



2007

Working

Family Caregiver

Report

Yolo County

Area 4 Agency on Aging initiated this study as part of our ongoing effort to assess the needs of older adults and those who care for them throughout our service area.

Serving Nevada, Placer, Sacramento, Sierra, Sutter, Yolo & Yuba Counties

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2007 Working Family Caregiver Report

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Area 4 Agency on Aging

Area 4 Agency on Aging (A4AA) is responsible for administering Older Americans Act and Older Californians Act programs, including programs for family caregivers. A4AA is a joint powers authority with non-profit designation. We serve the seven counties of Nevada, Placer, Sacramento, Sierra, Sutter, Yolo and Yuba. Our 17 member Governing Board is composed of county boards of supervisors or their appointees. A4AA also benefits from an independent 35 member Advisory Council which advises the Board and participates in regional, state and federal advocacy activities.

Introduction

More and more, middle-aged people are finding themselves caring for frail elderly parents or other relatives. Most of these family caregivers are also working outside the home. In fact, a recent AARP study estimates that 18% of the total adult population in California is engaged in caregiving and that 70% of those adults are employed. Presuming these figures are accurate, there are over 15,000 working caregivers who reside in Yolo County alone.

Workforce Management, an online resource for employers, posted an interesting article on this subject in April, 2007. The author states:

“Elder care has begun to rival child care as a workplace issue, but there are important differences between the two. While some employees have children, others don’t. But most employees have living parents, and so elder care has the potential to affect more employees than child care does. . . . The relationship between caregiver and the person being cared for is adult to adult, long term and often involves an emotionally potent and uncomfortable role reversal. Unlike child care, elder care does not necessarily have a positive outcome. The care receiver becomes more and more dependent, and the process involves a number of siblings and other relatives and friends in ways that child care usually does not.”

Aside from these challenges, there are no “quick fixes” for older adults with several functional limitations who are living in a home setting. Someone needs to manage the elder’s affairs to be sure they have food to eat, pills to take, and clean clothes to wear; someone needs to make sure they can get to the bank, store, and doctor’s office; someone needs to make sure they have things to do to occupy their time; someone needs to make sure they are safe, physically and financially. Unless the elder is poor enough to qualify for a care manager or affluent enough to pay for one, that “someone” is the family caregiver. And more often than not, that family caregiver also has a job.

Working caregivers often have difficulties when personal and professional responsibilities conflict (having to take Mom to the doctor on the day of a big meeting, for example). This commonly results in workday interruptions and time missed. Among the best research on this topic is *The MetLife Caregiving Cost Study: Productivity Losses to U.S. Business*. According to their 2006 report, employers in the United States lose an average of \$2,110 in productivity a year for every full-time employee who is a caregiver. With close to 16 million full-time caregivers in the workforce, this equates to a total national loss of over \$33 billion annually.

As the population continues to age, there can be no doubt that these issues will become even more pronounced. Area 4 Agency on Aging (A4AA) encourages all employers in the region to be proactive. Around the country, many companies, large and small, have already taken steps to address the family care needs of workers and have improved retention and productivity as a result. The goal of this report is to help employers better understand how caregiving may be affecting their employees and to provide some direction in seeking potential solutions.

Methodology

This Family Caregiver Report summarizes the results of first-hand survey research conducted in 2006 and 2007 in conjunction with our employer partners: the County of Yolo and the University of California, Davis (UCD).

The Employee Family Care Survey

The survey tool was designed by A4AA with input from a community workgroup (see acknowledgements section for details). Many of the questions were adopted from *Caregiving in the US: Spotlight on California*, a major study conducted in 2004 by AARP and the National Alliance for Caregiving. A handful of questions were also drawn from a study released by the Rosalynn Carter Institute and the University of Florida in 2006, titled *Caregiving: A National Profile and Assessment of Caregiver Services and Needs*.

Survey Distribution and Collection

Ten large employers based in Yolo County were contacted and invited to participate in the study. Although several expressed interest, only 2 employers ultimately moved forward with the project: the County of Yolo and UC Davis. In each case, the human resources department sent an e-mail to all of their regular employees, requesting that they complete the anonymous survey (student assistants and other temporary hires were excluded from the UCD sample). The e-mail invitation contained a link to the online tool (created using the *Survey Monkey* website) where the data was captured instantaneously. In all, **1,396** useable surveys were collected. This gave a good, statistically valid sample with a margin of error of $\pm 2.4\%$ (a 5% margin of error or less is the standard among social science researchers). The overall response rate was approximately 21%. The County enjoyed a significantly higher response rate than the University, likely because they were able to send out two follow-up e-mail messages, reminding people to finish the survey.

