

**Highlights**  
from the 2014  
**Older Adult  
Caregiver  
Study**

By Kenneth Matos



**Families** and **Work** Institute

## **Acknowledgement**

We would like to give thanks to John Boose, Creative Director, FWI for his design of the report.



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## Introduction

In 2010, Families and Work Institute (FWI) released [The Elder Care Study: Everyday Realities and Wishes for Change](#).<sup>1</sup> That essential study, based on FWI's nationally representative [2008 National Study of the Changing Workforce](#) (NSCW), provided a host of insights into the state of elder care, defined as "special attention or care for a relative or in-law 65 years old or older — helping with things that were difficult or impossible for them to do themselves." The findings of that study revealed that elder care is a common experience with almost one in two individuals in the workforce (42% or nearly 54.6 million employees) indicating they provided elder care in the past five years. In addition, 17% of employed Americans indicated they were currently providing care to an elder 65 years old or older. This does not seem to have changed in recent years with a 2011 Gallup survey estimating that more than 1 in 6 employed Americans (about 16%) are currently caring for an older or disabled adult.<sup>2</sup>

In addition, there are legal and economic forces that are currently interacting to promote more caregiving by family members. A hospice industry report on the status of home health care and the Affordable Care Act (ACA) by Amedisys reports that early use of home health care services following a hospital stay by patients with at least one chronic disease, saved \$1.71 billion in 2005-2006 largely due to a reduction in preventable complications and re-hospitalizations.<sup>3</sup> It is therefore not surprising that the ACA includes provisions designed to "allow states to offer home and community based services to disabled individuals through Medicaid rather than institutional care in nursing homes."<sup>4</sup> The report also notes that between 2000 and 2010 there has been a steady compounded growth rate of more than 8% in the use of home health care as an alternative to lengthy hospital stays, nursing homes, and other inpatient treatments.<sup>5</sup>

It is therefore no surprise that employers are increasing their provision of elder care supports. FWI's [2014 National Study of Employers](#) (NSE)<sup>6</sup>, shows increases between 2008 and 2014 in the provision of elder care resource and referral services (31% versus 43%), dependent care assistance programs (DCAPs) for elder care (23% versus 41%), and respite care services (3% versus 7%). In both 2008 and 2014, three quarters (75%) of employers indicated they gave time off for employees to provide elder care without jeopardizing the employee's jobs.

It is clear that elder care remains a top priority for caregivers, the people for whom they care, and employers. In anticipation of FWI's next nationally representative study of employed Americans in the 2015 NSCW, FWI has partnered with Abbott Nutrition to conduct the 2014 Older Adult Caregiver Study (OACS) and explore several more focused elder care issues in a random sample of 1,050 U.S. adults.<sup>7</sup> The questions this study pursued include:

- What work adaptations do employees make to manage their caregiving responsibilities?
- How difficult is it to combine work and caregiving?
- Do they believe they will be able to continue providing care and stay in their current jobs in the next five years?

We also present respondents' suggestions for supervisors to better engage them in conversations about their elder care responsibilities and their top wishes for making workplaces more supportive of elder caregivers.

## Comparing the 2014 OACS and the 2008 NSCW

The research findings presented in this report are drawn from the 2014 OACS. Though based on the original research findings from part of the 2008 NSCW, there are three significant differences between the two research efforts.

