

10-28-2021

Evaluating the Feasibility of a Future Care Planning Program with Older Adults

Jeong Eun Lee

Iowa State University, jel@iastate.edu

Dahee Kim

Iowa State University, daheekim@iastate.edu

Eva Kahana

Case Western Reserve University, eva.kahana@case.edu

Boaz Kahana

Cleveland State University, b.kahana@csuohio.edu

Follow this and additional works at: <https://scholarsjunction.msstate.edu/jhse>



Part of the [Medicine and Health Sciences Commons](#), and the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Lee, J., Kim, D., Kahana, E., & Kahana, B. (2021). Evaluating the Feasibility of a Future Care Planning Program with Older Adults. *Journal of Human Sciences and Extension*, 9(3), 9.
<https://scholarsjunction.msstate.edu/jhse/vol9/iss3/9>

This Brief Report is brought to you for free and open access by Scholars Junction. It has been accepted for inclusion in *Journal of Human Sciences and Extension* by an authorized editor of Scholars Junction. For more information, please contact scholcomm@msstate.libanswers.com.

Evaluating the Feasibility of a Future Care Planning Program with Older Adults

Jeong Eun Lee

Dahee Kim

Iowa State University

Eva Kahana

Case Western Reserve University

Boaz Kahana

Cleveland State University

Despite potential health care needs, many older adults do not make concrete plans about future care in late life. Prior community programs have not addressed this need via Cooperative Extension systems. To address these gaps, we developed and evaluated the pilot study program, Future Care Planning, designed to help older adults plan for their own personal, health, and environmental care. The Plan Ahead program (Plan Ahead) consists of two sessions implemented over two weeks to teach older adults to plan for their future care across multiple domains, including health communication, aging in place, and end-of-life discussion. Iowa State University Human Science Extension and Outreach specialists delivered the program to a sample of 161 community-residing older adults. We evaluated 1) the feasibility of the Plan Ahead program, 2) the acceptability of the program, and 3) participants' intention to change their future care planning. Participants reported that the program was useful and relatively easy to implement. They also reported being satisfied with the content and willing to attend other relevant programs in the future. Overall, the findings suggest that Plan Ahead is feasible as an educational program to help older adults prepare for future care planning.

Keywords: older adults, Extension programming, aging in place, future care planning

Introduction

Future care planning is defined as preparation for obtaining social and environmental resources for future care needs due to chronic illness or health events among older adults (Kahana et al., 2020; Pinquart & Sörensen, 2002). Although many older adults are aware of impending frailty and death in later life, relatively few make plans for their future because they do not see the need or avoid thinking about potential dependence in later life (Sörensen & Pinquart, 2001).

Direct correspondence to Joengeun (Jel) Lee at jel@iastate.edu

Several interventions have targeted patients with a terminal illness or older adults in hospice care (Murtagh et al., 2014). These interventions target mainly advance care planning, documenting end-of-life care and palliative care needs (Denvir et al., 2015; Lum et al., 2015). However, older adults also need health and environmental planning for aging in place and arrangements for personal care. Indeed, research has consistently found benefits of preparing for future care for community-residing older adults (Sörensen et al., 2012). Older adults who are more future-oriented and plan ahead reported greater life satisfaction (Kahana et al., 2012). This proactive thinking enhances other health promotion behaviors, such as exercise (Kahana et al., 2005).

One approach toward prevention that may be suitable for older adults in the community is to focus on their communication with medical providers and family members. Nearly half (46%) of older adults (aged 65+) visit emergency departments (Rui & Kang, 2015), and older adults are likely to use health care more than one time in a given year (Blackwell & Villarroel, 2017). Given this high incidence of emergency hospital visits and frequent health care encounters, older adults need skills in preparing for unexpected health care needs while aging in place.

Future Care Planning Program Description

Despite anticipating future care needs, many older adults do not take concrete steps to plan for their future care (Kahana et al., 2020; Sörensen & Pinquart, 2001). Sörensen and Pinquart (2001) found that many older adults underestimate their future care needs despite the risk of needing help or personal care in the future. Older adults often delay future care planning as they do not anticipate when they would need help in late life or want to avoid thinking about being dependent on others (Sörensen & Pinquart, 2001). However, some older adults believe future care planning is useful and provides a sense of security (Sörensen & Pinquart, 2001). This is consistent with findings that planning behavior and attitudes vary depending on the expectation of care, cultural norms, social or financial resources, and health (Kahana et al., 2020).