Analysis of the Results

Data analysis was conducted by the A4AA Planner. The raw data was exported from Survey Monkey to Microsoft Excel where erroneous data was corrected and bad data was discarded. Then, the Excel file was uploaded to SPSS (Statistical Package for the Social Sciences) software for statistical analysis.

Limitations of the Study

The initial intent of this study was to draw a representative sample of Yolo County-based employers from a variety of sectors, including agriculture, government, education, and business. This would have allowed us to draw conclusions about all working people in the County and to juxtapose those results with national and state findings. Instead, our sample is limited to individuals working in county government and higher education. Consequently, a true county-wide comparison escapes us. We can, however, contrast our findings with those of the national and state studies; and, we can reasonably generalize our unique set of data to demographically similar employers (college educated, white-collar professionals) elsewhere in our region.

Research Findings

Three broad categories of findings are presented. First, the results of our study are compared to those from the *Spotlight on California* study to illustrate how the samples vary. Second, our data set contains roughly equal numbers of caregivers and non-caregivers in the workforce. This data is compared to indicate significant differences between the two groups. Finally, data on common concerns and challenges is presented for various types or classes of working caregivers.

Comparing the California and the A4AA Studies

Our study is unique, and deliberately so. It differs from the *Caregiving in the US: Spotlight on California* study in several important ways (see Table A below). Our study looks exclusively at working caregivers; theirs does not. As a result, the demographic makeup of the respondents is different. Their sample is younger, lower educated, and more likely to be single. Our study also looks exclusively at people who are currently providing care; theirs does not. As a result, their sample reflects a higher number of short-term (and possibly less intense) care arrangements. This is evidenced in part by the stark contrast between the proportion of people who felt they had a choice in taking on their caregiving responsibilities (61% vs. 32%).

Nevertheless, both studies portray a similar “profile.” The caregiver is most typically a married, middle-aged white woman with a college education. The care receiver is usually the senior citizen mom or dad, living in their own home about 20 minutes away.

Comparing Caregivers and Non-caregivers in the A4AA Study

Interestingly, our survey yielded a roughly equal number of caregivers and non-caregivers. Surely, this outcome is coincidental – not a reflection of the true distribution. We suspect *most* of the family caregivers in the study population responded to the survey, and most non-caregivers did not, despite the explicit request for them to do so. In any event, the even split makes for an easy side-by-side comparison (see Table B).

Overall, caregivers and non-caregivers appear to have much in common. Each group is predominately comprised of white, middle-aged women who are married and have a college education. Yet, statistically significant differences do exist. In our sample, working caregivers are more likely than their non-caregiving peers to be female (79% vs. 67%) and to be Baby Boomers (74% vs. 50%). These findings are consistent with national data that 1) show women are more likely than men to provide informal care to an elder relative, and 2) show the average age of those who care for mature adults (50 and older) is 47.

Looking at health status, almost identical percentages of respondents from each group indicated their overall health is good. This finding is highly misleading, however. Closer examination reveals that working people who are also family caregivers were less likely (42% vs. 61%) to feel physically good during each of the 30 days prior to completing the survey. Working caregivers were almost half as likely (34% vs. 60%) to feel mentally good each day during that same period.

TABLE A: Comparing the State and Local Caregiver Studies

	Spotlight on CA	Area 4 Study
About the Sample:	N = 1,247	N = 589
Current Caregivers	65%	100%
Working Caregivers	70%	100%
Caregiver Characteristics:		
Female	55%	79%
Male	45%	21%
White	55%	72%
Hispanic/Latino	27%	10%
Asian	10%	4%
Black	8%	2%
Young (18 – 24 years old)	13%	1%
Middle-Age (35 – 54 years old)	48%	54%
Older (75+ years old)	3%	0%
Married	50%	63%
Single	22%	12%
9 – 12th Grade Education	27%	3%
Bachelor’s or Graduate Degree	39%	59%
Care Receiver Characteristics:		
Mother or Father	36%	61%
Mother/Father-in-Law	7%	10%
Spouse or Partner	6%	10%
Grandparent	11%	4%
Son or Daughter	7%	5%
Friend or Neighbor	16%	4%
Under 50 years old	25%	12%
50 – 89 years old	67%	79%
90+ years old	7%	9%
Lived/lives with Caregiver	25%	29%
Lived/lives under 20 minutes away	40%	38%
Lived/lives over 2 hours away	13%	12%
Got/gets care Occasionally	4%	5%
Got/gets care less than 1 year	45%	18%
Got/gets care 1 – 4 years	26%	45%
Got/gets care 10+ years	11%	13%
Did Caregiver feel they had a Choice?		
Yes	61%	32%
No	38%	65%
Don’t Know	1%	3%