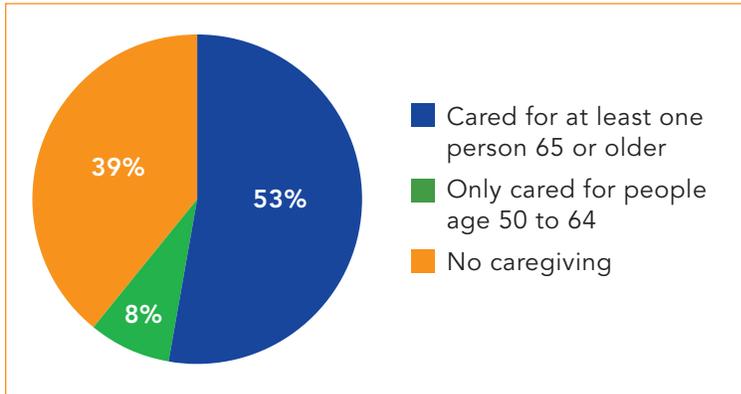
- First, the OACS includes employed and unemployed individuals. The inclusion of both groups allows us to better understand the perspectives of caregivers whose work and care responsibilities have proved incompatible and see whether support from employers was associated with leaving the workforce to support elder care.
- Second, the OACS expanded the definition of elder care to include ages 50 and older. As more adults find themselves managing chronic conditions, the age at which people begin needing support from their families and communities has declined.<sup>8</sup> Respondents who cared for multiple people, of whom at least one was 65 years old or older, were instructed to answer the survey questions considering only those 65 years old or older. Whenever the results of the OACS are directly compared to the 2008 NSCW, the OACS sample is restricted to people employed at the time of the survey who cared for elders 65 or older.
- Third, the NSCW is a nationally representative sample weighted to the Current Population Survey and is therefore able to provide reliable estimates of the prevalence of particular findings in the overall U.S. population. The OACS is not nationally representative<sup>9</sup> and is therefore best understood as an exploratory study identifying relationships between particular experiences rather than the prevalence of those experiences in the overall population.

## Who Is a Caregiver in the 2014 OACS?

### Finding: More than one in two respondents has provided care for an elder in the past five years

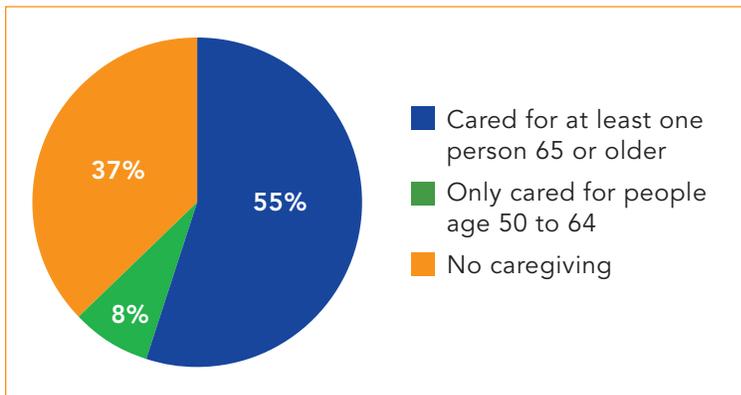
- 53% of all respondents indicated that they provided "special attention or care for a relative or in-law 65 years old or older—helping with things that were difficult or impossible for them to do themselves" and 61% provided such care for an adult 50 or older in the past five years.
- 55% of currently employed respondents provided care for someone 65 or older (compared with 42% in the 2008 NSCW) and 63% cared for an adult 50 or older in the past five years.

**Figure 1: Percentage of Respondents Providing Care in Past Five Years**



Source: The Older Adult Caregiver Study, FWI, 2014. N = 1,043

**Figure 2: Percentage of Currently Employed Respondents Providing Care in Past Five Years**



Source: The Older Adult Caregiver Study, FWI, 2014. N = 574

**Finding: A third of all respondents are currently providing elder care**

- 33% of all respondents indicated that they are currently providing elder care.
- 35% of currently employed respondents are actively providing care for someone 65 years old or older (compared with 17% in the 2008 NSCW).<sup>10</sup>

**Finding: Women were more likely to have been caregivers for someone 50 or older in the past five years but a sizable number of men indicated providing elder care in the past five years<sup>11</sup>**

- Just over half of all the caregivers in the study were women (54%).
- More than half (56%) of all the men in the study reported providing care in the past five years, whereas 65% of all the women in the study reported providing care in the past five years.

**Finding: Two-thirds (66%) of caregivers reported being employed while providing care in the past five years**

- The sample of caregivers who reported being employed while providing care in the past five years was almost evenly split between men (51%) and women (49%).

## What Does Caregiving Look Like in the 2014 OACS?

**Finding: Nearly half of all respondents and more than half of employed respondents who have provided elder care in the past five years have cared for more than one person**

- 49% of caregivers indicated that they had cared for more than one person in the past five years.
- 59% of employed respondents who cared for someone 65 years old or older in the past five years had cared for more than one person (compared with 44% in the 2008 NSCW).