One way to encourage future care planning is to help older adults recognize potential care needs, gather information, and build resources for health crises or aging challenges. Proactivity theory (Kahana et al., 2014) considers preventive and corrective adaptations when coping with aging-related challenges. The theory explores ways older adults shape their extant and potential resources and enhance their late-life well-being as they prepare to face normative stresses of aging. Prior research has shown that mental and physical health outcomes can be improved with proactive coping and concrete planning by older adults facing health challenges (Kahana et al., 2014; Ouwehand et al., 2007). In particular, proactive communication has been proposed as an effective strategy to improve desired psychological and physical outcomes in the health care partnership model (Kahana & Kahana, 2003). Proactive health communication skills can result in desired care, satisfaction with the care, and improved treatment adherence (Street et al., 2009). However, little work has addressed proactive health communication and future care planning for older adults in the community, especially via Cooperative Extension systems.

Applying proactivity theory and the health care partnership model to Plan Ahead, this paper's authors developed the original protocol based on recommendations by experts in future care planning and health care communication. Thus, proactivity theory and health communication offered a sound foundation for this structured educational program of two 90-minute sessions.

Each session targets multiple domains of future care (see Table 1). Session content addresses the pragmatic aspects of future care planning. It includes helpful tips for aging in place and proactive health discussions with health care professionals and family members. In particular, the program also provides tips to solicit informal support from family members and strategies for enhancing medical encounters by providing proactive communication tips and tools to prepare for doctor's visits. For example, older adults were encouraged to prepare for doctor's visits by taking notes before these visits. In addition, the session addresses steps to modify their environment in ways that would empower them to feel safe at home (Booth & Peek, 2013; Wiles et al., 2012). Additionally, we demonstrated how to compile a comfort kit (i.e., emergency supplies such as medication, water, batteries), which could be useful for a power outage or home emergency. This program could be especially beneficial for rural-dwelling older adults, given the challenges associated with living in rural communities (Weaver et al., 2018).

With this goal in mind, future care planning was introduced as a community program facilitated by Iowa State University Human Science Extension and Outreach. The first author of this paper trained Extension specialists who would implement the program in the community. The training, including the demonstration of each session, took about 3-4 hours over Zoom.

Table 1. Program Description and Learning Modules for Each Session

	Session 1	Session 2
Communication	Health communication	End-of-life communication
Resource building	Prepare lists for informal and formal support networks	Check out community resources
Learning activities	Prepare comfort/safety kits	End-of-life discussion steps
Planning skills	Prepare for doctor's visit	Conversation practice with family and friends about end-of-life care preferences

Study Objectives

Prior studies have shown that community programs encouraging proactivity resulted in desired outcomes (Fox, 2010; Ouwehand et al., 2007). In particular, proactive coping has been shown to improve after short educational programs among older adults in the community (Bode et al., 2006). However, despite these promising results, to our knowledge, no prior studies have specifically examined the feasibility of community programs addressing the future care needs of older adults by providing contextual information and knowledge. To address this gap, we designed and evaluated a community-based intervention to promote communication and proactive self-care preparation, helping older adults in times of need, such as health incidents.

The first objective of the study was to determine if Plan Ahead would be feasible and acceptable to participants. Another objective was to determine whether the program resulted in changes in the intention for future care planning among older adults. It was predicted that the Plan Ahead program would result in a greater intention to implement changes.