TABLE B: Differences Between Caregivers & Non-Caregivers in the Area 4 Study

	Caregivers	Non-Caregivers	Statistically Significant?
About the Sample:	N = 589	N = 604	(Mann-Whitney Test)
In the Workforce	100%	100%	n/a
Demographic Characteristics:			
Female	79%	67%	Yes (p=.000)
Male	21%	33%	
White	72%	71%	No (p>.05)
Hispanic/Latino	10%	13%	No (p>.05)
Asian	4%	8%	Yes (p=.002)
Black	2%	2%	No (p>.05)
Millennials (7 – 27 yrs old)	4%	11%	Yes (p=.000)
Generation X (28 – 42 yrs old)	14%	31%	Yes (p=.000)
Baby Boomers (43 – 61 yrs old)	74%	50%	Yes (p=.000)
Depression Gen. (62 – 81 yrs)	8%	7%	No (p>.05)
Married	63%	61%	Yes (p=.002)
Single (never married)	12%	20%	
Raising Children (under 18)	37%	43%	Yes (p=.046)
9 – 12th Grade Education	3%	5%	No (p>.05)
Bachelor’s or Graduate Degree	59%	63%	No (p>.05)
Health Status:			
Overall Health Good	57%	58%	No (p>.05)
Physical Health (last 30 days):			
Felt Good All 30 days	42%	61%	Yes (p=.000)
Felt Bad 15 – 30 days	9%	4%	Yes (p=.002)
Mental Health (last 30 days):			
Felt Good All 30 days	34%	60%	Yes (p=.000)
Felt Bad 15 – 30 days	20%	8%	Yes (p=.000)

The non-caregivers were asked whether they expected to begin providing care for a relative or friend in the next 12 months. The majority (68%) said “No,” 28% said “I don’t know,” and just 4% said “Yes.” Further study would be needed to ascertain how accurate such predictions might be. In our experience, we find that families are often thrust into the caregiving role as a result of an unanticipated event such as the hospitalization of an elder relative.

The study sample also included 203 recent caregivers – respondents who had provided unpaid care to someone in the past 12 months but were not currently doing so when the survey was taken. These individuals were not asked the full body of questions, but they were asked why they were no longer caregivers. In response, the most common answer (39%) was the person being cared for got better; one third (33%) said the person being cared for passed away; 12% indicated the person’s care needs changed, presumably meaning they needed more care than could be provided at home.

Caregiver Concerns and Challenges

It is well documented that family caregivers often face demands on their time and energy which can impact them in adverse ways. These impacts may be evident both at home and in the workplace. This section summarizes our research findings on this important subject.

Concerns for Care Receivers

All of the current caregivers participating in the A4AA survey were asked whether various issues represented concerns they had about the person (or people) they care for (See Table C below). For each item, respondents could indicate: the issue does not apply to them, the issue *does* apply to them but was not a concern, they were currently dealing with the issue, or they need help with the issue. The top concern among working caregivers is that their family member will be sad, lonely, or depressed. The second most frequently cited concern is that their loved one will have a serious fall. Both of these concerns are warranted. Depression among elderly people, especially those who live alone, is common. And, the possibility of a serious fall is one of the greatest threats to the safety and independence of frail individuals.

TABLE C: Working Caregivers' Concerns about Their Care Receivers

Rank	Concerns About the Person You Care For	It's an Issue I'm Dealing With	It's an Issue I Need Help With
1 st	They will be sad, lonely, or depressed.	60%	21%
2 nd	They will have a serious fall.	56%	21%
3 rd	They will need my help when I am away.	55%	21%
4 th	They will need more frequent or more specialized care than I will be able to provide.	42%	34%
5 th	They won't be able to continue driving safely.	36%	14%
6 th	They won't have enough money to live on.	34%	13%
7 th	They will pass away before the family is ready.	33%	12%
8 th	They won't accept help from other caregivers.	29%	15%
9 th	They will be a victim of financial abuse or fraud.	24%	12%
10 th	They will be a victim of physical or emotional abuse.	14%	7%

n = 510 to 525 (varies by item)

Categories of Caregivers

As implied previously, family members can experience the caregiving role in a multitude of different ways. Moreover, grouping all caregivers together to some degree obscures the significant differences that exist between them. In an effort to avoid this pitfall, we have defined four distinct caregiving types (see Table D below). Our categories are intended to be a simple, intuitive measure of both the nature and the intensity of the care being provided at any particular time. The survey data suggests respondents were able to self-identify their category without too much difficulty (only 8 of the 581 people who answered the question selected “I’m not sure”).