**Finding: Almost half of all caregivers cared for a parent in the past five years and caregiving extends beyond the immediate family**

- 49% a parent
- 18% a grandparent
- 11% the caregiver's spouse/partner
- 12% the caregiver's parents in-law
- 1% the caregiver's grandparents in-law
- 11% an extended family member (e.g., a sibling, cousin, aunt/uncle, etc.)
- 13% a neighbor or community member

**Finding: Elder care takes a lot of time...**

- Overall, caregivers reported a median of 18 hours a week providing hands-on older adult care (i.e., housework, meal preparation, physical care, and transportation).
- Overall, caregivers reported a median of 5 hours a week performing other, indirect responsibilities (i.e., arranging services and providing assistance with finances).

**Finding: ...even if you work full time**

- Current caregivers who also work full time reported a median of 16 hours a week providing hands-on older adult care (i.e., housework, meal preparation, physical care, and transportation).
- Current caregivers who also work full time reported a median of 6 hours a week performing other, indirect responsibilities (i.e., arranging services and providing assistance with finances).

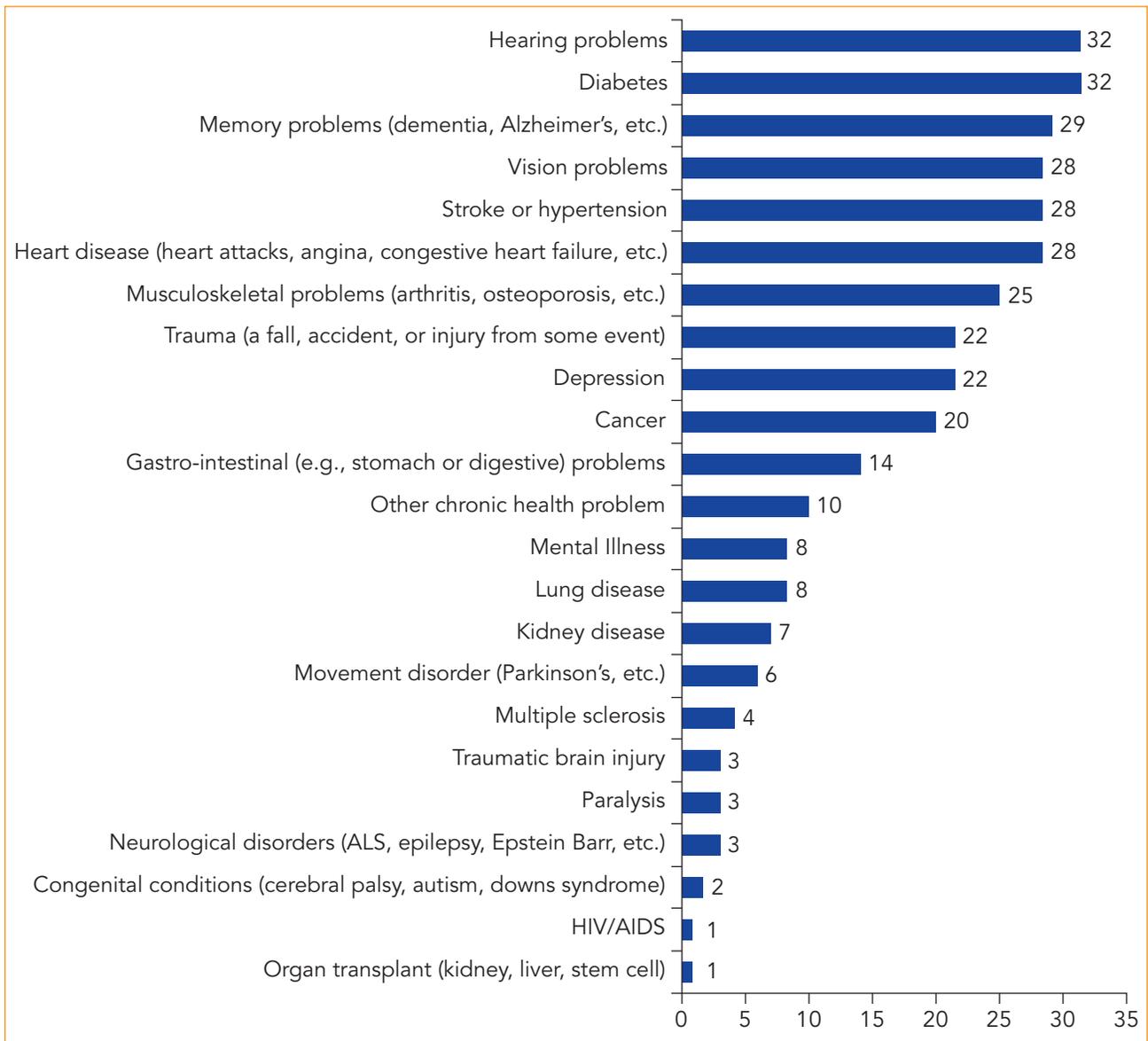
**Finding: Caregivers are involved with medical care activities for their elders**