Methods

Participants

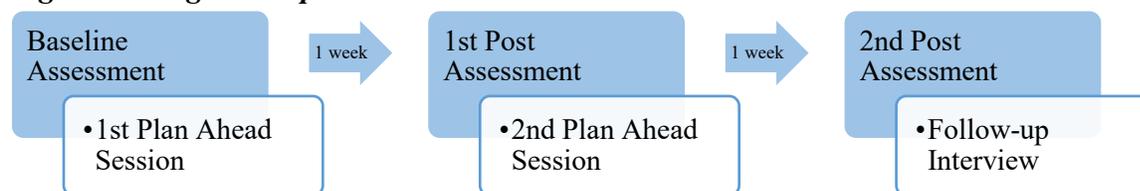
Potential participants had to be 60 years or older, live in the community independently, and read and speak English to be included in the study. In 2018 and 2019, Extension specialists from Iowa State University Human Science and Extension recruited participants via county partners, public libraries, and senior centers. Once the screening criteria were met, participants ($N = 161$) were invited to the Plan Ahead program. Before the first session, all session facilitators received two hours of training with the first author of this paper. The facilitator training program was structured and included manuals, activities, toolkits with suggested wording, and rationales for the activities so that each specialist could teach and lead the session.

Study Design

We used a quasi-experimental single-group pre-post design. Participants were asked to fill out a questionnaire right before the first session and then again right before the second session a week later (the first post-assessment). A second follow-up survey was conducted via telephone interview after the completion of the program. As the focus of the study is the quantitative findings, we are limiting our results to the first post-assessment (assessed at the second session) for the scope of the study.

Procedure

Data were collected from the participants at each session (before the start of each session). The time between each session/assessment was one week. Participants answered the questionnaires prior to each program (1st and 2nd session). Questions included several domains of future care planning activities and expectations about future care. Demographic information was also collected. Since the study's focus was to evaluate the acceptability and feasibility of the program, only the first post-assessment (assessed at the beginning of the 2nd session) was used for analysis. The post-test questionnaire included questions about the satisfaction, usefulness of the program, difficulty of implementing recommended activities, and intention to change regarding future care planning.

Figure 1. Program Implementation and Assessment Schedule

Measures

Acceptability

The acceptability of the program was assessed with questions about the content, such as program satisfaction, usefulness, and willingness to participate in future programs. Program satisfaction was measured using a single item: How satisfied were you with the information you received from our research team? The participants were asked to rate their level of program satisfaction with a 5-point Likert scale (1 = *very dissatisfied* to 5 = *very satisfied*). To measure the usefulness of the program, participants were asked to rate their perceived usefulness of the program with a 5-point Likert type scale (1 = *useless* to 5 = *very useful*). The willingness to participate in future programming was measured using a single item: If we offer additional programs, are you willing to participate again? Participants reported whether they would participate in an additional program (1 = *yes*, 0 = *no*).

Feasibility

Attendance and difficulty of the program were used to evaluate feasibility. Each participant's attendance was tracked in two sessions to measure the feasibility of the Plan Ahead program: attending one session = 1 and attending two sessions = 2. Participants rated the difficulty of enacting suggestions from the program using a single item: How difficult was it for you to implement the suggestions for future care planning from the program? (1 = *not at all difficult*, 2 = *a little difficult*, 3 = *somewhat difficult*, and 4 = *very difficult*). To further inquire about the acceptable number of sessions, participants were asked to report the appropriate number of program sessions for learning how to plan for their future care using a single open-ended question: How many meetings would be helpful to learn about planning for future care?

Intention to Change

To investigate how the Plan Ahead program changed participants' views on future care planning, participants were asked to report whether they intended to change their future care planning since participation (1 = *yes*, 0 = *no*). After the initial answer, participants were asked to provide written explanations as to why their opinions about future care planning have or have not changed since attending the program.

Statistical Analysis

Demographic characteristics of Plan Ahead program participants were investigated through descriptive and frequency analyses. SPSS 25.0 (IBM SPSS, 2017) was used for data analysis.

Results

Profiles of Participants

A profile of our program participants is shown in Table 2. Among 161 participants, the mean age was 78.2 ($SD = 8.9$), and 75.6% were female. A majority of participants (83.0%) were Caucasian, and 7.5% were African American. Most participants (94.4%) had at least a high school diploma. Almost half of the participants (49%) were widowed, and 32.7% were married. Regarding self-rated health, participants considered their health to be good ($M = 3.80$, $SD = 0.75$; ranging from 1 (very poor) – 5 (excellent)). The average number of chronic diseases was 0.90 ($SD = 0.90$; ranging from 0-3), and more than half of the participants (59.5%) have at least one disease and more. Many participants (68.3%) were from a rural community.