Nearly half of the employees surveyed describe themselves as Occasional Caregivers. Fewer people are in the Regular Care category, and fewer still are Heavy Caregivers. A curiously small number of workers (6% or 36 individuals) identified themselves as Long Distance Caregivers; national studies suggest that figure should be closer to 180 individuals. It could be that some people who belong in this category did not indicate they are caregivers at all and were therefore advanced to the end of the survey.

TABLE D: Caregiving Categories

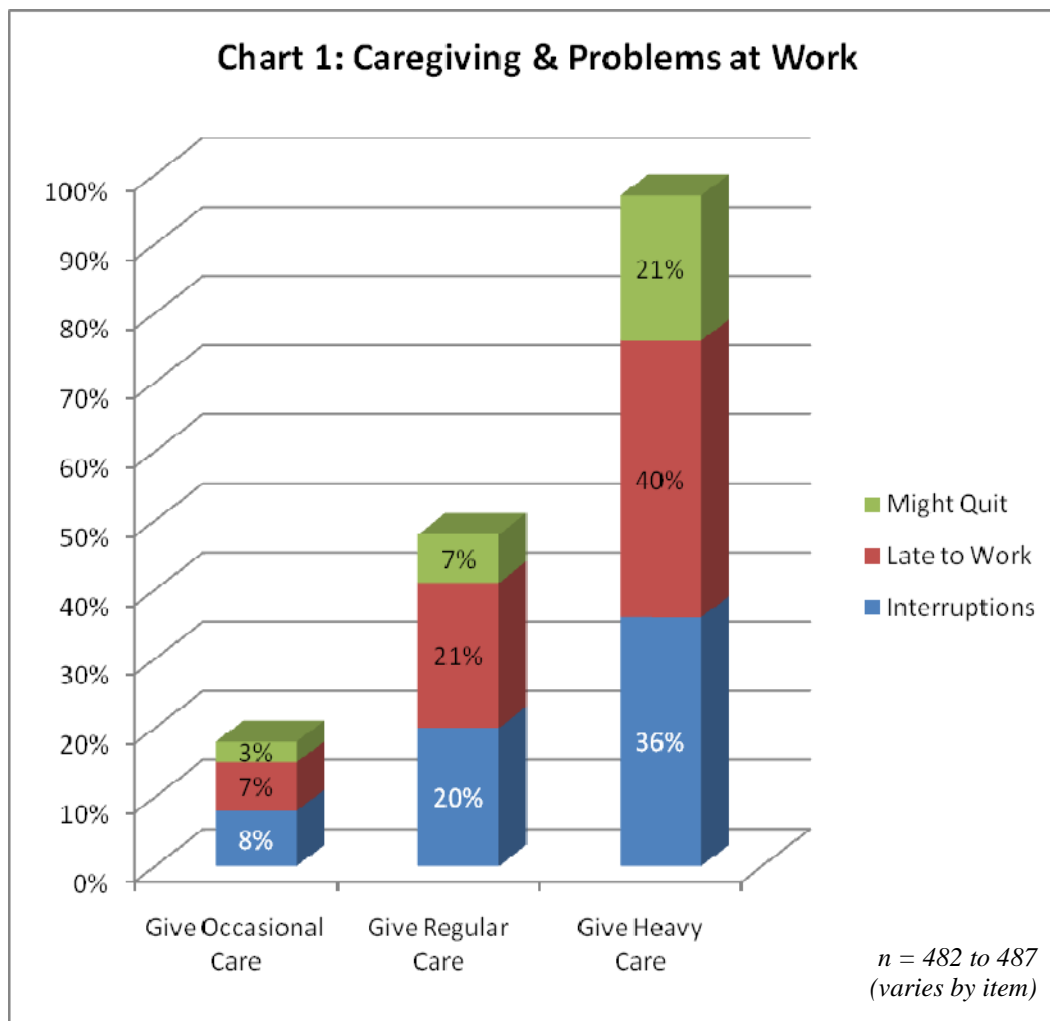
What Kind of Care are You Providing?	Percent
LONG DISTANCE CARE (giving emotional support via phone/mail)	6%
OCCASIONAL CARE (on an as-needed basis, helping with a variety of personal or household tasks)	47%
REGULAR CARE (on a regular basis, helping with essential tasks like cleaning, shopping, bathing, or balancing the checkbook)	34%
HEAVY CARE (on a daily basis, helping with personal tasks like walking, dressing, preparing meals, or taking medications)	13%