- 79% of caregivers were involved in medical care activities for their elder.
- 77% of caregivers had an elder hospitalized within the past year.

**Finding: Caregivers are supporting elders and managing a wide range of chronic health conditions**

- 77% of caregivers responded that their elder had two or more chronic health conditions.
- 18% of caregivers responded that their elder had one chronic health conditions.
- 3% of caregivers responded that their elder had none of the listed chronic health conditions.
- 2% of caregivers responded that they didn't know if their elder had any of the listed chronic health conditions.

**Figure 3: Percentage of Caregivers With an Elder Managing a Chronic Health Condition**



Source: The Older Adult Caregiver Study, FWI, 2014.N=633

Percentages do not sum to 100% because respondents were allowed to indicate multiple chronic health conditions.

**Finding: Most respondents would turn to health care professionals, family, or friends for information about how to provide elder care...**

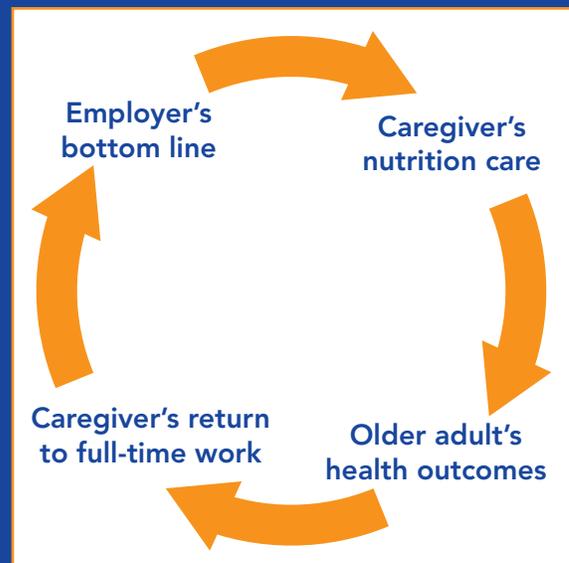
- 71% Elder’s doctor or health care professional
- 52% Caregiver’s doctor or health care professional
- 50% Family or friends

**Finding: ...But few would turn to their human resource (HR) department, employee assistance program (EAP) or coworkers/supervisor**

- 7% Human Resource Department.
- 7% Employee Assistance Program
- 6% coworkers/supervisors

### Role of Nutrition in Caregiving

Caregivers are often responsible for the nutrition care of the older adults in their lives, and nutrition plays an important role in maintaining the overall health of older adults. Poor nutrition, or malnutrition, leads to poorer health outcomes, including slower healing rates, increased risk for medical and surgical complications, delayed recovery, increased length of stay, and increased re-admission rates and mortality.<sup>12</sup> Given that nutrition impacts a wide range of older adult health outcomes, the nutrition care of older adults can ultimately influence how quickly their employed caregivers are able to return to work, especially if a series of otherwise avoidable hospitalizations or health complications continue to deplete employed caregiver resources (time, money, and attention). (See Figure to right). There is limited research exploring caregivers’ understanding of and responsibility in providing nutrition care. Thus, this survey included a section dedicated to nutrition to shed light on this important aspect of older adult care in the United States.