Table 2. Demographic Characteristics of the Participants (N = 161)

Variable	M(SD) / %
Age	78.2 (8.9)
Gender	
Female	75.6
Male	24.4
Race/ethnicity	
Caucasian	83.0
African American	7.5
Other	9.5
Education level	
Less than high school	5.6
High school graduate	40.0
1-2 years of college	30.6
College graduate	11.3
Postgraduate work	5.6
Postgraduate degree	6.9
Marital status	
Married	32.7
Widowed	40.9
Divorced	15.7
Separated	0.6
Never married	10.1
Self-rated health	3.8 (0.8)
Number of chronic diseases	0.9 (0.9)
Residing in a rural area	68.3

Acceptability, Feasibility, and Intention to Change

Acceptability

Most participants reported that they were satisfied with the information about future care planning from the Plan Ahead program ($M = 4.7$, $SD = 0.98$). One hundred twenty-seven participants (89%) reported that the program was useful. Most of the participants (83.9%; $n = 120$ of 143) reported that they were willing to attend and participate again if additional Plan Ahead programs were provided.

Feasibility

Attendance rates for both sessions of the intervention were high (88.8%; $n = 143$ of 161 people). To identify factors related to attendance, 143 participants who attended both sessions were compared to the 18 participants (11.2%; $n = 18$ of 161 people) who attended only one session. Comparisons of these two groups were made regarding their demographics (age, education level, gender) and other health characteristics (i.e., number of chronic health conditions). These analyses showed that compared to the participants who attended only once, the participants who attended both sessions were marginally more educated: $t(29.18) = -1.78$, $p = .09$. However, the two groups had similar averages for age, percentage of female and Caucasian, number of chronic health conditions, and self-rated health status. In addition to attendance, most of the participants reported that it was relatively easy to enact the suggestions from the program ($M = 1.68$, $SD = 0.79$; ranging from 1-4), indicating that most participants were able to implement the skills recommended by the program. In terms of the number of sessions, participants reported approximately 2.5 sessions would be sufficient to learn how to prepare for future care ($SD = 1.52$).

Intentions to Change

The majority of participants (62.0%) intended to improve their future care planning. In the following question of why their opinions for future care plans had changed or not changed, participants whose opinions had not changed indicated that they already knew the importance of future care planning. Overall, we found that the Plan Ahead program was acceptable and helped them recognize the need to plan for their future care.

Discussion and Conclusion

With an increasing aging population, the need for personal care and managing household tasks will be critical for community-residing older adults. As noted, older adults may be aware or contemplate their future care needs but rarely make concrete steps regarding which source of support they want to use. This need is greater, especially among rural-dwelling older adults where services are limited (Weaver et al., 2018). Given its wider network and working

relationships with many rural communities, Cooperative Extension programs are well-positioned to help raise awareness and increase knowledge of future care planning among older adults in the community. Providing concrete action steps via Extension programming has been well received by community-residing older adults (Strommen et al., 2019). Indeed, the current study shows promising results of the role of Extension programs in providing knowledge and building skills (i.e., communication strategies) for older adults who have not considered or initiated future care planning.

The Plan Ahead program was developed to promote proactive coping and aging in place among community-residing older adults. This program is unique because it was developed not as a palliative care program but rather as an extension of traditional palliative care, targeting multiple domains of future care for implementation in community settings. The main objective was to raise awareness and to increase knowledge related to future care planning. In addition, we provided several concrete action steps (i.e., communication strategies, aging in place tips) participants can implement on their own to help them initiate their future care planning.

Findings from this study offer preliminary evidence that an educational program targeted at older adults' future care planning in community settings was well received by participants in the community. Although the program was relatively short (2 sessions in 2 weeks), the feasibility data indicated that a majority of the participants found the program beneficial. In addition, most participants were quite satisfied with the contents of the program, indicated their intention to change how they address future care, and found it relatively easy to implement the future care planning activities recommended by the program.

As noted above, the evaluation results suggest that the Plan Ahead program was acceptable for older adults to participate in a two-session program both in urban and rural areas. Furthermore, the fact that most participants (94.5%) would like to participate in additional programming related to future care planning suggests that this program can be an introductory aging program for other relevant topics, such as estate planning or other end-of-life planning. Future studies should follow up with participants about their expectations about this programming.