n = 573

Difficulties at Work

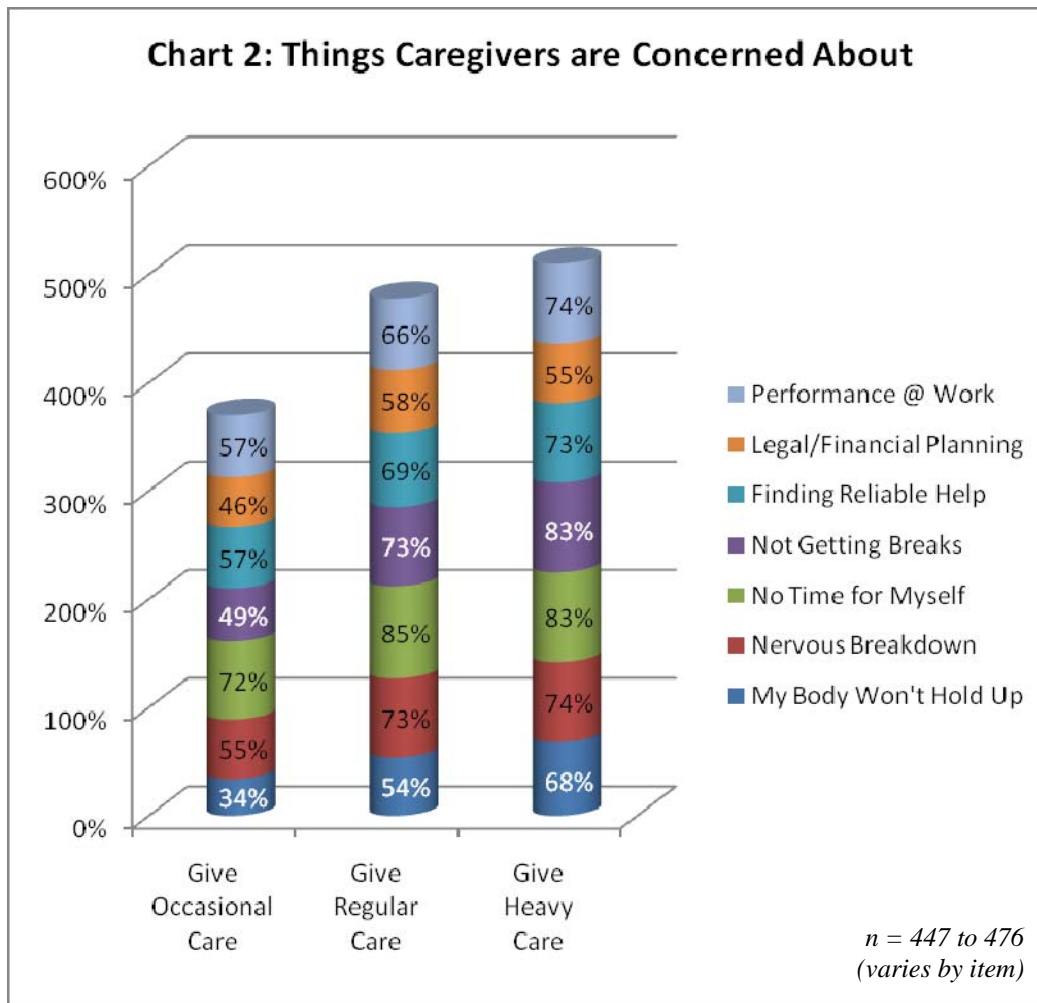
All of the current caregivers participating in the survey were asked whether they experienced various difficulties at work *because of* their caregiving responsibilities. When compared across the three categories or levels of care that family members are providing, it is clear there is a strong positive association between the intensity of the caregiving and the likelihood of difficulties on the job (see Chart 1 below). In other words, the greater the level of care being given, the greater the chance the caregiver is having difficulties in the workplace.