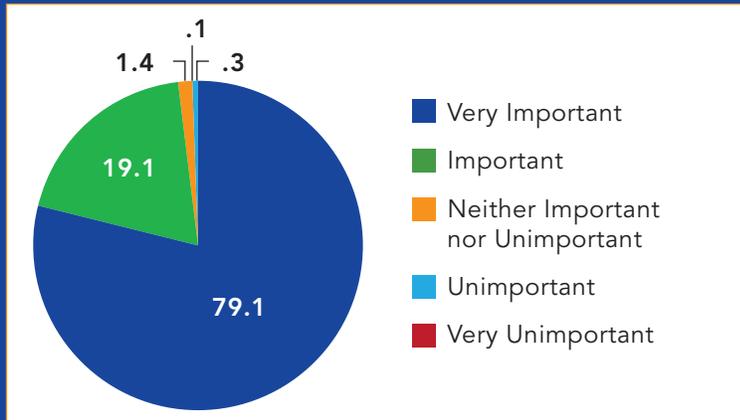


**Finding: Almost three-quarters of caregivers provide support around an elder’s nutrition and dietary needs**

- 86% of caregivers went grocery shopping.
- 74% of caregivers cooked and prepared meals.
- 38% of caregivers provided oral nutrition supplements.
- 4% of caregivers assisted with tube feeding.

**Finding: Over three-quarters of respondents (caregivers and non-caregivers) indicated that they believed that proper nutrition is very important for achieving positive health outcomes for people 50 and older...**

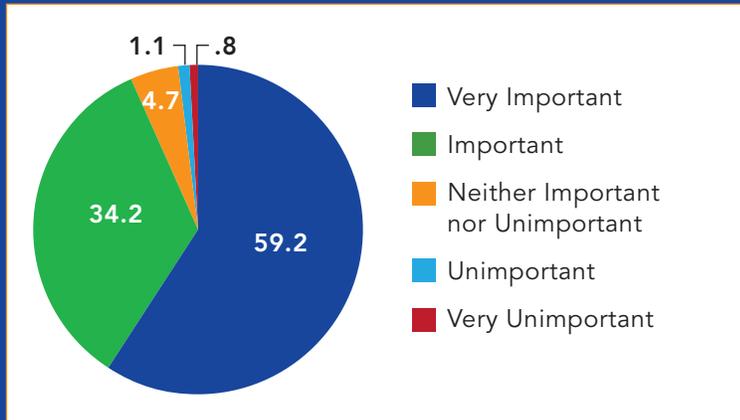
**Figure 4: Percentage of Respondents Indicating Their Belief in the Importance of Proper Nutrition for People 50 or Older**



Source: The Older Adult Caregiver Study, FWI, 2014. N=1049

**Finding: ...But only just over half believed health care professionals felt the same way**

**Figure 5: Percentage of Respondents Indicating Their Beliefs About How Important Health Care Professionals Believe Proper Nutrition Is for People 50 or Older**

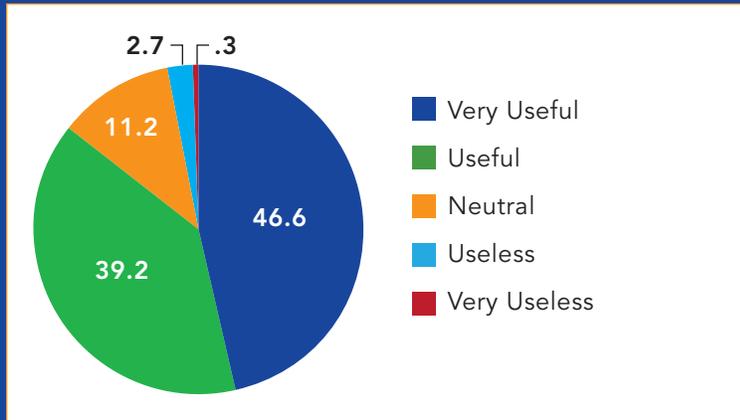


Source: The Older Adult Caregiver Study, FWI, 2014. N=1040

**Finding: The majority of caregivers who received information about proper nutrition after an elder's hospitalization found it to be useful or very useful**

- 86% of caregivers who were caring for an elder who had experienced a hospitalization in the past year received information about proper nutrition upon the elder's most recent discharge from the hospital.

**Figure 6: Percentage of Caregivers Indicating Usefulness of Information About Proper Nutrition Received After Their Elder's Most Recent Hospitalization**



Source: The Older Adult Caregiver Study, FWI, 2014. N=339

For advice on how employers and working caregivers can provide greater support for elder care through nutrition, review the [Employer Elder Care Toolkit: Focus on Therapeutic Nutrition](#) hosted on FWI's Website.<sup>13</sup>

## What Does Work Look Like in the 2014 OACS?

**Finding: Two-thirds of caregivers were employed while providing care and more men were employed while providing care in the past five years**

- 66% of caregivers were employed while providing elder care in the past five years.
- 73% of men caregivers and 60% of women caregivers were employed while providing care in the past five years.

