CONVOYS OF CARE:
DEVELOPING COLLABORATIVE CARE PARTNERSHIPS IN ASSISTED LIVING

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Funding Agency: National Institute on Aging (1R01AG044368-01A1)
Study Dates: 08/01/2103 – 07/31/2018
Value: $1,938,313
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Study Background

Assisted living (AL) is the fastest growing segment of the long-term care industry. Unpaid care provided by family and friends (i.e. informal caregivers) play a critical role in residents’ ability to move to and remain in these residential care settings and also affect residents’ and caregivers’ quality of life. Our recent work shows that most AL residents have care convoys that include family and friends and evolve in response to resident decline and family, friend, and facility transitions. In recent years, however, AL residents have grown older and frailer and require higher levels of care, a trend that is apt to alter the demand for informal care and the configuration of care roles.

Study Goals

The overall goal of this five-year study is to learn how to support informal care and care convoys (networks) in assisted living (AL) in ways that promote residents’ ability to age in place with optimal resident and informal and formal caregiver quality of life. The specific aims are:

(1) To understand how informal care in AL is experienced, organized, and negotiated within care convoys over time;

(2) To understand the factors that influence informal care work in AL and how they operate to support or hinder the development of care partnerships that promote aging in place with optimal resident and informal and formal caregiver quality of life; and

(3) To determine successful strategies for building care partnerships in AL.

Study Methods

Approximately 50 residents, 250 informal caregivers, and 40 administrators and care staff in 8 different assisted living facilities in Georgia will participate in this project. The qualitative study will involve participant observation and informal interviewing as well as formal, in-depth interviews over the study period. Knowledge from this study will help us identify strategies for developing and supporting collaborative care partnerships between informal and formal caregivers and recipients.