In fact, when comparing Occasional and Heavy Caregivers, the latter are more than 4 times as likely to experience workday interruptions because of caregiving; they are more than 5 times as likely to go in late, leave early, or take time off during the workday to provide care; and, they are 7 times more likely to consider quitting or retiring early as a direct result of their caregiving responsibilities.



Concerns for Self

The current caregivers participating in the survey were also asked if they had certain concerns about themselves and their own well-being. Again, a positive association is evident between the level or intensity of care provided and the likelihood of self-reported worries (see Chart 2 below). Most notably, Heavy Caregivers are twice as likely as Occasional Caregivers to feel that their bodies may not hold up physically in light of the caregiving demands they experience.

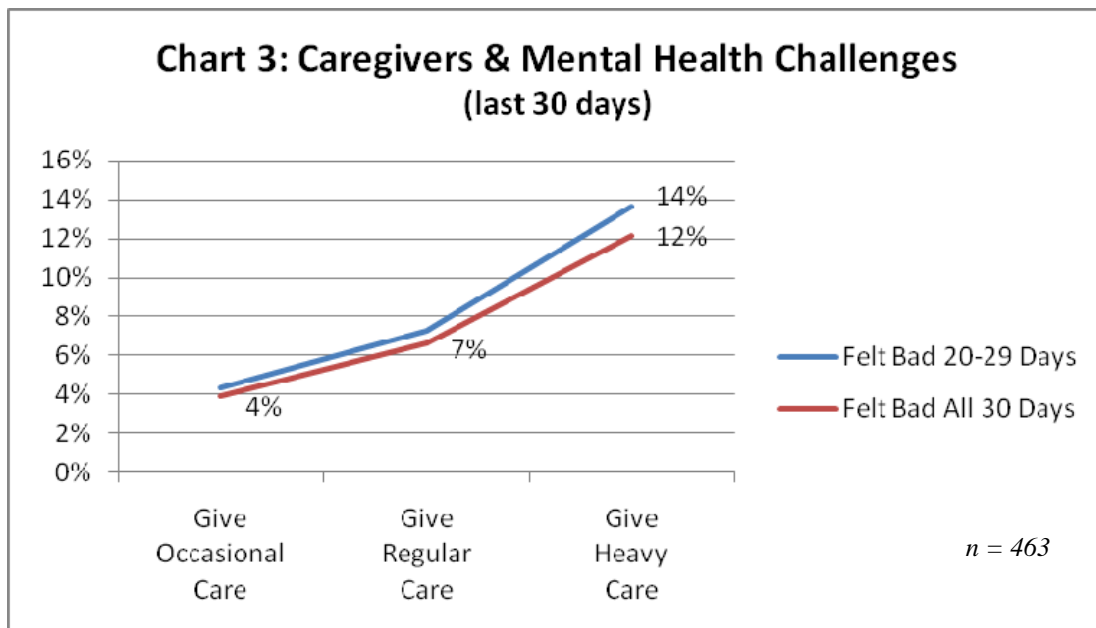


Across the board, the greatest concern that working caregivers had was not having enough time for themselves. More specifically, the survey item read “I won’t have time to handle my own responsibilities.” Family caregivers are notorious for putting the needs of others ahead of their own, and this often magnifies many of the other worries listed above, such as performing poorly at work or having a nervous breakdown. When asked if they needed assistance with any of the topics in chart 2, most respondents indicated they did not. The most frequently cited affirmative reply was finding reliable help to care for their loved one; still, just 29% indicated they could use help with this.

Working Caregivers' Health

Mental health was touched upon earlier in this report. Respondents were specifically asked, "For how many days during the past 30 days was your mental health not good?" The question also stated that mental health "includes stress, depression, and problems with emotions." Chart 3 below illustrates that those who give heavy care are 3 times more likely than those who give occasional care to report feeling mentally bad every single day.

Although the data on physical health showed no particular pattern across our three caregiver categories (occasional, regular and heavy), the American Journal of Preventative Medicine has reported that the health risks to family caregivers who experience elevated levels of stress include higher blood pressure, higher insulin levels, impaired immune systems, and a greater chance of heart disease.