**Finding: Working caregivers engage in an array of work adaptations to provide care while working**

- 50% changed their work schedules while working the same number of hours (e.g., arriving and leaving work later or changing shifts).
- 41% worked fewer hours overall (e.g., worked fewer overtime or regular hours than you would have ordinarily wanted to work).
- 33% worked from home or some other remote location.
- 29% took a block of time off work intending to return to the same job (a "leave").
- 13% changed jobs or positions at their current employer.
- 11% quit their jobs to provide full-time elder care.
- 9% changed employers.

**Finding: Of those who left their jobs to provide elder care about half said it was because their employers were not flexible enough to allow them to work and provide elder care**

- About half (52% of the 64 respondents who indicated they left their jobs) indicated they did so because their employers were not flexible enough to allow them to work and provide elder care.

**Finding: More men with children younger than 18 living at home than men without children living at home engaged in several work adaptations, whereas the same proportion of women with and without children engaged in most work adaptations**

- More men with children than men without children worked from home (45% versus 28%), took leaves (37% versus 23%), changed jobs at the same employer (24% versus 7%), or changed employers (14% versus 5%).
- More women with children than women without children worked from home (45% versus 28%).

**Table 1: Percentage of Working Caregivers Making Particular Work Adaptations by Gender and Parental Status (children under age 18 living at home)**

Percent Yes	Overall		Sig	Men		Sig	Women		Sig
	Men	Women		With Children	Without Children		With Children	Without Children	
Take a block of time off work intending to return to the same job (a "leave")	28	29	NS	37	23	*	36	26	NS
Work fewer hours overall (e.g., worked fewer overtime or regular hours than you would have ordinarily wanted to work)	39	42	NS	45	36	NS	47	40	NS
Change employers	9	10	NS	14	5	*	10	10	NS
Change your work schedule while working the same number of hours (e.g., arriving and leaving work later or changing shifts)	51	49	NS	59	46	NS	54	47	NS
Change jobs or positions at your current employer	14	12	NS	24	7	***	13	11	NS
Quit your job and provide full-time elder care	8	13	NS	11	7	NS	10	15	NS
Work from home or some other remote location	35	32	NS	45	28	*	43	26	*

Source: The Older Adult Caregiver Study, FWI, 2014. N= 212 Men and 203 women

**Finding: 53% of employed caregivers indicated that they felt very comfortable speaking with their supervisor about making their job work better with the level of elder care responsibilities they have had in the past five years**

**Finding: 42% of employed non-caregivers indicated they felt very comfortable speaking with their supervisor about making their job work better with 5-10 hours of elder care responsibilities that overlapped with their work hours throughout the week**

**Finding: Overall, most employed caregivers who engaged in a type of work adaptation found their employers to be supportive or very supportive of their work adaptations**

- Overall percentage of employed caregivers who indicated their employer was very or somewhat supportive of the following work adaptations:
  - 84% Work from home or some other remote location.
  - 84% Change your work schedule while working the same number of hours (e.g., arriving and leaving work later or changing shifts).
  - 73% Take a block of time off work intending to return to the same job (a “leave”).
  - 73% Work fewer hours overall (e.g., worked fewer overtime or regular hours than you would have ordinarily wanted to work).
  - 66% Change jobs or positions at your current employer.

**Table 2: Percentage of Employed Caregivers Indicating Employer Support for Work Adaptations**

	Very Supportive	Somewhat Supportive	Neutral	Not Very Supportive	Not at all Supportive
Change your work schedule while working the same number of hours (e.g., arriving and leaving work later or changing shifts)	57	27	13	3	1
Work fewer hours overall (e.g., worked fewer overtime or regular hours than you would have ordinarily wanted to work)	45	28	19	7	2
Take a block of time off work intending to return to the same job (a “leave”)	45	28	18	7	2
Work from home or some other remote location	56	27	12	4	1
Change jobs or positions at your current employer	33	33	22	7	6

Source: The Older Adult Caregiver Study, FWI, 2014. N= 55-209

**Finding: Of those who did not engage in a particular work adaptation, more women than men indicated that they did not change their work schedules (19% vs. 8%) or work fewer hours (14% vs. 5%) because their “employer did not allow them to”**

- Overall percentage of caregivers who did not engage in a work adaptation because their “employer did not allow them to”:
  - 35% Work from home or some other remote location.
  - 14% Change your work schedule while working the same number of hours (e.g., arriving and leaving work later or changing shifts).
  - 14% Take a block of time off work intending to return to the same job (a “leave”).
  - 14% Change jobs or positions at your current employer.
  - 9% Work fewer hours overall (e.g., worked fewer overtime or regular hours than you would have ordinarily wanted to work).

