complicated chronic diseases and dysfunctions, so different health services and caregivers are needed. This complicates the cooperation and integration of nursing care, leading to more negative health outcomes, more effective use of emergency services, acute costs and, in principle, high health care correspondingly. Elderly people are the most important users of health systems, but complex care requirements do not function well with existing care models. Community-based primary health care (CBPHC) is designed to provide primary health care to ensure continuity of care, ease of system-wide mobility, and improved system integration.

As a rule, nursing care, literature review, primary research, and policy statement it is to become a

legal guardian for families with disabilities. Brodsky, Habib, & Hirschfeld (2003) meta-analysis and other systematic reviews, caregivers, depression symptoms, and people who do not care what, in many cases, has been shown that it is to exacerbate the result of physical health. Generally accepted views are that the needs of informal parents are growing rapidly, but the number of caregivers can be reduced, so the role of aid can be reduced by medical professionals is troublesome and dangerous. In the near future, this important resource turning point seems inevitable. Informal family caregiving is often described as a stressful role with all the features of chronic stress. This charge related to decades of care has been evaluated using the scale developed by Zarit, Reever, and Bach-Peterson (1980), with his paper Sperm cited more than 2800 times. Schulz and Beach (1999) continued this tradition and said, “There is a strong consensus to the difficulties and disorder of stress and care for the elderly.” Family caregivers perform important social service and their families While they are “that” “a big price for yourself.

When they lack internal resources (coping behaviors, information, skills, actions) and external resources (financial, family care or formal care) to adapt to care-taking situations, Caregivers are at high levels and are expected to face the stress. Probably, it is unlikely that the unknown possibility is high, gradually offering room for selection, care as a husband of Alzheimer’s disease, lack of hope, and care in a situation that is getting worse over a long period of time, probably not representative. Trustees may be exposed to greater risk if there is a previous health condition that affects the stress response. Many caregivers suffer from some tension at the same time with a positive experience. In fact, aggressive experiences in providing care can ease the health impacts associated with stress.

Barriers include follow-up and policy restrictions and lack of communication between patients and providers of money, complex health system challenges, obstacles in the way of information exchange, general lack of coordination in the provision of services, and consistency, including no care, has been identified for improved CBPHC. Barriers confirmed by urban and rural participants were similar, except that only participants in rural areas discussed the transport. While specialized access and complex areas were a common theme for all participants, while rural patients and caregivers talked more about long periods of urban participants waiting, rural patients and caregivers were afternoons I focused on meeting difficulties. In general, these data correspond to current literature revealing both weak system integration and access as a public health barrier, especially access to experts. However, in Canada, caregivers may have access to primary health care for people with chronic diseases compared to the general population. Please note that it was high for healthcare providers to give high priority to these patients with high needs. This may be the case, but our study suggests that further efforts are needed to promote access to CBPHC for adults with chronic illness.

Conclusion

The elderly are urgently building more simple and integrated systems from the current health system and people aging in the United States and many other countries. At the system level, policies are required to support the integration of primary healthcare services, and actual changes may occur

throughout the system. This study was able to reach an agreement on barriers, brokers and areas for improvement of system integration for the elderly members of the Biology Center. As these results can be used to enrich primary healthcare reform at several levels, future initiatives reflect the views of stakeholders directly involved in the care process. Future interventions will be expanded and integrated with the development of an interdisciplinary team of primary health care, patient rights advocacy and navigation, implementation of standardized assessment, information systems and help channels, and effective government support must be included for adults. Higher education. In addition to implementing system-recommended improvements to the system, additional work is required to identify the results and results of the overall CBPHC.

References

Brodsky, J., Habib, J., & Hirschfeld, M. J. (2003). Key policy issues in long-term care.

Brookman, C., Holyoke, P., Toscan, J., Bender, D., & Tapping, B. (2011). Promising practices and indicators for caregiver education and support programs. *Markham: Saint Elizabeth*.

Lafortune, C., Huson, K., Santi, S., & Stolee, P. (2015). Community-based primary health care for older adults: a qualitative study of the perceptions of clients, caregivers and health care providers. *BMC Geriatrics*, *15*(1), 57.

Roth, D. L., Fredman, L., & Haley, W. E. (2015). Informal caregiving and its impact on health: A reappraisal from population-based studies. *The Gerontologist*, *55*(2), 309–319.