Preface

It is projected that those 65 years and older will comprise 20% of the US population by the year 2030, with the fastest growing segment being those 85+ years (CDC, *The State of Aging and Health in America 2013*). Approximately 92% of older adults have at least one chronic disease, and 77% have at least two (NCOA, 2017). While medical technology can enable us to live longer, it does not protect us from associated illnesses such as cancer, cardiovascular disease, and musculoskeletal disease. The experience of exceptional longevity (i.e., living >100 years) is increasingly common. Yet, quality of life is not maintained. *While the demographic research is informative and vast, it is not enough to simply know we are living longer with greater likelihood of diseases.*

Providing care for one another has been at the heart of family functioning since the beginning of time. From an early age, individuals are socialized to interact with one another based on social rules, cultural norms, developmental expectations, and family meaning. Governmental rules and policies are central to the ways family and kin members function in helping one another. A key element to the ways in which state and federal policies shape caregiving in the Unites States includes “the Caregiver Assumption” (Bailey & Gordon, 2016). This refers to the expectation that a family will care for its members during acute and chronic health challenges. This is magnified by a system that prioritizes home and community-based services (HCBS) over institutionalized care. On the surface, this value—keeping people at home as long as possible—is shared by governmental systems and families alike. Yet, implementation of HCBS is done at the expense of family and kin caregivers, their health, financial futures, and other relationships. Because of the way we do caregiving in the United States, caregivers are at greater risk for providing care well beyond the scope of their abilities, increasing risk of injury (to themselves or their loved ones), which then perpetuates the cycle of risk and need for care. Family caregiving is truly a public health crisis, not only because it is inherently demanding but because of the way we provide care. Consequently, service and support of elders and their family caregivers is a critical public health issue. *We have known the challenges for decades, yet it is not enough to know the challenges.*
This volume seeks to provide those in the human sciences and related fields a base of topical chapters related to the caregiving experience. Resilience as a process and an outcome is a common theme throughout. Each chapter identifies the risks present in caregiving situations, while offering tips and resources for care families. So often, care families do not know where to start. The National Alliance for Caregiving and AARP’s Public Policy study (2015) revealed that 84% of caregivers need more information and training to care for their loved ones. Simultaneously, many professionals do not feel equipped to assist because, with rare exception, the primary and higher education systems have failed to prepare the workforce to serve this burgeoning need. It’s not as if we didn’t see it coming. Yet, this volume was born out of the belief that even professionals who do not identify with the field of “Gerontology” or “Aging Studies” have the opportunity to help care families. After all, with 84% of caregivers reporting a need for more information and training in their care roles, surely each person who is reading this can do something to fill that gap. It is not enough to say “it isn’t my area.”

The opportunity now lies with us to address this public health crisis, utilizing the family resilience framework as a guide. With the passage of the CARE Act in more than 20 states, elected officials and the aging network are showing signs that they are mobilizing and primed for change in this area. Our opportunity lies in knowing what shapes caregiving experiences in our respective states and then responding: through education, advocacy, engagement, intervention, or any domain for that matter. Whether you are an advocate, researcher, educator, or practitioner, there is a need to improve the ways caregivers understand the system, access the system, and do the business of caregiving. Countless studies have shown us the risks of providing care, with little focus on protective processes. Utilizing the resilience model allows us to change the perspective from one of disadvantage and hardship to a strengths-based approach. Eighty-four percent of caregivers report needing more information and training in their care roles (2015). We know enough to know the need. We know enough to know the consequences are life changing. Find your sphere of influence and go!

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Oklahoma State University’s Center for Family Resilience (CFR) hosts an annual Chautauqua: Conference on Family Resilience. The goals of the conference are (a) to bring together distinguished and rising scholars from diverse disciplines to discuss cutting-edge work focused on one annual theme within the broader area of family resilience research, and (b) to foster a translational approach within the study of resilience, such that practical applications for family health and well-being can be developed from basic resilience research. This includes development of action steps in conjunction with community stakeholders. The papers presented at each year’s Chautauqua are the core of the chapters that comprise the respective volume in our Emerging Issues in Family and Individual Resilience series. We would like to thank the many people involved in planning and hosting the 2016 Chautauqua. These include OSU Human Development and Family Science (HDFS) doctoral students Zach Giano, Amy Huffer, Rebecca Hubbard, Ashley Kimble, Todd Spencer, Erin Seseman, Julie Staton, and Brooke Tuttle, who helped facilitate the Chautauqua discussion sessions and host the authors’ dinner, and Kris Struckmeyer, who coordinated transportation; HDFS staff, especially Rita Ryan, who coordinated financial issues; and Dr. Christine Johnson, Lisa Smith, and Tia Claybrook, who helped with the many details of conference planning and implementation.

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