**Table 3: Percentage of Employed Caregivers Who Did Not Engage in a Work Adaptation Because Their “Employer Did Not Allow Them To” by Gender**

Percent “My employer did not allow me to...” while providing care	Men Caregivers	Women Caregivers	Sig
Change your work schedule while working the same number of hours (e.g., arriving and leaving work later or changing shifts)	8	19	*
Work fewer hours overall (e.g., worked fewer overtime or regular hours than you would have ordinarily wanted to work)	5	14	*
Take a block of time off work intending to return to the same job (a “leave”)	13	15	NS
Work from home or some other remote location	31	39	NS
Change jobs or positions at your current employer	12	16	NS

Source: The Older Adult Caregiver Study, FWI, 2014.

N= 103-193 men and 103-183 women caregivers who did not engage in each work adaptation

**Finding: More employed men (81%) than employed women (69%) caregivers indicated that they were able to take as much time away from their job as needed without worrying about losing their jobs**

- Overall percentage of caregivers who indicated that they were able to take as much time away from their job as needed without worrying about losing their...
  - 75% – Job
  - 55% – Income/wages
  - 69% – Position/seniority
  - 66% – Benefits

**Table 4: Percentage of Caregivers Able to Take as Much Time Away from Their Jobs as Needed Without Worrying About Losing Their Jobs**

Percent Yes	Men Caregivers	Women Caregivers	Sig.
Job	81	69	*
Income/wages	59	51	NS
Position/seniority	73	65	NS
Benefits	69	62	NS

Source: The Older Adult Caregiver Study, FWI, 2014. N= 135-139 men and 138-139 women

**Finding: On a scale of one to five, women reported greater difficulty fulfilling their work responsibilities than men but men and women both found elder care responsibilities equally difficult**

- Women (2.77) had a higher mean work difficulty rating than men (2.52).
- There was no significant difference between mean elder care difficulty ratings for men (2.88) and women (3.00).

**Finding: About a third of respondents found access to respite care to be a very important benefit that employers could provide, but only 7% of employers offer it**

**Table 5: Percentage of Employers Offering Elder Care Benefits and Respondents Indicating That Benefit Was Very Important**

Employer Benefit	Percentage of 2014 NSE Employers Providing	Percentage of All 2014 OACS Respondents Indicating Very Important	Percentage of 2014 OACS Caregivers Indicating Very Important
Information about services for elder family members (Elder Care Resource and Referral)	43	40	43
Time off for employees to provide elder care without jeopardizing their jobs	75	52	54
Dependent Care Assistance Programs (DCAPs) for elder care	41	34	35
Access to respite care	7	36	37
Access to support groups and networks of others providing elder care	Not asked in the 2014 NSE	34	35
Workplace flexibility (flexible hours, remote work, easy shift change rules, etc.)	Varies	55	56

Sources: The Older Adult Caregiver Study, FWI, 2014.

Percentage of employers offering an elder care benefit is from the 2014 National Study of Employers.

The prevalence of 18 components of flexibility are available in the 2014 NSE report.

Respondents to the OACS were asked about flexibility in general.

Ns for the percentage of OACS respondents 947-1,018.

## Expectations for the Future

**Finding: A little less than half of respondents indicated that they expected to be providing elder care in the next five years**

- 44% of all respondents expected to be providing care in the next five years.
- 56% of caregivers expected to provide care for someone 65 or older and another 19% of caregivers were unsure whether they would be providing care in the next five years.

- Of those respondents who had not provided care in the past five years, 25% expected to provide care for someone 65 or older in the next five years and another 20% were unsure whether they would be providing care in the next five years.

