Supporting Family Caregivers & Our Health Care Workforce

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A caregiver—sometimes called an *informal caregiver*—is an unpaid individual (for example, a spouse, partner, family member, friend, or neighbor) involved in assisting others with activities of daily living and/or medical tasks."
Caregivers Provide Complex Care

Medical Care

Coordination

Activities of Daily Living

Activities of Daily Living

Financial Support

Activities of Daily Living
Demographics of Informal Caregiving

46 avg. age of cg
48% 18-49 y.o.
43% > 65 y.o.

75% women
25% men
9% self-id as LGBT

46% perform medical and nursing task

By 2030 persons aged 60+ with developmental disabilities will double from 641,000 to 1,242,794

39.8 Million care for adult >18
85% care for relative/loved one

62% White
13% African-American
17% Hispanic
6% Asian-American

75% live within 20 min
13% live within 20-60 min.

5-7 million long-distance (avg. 7hrs travel)

15.7 Million ADRD
Economic Value of Informal Caregiving in US

2007
• $375 Billion

2009
• $450 Billion

2013
• $470 Billion
Generational Issue

- 25% of Caregivers are Millennial balancing:
  - family caregiving,
  - work
- Having less money than their parents generation
- Child care

- 47% of Gen X are
  - Raising a minor child/supporting adult child + have a parent 65+
- 1 out 7 provided financial support to both parent and child
- Hispanic adults 2X more likely

https://dennis-gilbert.com/generations-chart/
What will family care look like in 2050?

2010: 

2030: 

2050: <
### Direct Care Workforce

[Website Link]

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Hospital Aides</th>
<th>Nursing Home Aides</th>
<th>Home-Care Aides</th>
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</thead>
<tbody>
<tr>
<td><strong>Demographic Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gender (% female)</td>
<td>81.2</td>
<td>91.3</td>
<td>91.8</td>
</tr>
<tr>
<td>Average age (years)</td>
<td>40.5</td>
<td>38.0</td>
<td>46.2</td>
</tr>
<tr>
<td>White, non-Hispanic (%)</td>
<td>48.4</td>
<td>55.6</td>
<td>50.3</td>
</tr>
<tr>
<td>Hispanic or Latino (%)</td>
<td>10.7</td>
<td>7.8</td>
<td>15.9</td>
</tr>
<tr>
<td>U.S., native-born (%)</td>
<td>81.5</td>
<td>85.5</td>
<td>75.1</td>
</tr>
<tr>
<td>Marital status (% married)</td>
<td>46.2</td>
<td>42.7</td>
<td>44.2</td>
</tr>
<tr>
<td>Education—less than high school (%)</td>
<td>17.6</td>
<td>26.3</td>
<td>30.9</td>
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<tr>
<td><strong>Employment Characteristics</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year-round, full-time employment (%)</td>
<td>52.4</td>
<td>48.3</td>
<td>34.3</td>
</tr>
<tr>
<td>Part-year, part-time employment (%)</td>
<td>13.0</td>
<td>14.8</td>
<td>24.3</td>
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<tr>
<td>Self-employed (%)</td>
<td>0.0</td>
<td>0.3</td>
<td>16.8</td>
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</tbody>
</table>
Issues for Health Care Workforce: Shortages all around

**Direct Care Workforce**
- Low wages
- High physical demand
- High turnover
- Lack of specialized training
- More home-care less supervision
- Lack of recognition
- More older adults than caregivers
- Fewer younger workers

**Physicians & Nurses**
- 33% of physicians plan to retire 2021
- 50% of nurses plan to retire 2021
- Lack of specialist in geriatrics
- PCP are income is lowest
- Lack of diversity to meet increased diversity of aging population
Lessons from the California Task Force on Family Caregiving

Policies for Those Who Care: Investing in Systems That Support Family Caregivers
Picking up the Pace of Change: CA Taskforce on Family Caregiving

CATFFC Organization

- 12 members appointed (Assembly 6; Senate 6)
- Funders: Archstone Foundation and AARP
- Champion: Assemblymember Cheryl Brown
The California Task Force Priorities

1. Integrated approach to care management
2. Comprehensive array & continuum of services
3. Caregiver compensation
4. Data on caregivers and services
5. Access to affordable & accessible services
6. Education and training
Values to guide recommendations and legislation

- Support diverse caregiver needs, including cultural awareness, cultural competency, and sensitivity
- Person- & family-centered care
- Work-life balance
- Choice & options for caregivers
Recommendation 1

Support the financial wellbeing of family caregivers, and limit the extent to which this role contributes to an increased risk of poverty and long-term financial insecurity.
Recommendation 1

Ø Tax credits for the high out-of-pocket costs of caregiving

Ø Stipend or similar program to support caregivers with the costs of community-based services

Ø Build on Family Medical Leave Act and Paid Family Leave laws

Ø Increase awareness of existing programs
Recommendation 2

Modernize and standardize caregiver assessments across the state to support individualization of services, reduce service fragmentation, and increase knowledge of who among caregivers in the state uses services.
Recommendation 3

Equip caregivers with easily accessible information, education, and training that is specific to their situation, and is provided in culturally competent and relevant ways.
Recommendation 4

Fund/Link/coordinate programs that increase access to affordable caregiver services and supports, including respite care that allows caregivers to take a break.
Recommendation 5

Integrate family caregivers into hospital processes, support them in navigating care transitions and with providing complex care tasks, and increase caregiver choice in whether to complete complex care tasks.
Recommendation 5

- Allow nurses to delegate some tasks (e.g., administering medication) to qualified home health providers
- Standardize hospital discharge process to better support caregivers
- Assist with implementation of the California Hospital and Family Caregiver Act
- Ensure access to telehealth for caregivers and recipients
Recommendation 6

Increase funding to California’s Caregiver Resource Centers to expand services, including respite care and educational programs, and support innovative programs.
Recommendation 7

Create a statewide advisory council on matters affecting family caregivers that provides advice on integrating caregiver issues across state departments, services, initiatives, and programs, and provides policy expertise to the Legislature.
CA Bills Related to CA Taskforce Recommendations

- Paid Family leave (rec #1)
  - 100% wage replacement for workers making >100K
  - Forms language and easy of use

- Tax Credit (rec #1)
  - 50% of expenses up to $5K

- Respite (rec #4)
  - Care core volunteer respite workforce with tuition credit

- Model Language for Cognitive Impairment Task Force

- ADRC single entry point (rec #3)

- CRC budget ask (rec #6)

- Master plan on Aging (rec #4)
  - Include caregiver support and respite in language
Policies to ponder

- Can we change scope-of-practice laws and allow personal-care aides to receive additional training and permit them to take on certain medical duties — such as managing diabetes, Alzheimer’s care and physical therapy — currently performed by nurses and other skilled practitioners per individual state laws?

- Can we have wage replacement for family caregivers?

- Can we improve training and education for informal and para-professionals?

- What incentives can we provide professionals to work with older adults?

- How can we build caring communities to help aging in place (Age Friendly Communities)?

- What can we do to decrease health risk in our states?

- How can we improve coordination of services for caring families?
Thank you!

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Question?
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