Given that most participants rated the suggested changes in their behavior relatively easy to implement, they may have initiated communicating their care needs with their family members or health care professionals as recommended by the program. However, this expectation needs further study with a longer time for follow-up.

Another important finding from the study showed overall participants' views regarding future care planning. In particular, more than 65% of older adults reported intended changes about their future care planning, which finding may suggest that the Plan Ahead is an effective intervention for many older adults who have not considered future care planning. Since our assessment was based on their intentions to change, future studies should examine actual behavior changes with long-term follow assessments. Given that older adults vary in the level of expectation about

future care needs (Kahana et al., 2020), one of the ways to increase their engagement will be tailoring the contents to pique the interest of intended audiences.

Our study found several elements that positively contributed to the project's feasibility of implementation. First, the program's development was based on a strong theoretical foundation, proactivity theory (Kahana et al., 2014). Second is the level of difficulty of the information presented to the participants. Typical end-of-life care planning often involves intense conversations about choices and financial resources. As the program's goal was to increase awareness and initiate future planning processes, relatively light contents and easy-to-implement action steps (i.e., communication tips) may have appealed to participants.

There are several limitations to the study. First, the study involved a self-selected sample of older adults in the community. Given that the majority of older adults completed high school, feasibility testing with other participants from a more varied socioeconomic background is warranted. Second, because of a lack of a control group, we cannot confirm that the intention of change our participants reported occurred as a result of the program. Although Plan Ahead was well-received by participants, it is uncertain if the program has resulted in behavior change, such as initiating conversation with family members about end-of-life care plans, without long-term follow-up. We also note that findings were derived from a racially homogeneous sample of mostly European-American adults. Finally, we also used many binary items to ask their opinions about the program (yes vs. no) to avoid participants' fatigue. However, using multiple measures with Likert scale responses would have strengthened the findings.

Based on this evaluation, we consider the current Plan Ahead program a promising strategy to raise awareness and increase knowledge on future care planning. In addition, our acceptability findings suggest that older adults intend to change their future care planning after two short educational sessions. In sum, this promising novel, relatively low-cost option for a future care planning program deserves further consideration.

References

- Blackwell, D. L., & Villarroel, M. A. (2017). *Tables of summary health statistics for U.S. adults: 2017 National Health Interview Survey*. National Center for Health Statistics.
<http://www.cdc.gov/nchs/nhis/SHS/tables.htm>
- Bode, C., de Ridder, D. T. D., & Bensing, J. M. (2006). Preparing for aging: Development, feasibility and preliminary results of an educational program for midlife and older based on proactive coping theory. *Patient Education and Counseling*, 61(2), 272–278.
<https://doi.org/10.1016/j.pec.2005.04.006>
- Booth, L. B., & Peek, G. G. (2013). The Healthy Homes Partnership: A Cooperative Extension model. *Journal of Extension*, 51(1).
<https://tigerprints.clemson.edu/cgi/viewcontent.cgi?article=2663&context=joe>