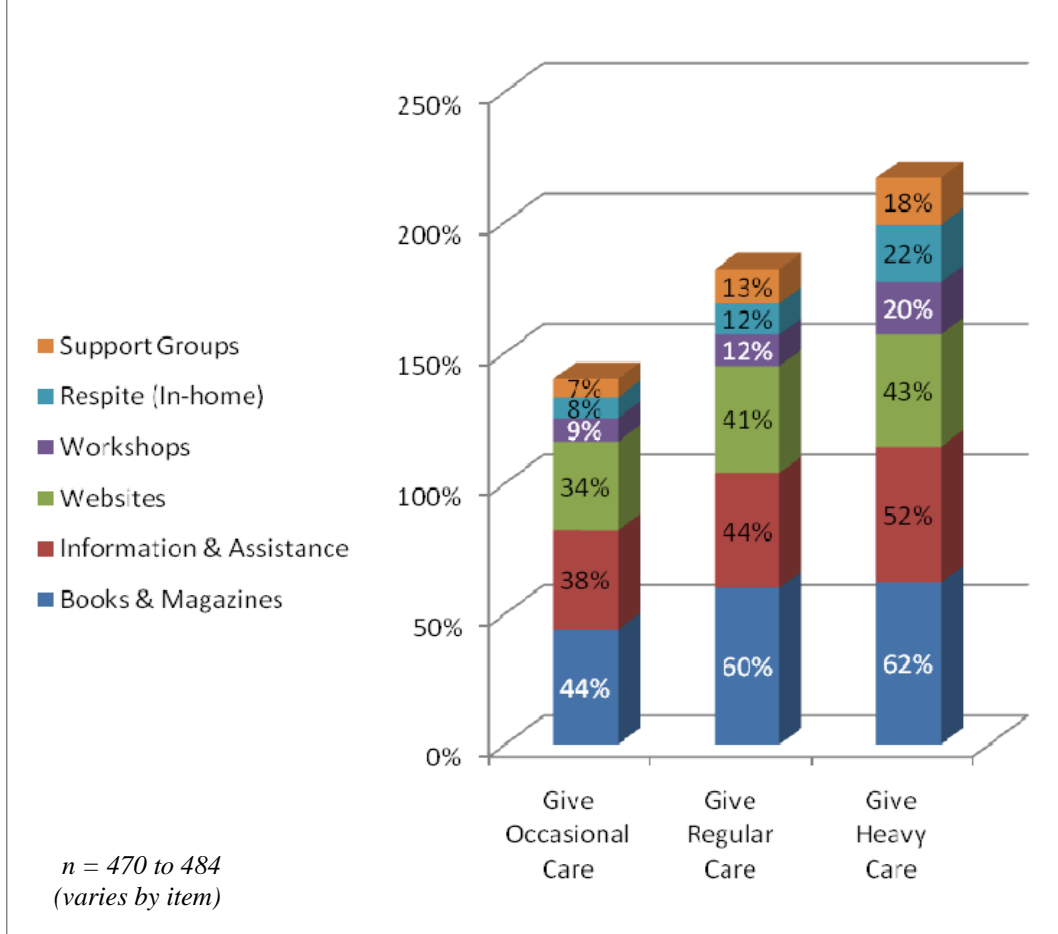


Supportive Services

Finally, the A4AA survey also asked current caregivers about the use of certain supportive services in the local community. As logic would suggest, the heaviest caregivers were most likely to report having, on at least one occasion, taken advantage of all six types of resources listed in Chart 4 below.

For all working caregivers, books and magazines represent their primary source of information. This is somewhat of a surprise given the fact that virtually all the respondents to our online survey probably have ready access to the internet, where a wealth of helpful caregiver tools awaits. Employer policies and/or expectations on personal use of computers during the work day may play a role here.

Chart 4: Caregivers' Use of Supportive Services



Findings that are not surprising are the low numbers of people who participate in caregiver support groups and workshops. Each of these resources are usually available but are underutilized; this is partly because caregivers don't have time to attend. Generally speaking, family caregivers tend to be more successful when they access supportive services early in the caregiving journey. Too often, individuals do not seek outside assistance until there is a crisis. Agencies that provide various support services have a limited ability to offer immediate help.

What most family caregivers need most is respite (a short break from their responsibilities), yet the supply of low- or no-cost respite care falls far short of the demand. There can be a several month waiting time for temporary respite that is funded through Area 4. There are a number of reasons why families delay seeking outside assistance, many of which have to do with personal and family dynamics.

Conclusion

The initial goal of this project was to determine the needs and characteristics of family caregivers in the local workforce. The study sample is intentionally unique in that it concentrates on current working caregivers and differentiates between several types or categories of caregivers (long distance, occasional, regular and heavy caregivers). The sample is *unintentionally* unique in that it is largely comprised of college educated, white-collar professionals.

