

# Foreword

From its inception in 1987, the Rosalynn Carter Institute for Caregiving (RCI) has sought to bring attention to the extraordinary contributions made by caregivers to their loved ones. I grew up in a home that was regularly transformed into a caregiving household when members of my family became seriously ill, disabled or frail with age, so my interest in the issue is personal. In my hometown of Plains, Georgia, as in most communities across our country, it was expected that family members and neighbors would take on the responsibility of providing care whenever illness struck close to home. Delivering such care with the love, respect, and attention it deserves is both labor intensive and personally demanding. Those who do so represent one of this nation's most significant yet underappreciated assets in our health delivery system.

When the RCI began, “caregiving” was found nowhere in the nation's health lexicon. Its existence was not a secret but rather simply accepted as a fact of life. In deciding on the direction and priorities of the new institute, we convened groups of family and professional caregivers from around the region to tell their personal stories. As I listened to neighbors describe caring for aged and/or chronically ill or disabled family members, I recognized that their experiences reflected mine. They testified that, while caregiving for them was full of personal meaning and significance and could be extremely rewarding, it could also be fraught with anxiety, stress, and feelings of isolation. Many felt unprepared and most were overwhelmed at times. A critical issue in the “field” of caregiving, I realized, was the need to better understand the kinds of policies and programs necessary to support those who quietly and consistently care for loved ones.

With the aging of America's Baby Boomers expecting to double the elderly population in the next 20 years, deinstitutionalization of individuals with chronic mental illnesses and developmental disabilities, a rising percentage of women in the workforce, smaller and more dispersed families, changes in the role of hospitals, and a range of other factors, caregiving has become one of the most significant issues of our time. Caregiving as an area of research, as a focus and concern of policy-making, and as an area of professional training and practice has reached a new and unparalleled level of importance in our society and indeed globally.

As we survey the field of caregiving today, we now recognize that it is an essential component of long-term care in the community, yet also a potential health risk for those who provide care. The basic features of a public health approach have emerged: a focus on populations of caregivers and recipients, tracking and surveillance of health risks, understanding the factors associated with risk status, and the development and testing of the effectiveness of various interventions to maximize benefits for both the recipients of care and their providers.

The accumulated wisdom from this work is represented in the volumes that make up the Springer Caregiving Series. This series presents a broad portrait of the nature of caregiving in the United States in the twenty-first century. Most Americans have been, are now, or will be caregivers. With our society's increasing demands for care, we cannot expect a high quality of life for our seniors and others living with limitations due to illness or disability unless we understand and support the work of caregivers. Without thoughtful planning, intelligent policies, and sensitive interventions, there is the risk that the work of family, paraprofessional, and professional caregivers will become intolerably difficult and burdensome. We cannot let this happen.

This volume examines the breadth and depth of caregiving. Readers will gain an appreciation of the fact that caregiving represents a process that occurs across the life span of those who need care and, in many respects, across the life span of those who provide it. Caregiving is received as well as provided by the young and the old; those involved represent all races, genders, and economic groups. Its complexity is reflected across four broad areas: (1) the characteristics, demands, and trends pertaining to caregivers and care recipients; (2) the practice of professionals who serve caregivers; (3) the public policies that support caregivers; and (4) the relationship between the quality of life of the caregiver and the care recipient. The structure of this volume provides readers with insights into each of these issues.

Readers of this series will find hope and evidence that improved support for family and professional caregivers lies within our reach. The field of caregiving has matured and, as evidenced in these volumes, has generated rigorous and practical research findings to guide effective and enlightened policy and program options. My hope is that these volumes will play an important role in documenting the research base, guiding practice, and moving our nation toward effective policies to support all of America's caregivers.

Rosalynn Carter