- Denvir, M. A., Murray, S. A., & Boyd, K. J. (2015). Future care planning: A first step to palliative care for all patients with advanced heart disease. *Heart, 101*(13), 1002–1007. <https://doi.org/10.1136/heartjnl-2014-306724>
- Fox, J. A. (2010). *Towards healthier ageing: The development, implementation and evaluation of a proactive health promotion intervention for older adults*. Universal-Publishers.
- IBM SPSS. (2017). *IBM SPSS 25.0 for Windows* [Computer software]. <https://www.ibm.com/products/spss-statistics>
- Kahana, E., Kahana, B., Bhatta, T., Langendoerfer, K. B., Lee, J. E., & Lekhak, N. (2020). Racial differences in future care planning in late life. *Ethnicity & Health, 25*(4), 625–637. <https://doi.org/10.1080/13557858.2019.1573974>
- Kahana, E., & Kahana, B. (2003). Contextualizing successful aging: New directions in an age-old search. In R. Settersten, Jr. (Ed.), *Invitation to the life course: Toward new understanding of later life* (pp. 225–255). Baywood Publishing Company.
- Kahana, E., Kahana, B., & Lee, J. E. (2014). Proactive approaches to successful aging: One clear path through the forest. *Gerontology, 60*(5), 466–474. <https://doi.org/10.1159/000360222>
- Kahana, E., Kahana, B., & Zhang, J. (2005). Motivational antecedents of preventive proactivity in late life: Linking future orientation and exercise. *Motivation and Emotion, 29*(4), 443–464. <https://doi.org/10.1007/s11031-006-9012-2>
- Kahana, E., Kelley-Moore, J., & Kahana, B. (2012). Proactive aging: A longitudinal study of stress, resources, agency, and well-being in late life. *Aging & Mental Health, 16*(4), 438–451. <https://doi.org/10.1080/13607863.2011.644519>
- Lum, H. D., Sudore, R. L., & Bekelman, D. B. (2015). Advance care planning in the elderly. *Medical Clinics of North America, 99*(2), 391–403. <https://doi.org/10.1016/j.mcna.2014.11.010>
- Murtagh, F. E., Bausewein, C., Verne, J., Groeneveld, E. I., Kaloki, Y. E., & Higginson, I. J. (2014). How many people need palliative care? A study developing and comparing methods for population-based estimates. *Palliative Medicine, 28*(1), 49–58. <https://doi.org/10.1177/0269216313489367>
- Ouwehand, C., de Ridder, D. T. D., & Bensing, J. M. (2007). A review of successful aging models: Proposing proactive coping as an important additional strategy. *Clinical Psychology Review, 27*(8), 873–884. <https://doi.org/10.1016/j.cpr.2006.11.003>
- Pinquart, M., & Sörensen, S. (2002). Older adults' preferences for informal, formal, and mixed support for future care needs: A comparison of Germany and the United States. *The International Journal of Aging and Human Development, 54*(4), 291–314. <https://doi.org/10.2190/1fvt-24t3-y1v3-57a5>
- Rui, P., & Kang, K. (2015). *National Hospital Ambulatory Medical Care Survey: 2015 emergency department summary table*. National Center for Health Statistics.
- Sörensen, S., Mak, W., Chapman, B., Duberstein, P. R., & Lyness, J. M. (2012). The relationship of preparation for future care to depression and anxiety in older primary care patients at

- 2-year follow-up. *The American Journal of Geriatric Psychiatry*, 20(10), 887–894. <https://doi.org/10.1097/jgp.0b013e31822ccd8c>
- Sörensen, S., & Pinquart, M. (2001). Developing a measure of older adults' preparation for future care needs. *International Journal of Aging and Human Development*, 53(2), 137–165. <https://doi.org/10.2190/1r0d-30tc-f4k1-f0dw>
- Street, R. L., Jr., Makoul, G., Arora, N. K., & Epstein, R. M. (2009). How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient Education and Counseling*, 74(3), 295–301. <https://doi.org/10.1016/j.pec.2008.11.015>
- Strommen, J., Brotherson, S. E., & Yang, Z. (2017). Older adult knowledge and behavior change in the Stepping On fall prevention program in a community setting. *Journal of Human Sciences and Extension*, 5(3), 99–121. <https://www.jhseonline.com/article/view/772/669>
- Weaver, R. H., Roberto, K. A., & Blieszner, R. (2018). Older adults in rural Appalachia: Preference and expectations for future care. *The International Journal of Aging and Human Development*, 86(4), 364–381. <https://doi.org/10.1177/0091415017720891>
- Wiles, J. L., Leibing, A., Guberman, N., Reeve, J., & Allen, R. E. S. (2012). The meaning of “aging in place” to older people. *The Gerontologist*, 52(3), 357–366. <https://doi.org/10.1093/geront/gnr098>

Jeong Eun Lee, PhD, is an Assistant Professor in the Human Development and Family Studies at Iowa State University, an aging state specialist at Iowa State University Human Science Extension and Outreach, and a Principal Investigator for Future Care Planning project.

Dahee Kim, MA, is a doctoral student pursuing a PhD in Human Development and Family Studies at Iowa State University.

Eva Kahana, PhD, is a Distinguished University Professor, a Robson Professor of Sociology, Humanities, Applied Social Science, Nursing and Medicine, and a Director of Elderly Care Research Center at Case Western Reserve University.

Boaz Kahana, PhD, is a clinical psychologist and recently retired professor from the Department of Psychology at Cleveland State University.