The findings suggest that the only major demographic distinction between those who care for loved ones and those who don't is the age of the employee. As more and more workers reach the average age at which family members become family caregivers (currently 47 years old), the number of working caregivers will likely mushroom. Not only will more people become caregivers, they may be caring longer. As longevity among our eldest citizens continues to increase, the average duration of the caregiving "journey" may increase as well. Many employees may be unaware of these trends, unaware of their elder loved ones' true needs, and unaware of the limitations of the health care system – all of which may render them poor judges when it comes to predicting their own likelihood of becoming caregivers in the near future.

For those in the workplace who have already embarked upon a caregiving journey, chances are the road ahead will bring increasing challenges. As elders' care needs tend to increase over time, so too do the demands on the caregiver. And, as the demands on the caregiver increase, this study conclusively demonstrates how adverse consequences for those caregivers tend to be compounded. In particular, difficulties at work, worries about one's own well-being, and poor mental health are all associated with having heavy caregiving responsibilities.

Recommendations

Any employer with a significant number of workers who are at or approaching 47 years of age can expect to be impacted by employees' family caregiving responsibilities. In the years ahead, the demand for elder care will almost certainly surpass the demand for child care in the workplace. A recent *Wall Street Journal* article stated that more and more, American companies are offering eldercare benefits to working caregivers that are akin to those long offered to workers with dependent children.

Ron Moore is a national expert on work-life issues and founder of *FamilyCare America*. In his view, "the caregiving phenomenon is an employer issue – not just an employee issue. . . . Clearly, in terms of productivity and the bottom-line, businesses are seeing that there's a legitimate financial advantage to be gained by attending to the needs of working caregivers."

Moore has also created the *American Business Cares* initiative, designed to provide a ready-to-use program for employers. He emphasizes the fact that solutions need not be expensive. Companies can begin with budget-friendly educational efforts, such as

circulating fact sheets, checklists, workbooks and other resources for caregivers. This type of information is readily available from a wide variety of websites (see Resource section below). Through e-mail, intranet sites, and good old fashioned interoffice memos, employers have a tremendous capacity to deliver critical information quickly and efficiently. People who have just begun or who are about to begin the caregiving journey can benefit the most from information. Advance planning tools that help employees understand their particular care options early on will usually save them a great deal of time, stress, and frustration later.

As evidenced in this report, those who identify as heavy caregivers are most likely to be experiencing adverse personal and professional consequences as a result. Therefore, efforts to support working caregivers would benefit from identifying and targeting this group. These individuals may respond best to practical, personal help that addresses their immediate needs. Offering a flexible work schedule or facilitating one-on-one assistance from an eldercare professional through an employee assistance program are good examples.

In the end, it is organizational commitment that makes these efforts successful. As the MetLife Mature Market Institute concludes, “managers and supervisors who are sensitive to family caregivers can make a world of difference to caregivers and to the workplace.” One of the companies leading the way in this arena is McGraw-Hill. Marty Martin, their VP of employee benefits, was quoted in the *Wall Street Journal* article as saying their eldercare program “does reduce absenteeism. And people appreciate working for an employer who has made the investment in employee services.”

A4AA welcomes opportunities to advise any organization on how to gain a better understanding of the current and future needs of family caregivers and the older adults for whom they care. We also welcome opportunities for collaboration in supporting vital services, expanding promising services, and developing new ones.

Resources for Working Family Caregivers & Employers

Local Programs & Services

Area 4 Agency on Aging, (916) 486-1876, www.a4aa.com

Senior Information & Assistance, (800) 510-2020, www.eldercare.gov

Yolo Adult Day Health Center: Caregiver Support Program, (530) 666-8828

PRI: Home-Delivered Meals, (530) 662-7035, www.elderlynutrition.org

Del Oro Caregiver Resource Center, (800) 635-0220, www.deloro.org

Other Resources

www.aarp.org/money/careers/employerresourcecenter/ (AARP Employer Resources)

www.americanbusinesscares.net (Working Caregiver Support Program for Employers)

www.caregiving.org (National Alliance for Caregiving site)

www.eldercarecalculator.org/index.html (Estimates caregiving impacts on your productivity)

Elder Care: A Six Step Guide to Balancing Work & Family, 2nd edition, John Paul Marosy, Bringing Elder Care Home Publishing, Worcester, MA, 2008.

www.maturemarketinstitute.com (MetLife Mature Market Institute site)

www.sandwich.pdx.edu/Sourcebook.pdf (A Work-Family Sourcebook for Employers)

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