**Finding: The future of care looks like the past with the majority planning to care for a parent**

- 57% parent
- 16% grandparent
- 18% the caregivers spouse/partner
- 13% the caregiver's parents in-law
- 2% the caregiver's grandparents in-law
- 8% an extended family member (e.g., a sibling, cousin, aunt/uncle, etc.)
- 9% a neighbor or community member

**Finding: More than a quarter of currently employed caregivers are counting on their employers to be flexible to continue providing care and working at their current jobs**

- Of those employed caregivers currently providing care...
  - 58% indicated they could keep their current jobs and provide the needed level of care in the next five years without conflict.
  - 28% indicated they could keep their current jobs and provide the needed level of care in the next five years because they expect their employer to be flexible with their assignments.
  - 8% indicated they did not expect to keep their current jobs and provide the needed level of care in the next five years.
  - 6% did not know whether they would be able to keep their current jobs and provide the needed level of care in the next five years.

**Suggestions for Employers from the 2014 OACS**

Respondents to the 2014 OACS were asked two open-ended questions about things employers could do differently to help them succeed. The first question was asked of respondents who had provided care and who were not comfortable speaking with their current supervisors to make their jobs work better with the level of elder care responsibilities they experienced in the past five years. They were asked what their supervisor could do differently to make them more comfortable. In addition, all respondents were asked, "If you had one wish for how employers can better support people with elder care responsibilities, what would it be?" The following list of suggestions combines the insights from both items into a single list of themes and includes sample quotes from respondents where appropriate.

**Suggestion 1:** Openly share the company policies relating to elder care issues and be more accepting of requests under those policies for time off on short notice.

**Suggestion 2:** Work with employees to craft jobs and schedules that are mutually beneficial. Greater flexibility in scheduling, workplace, and job tasks so employees can meaningfully contribute to both their employers and their families.

*They could understand that I have to leave constantly, but I'm trying my best. They could help find me an assignment to work on that will fit with my schedule.*

*I used to put 2 breaks together [for a total of] 45 min. They changed management and now I have to make my mother breakfast and [get] back to work in 30 min. I live a mile away [from work].*

**Suggestion 3:** Show concern and understanding for employee experiences outside work. More day-to-day interest in employees creates opportunities to discuss nonwork issues that may affect or be affected by work. In addition, simply being more sympathetic to work-life conflicts can be supportive even if large scale changes to work processes are not possible.

*Just because a boss listens doesn't mean he hears what you are saying. When you are taking care of a loved one related or not, it is hard to work on assignments that are mentally intense since a part of you is always with that loved one regardless of your physical location.*

*My supervisor could act in a way that makes a person think they care about others. Right now it's all about the bottom line and following the policies and procedures. Sometimes things or life are just not that "black and white" as there often is a lot of gray.*

**Suggestion 4:** Employees are wary of acquiring a negative label for asking for work adaptations that would better support their caregiving. If supervisors initiate conversations about what an employee may need to be successful on and off the job, employees would feel more comfortable discussing mutual solutions.

*I feel that there is pressure pervasive throughout this culture—industries that do not allow in general for having other responsibilities other than work as a priority. Only if this changes top down will there be any difference in comfort or ability to take care of elders.*

**Suggestion 5:** Don't prioritize types of care and show or imply that child care is more important than elder care. Child care and elder care are different in a number of ways (elder care demands are often intermittent, unpredictable, and colored by end-of-life issues) and no less important to the employees who find themselves engaged in it.

*Accept that ELDER CARE often is just as demanding and vital as proper CHILD CARE*

*Allow employees time off to provide elder care just as they would if their child needed care*

**Suggestion 6:** Develop benefits and leave policies that work with elder care responsibilities and other life events without penalizing the employee. For example, leave benefits that don't require spending vacation time to provide care, leaving caregivers with no time to care for their own health and wellbeing. Another example is retirement benefits that include caregiving leaves in their tenure calculations so employees don't have to choose between caring for their elders now and requiring more financial support from their own children later.

*I wish the time we have to take off from our job wouldn't be used against our retirement time. I'm looking at an extra 3 years of working before I can retire with full benefits already. My grandmother is very ill, she has been for 3 years. I may have to take a lot more time off since she was just diagnosed with rectal cancer among her many other health issues. I'll have to take more time off to help take care of her and it'll count against my benefits, my medical insurance will increase, I'll have used all of my vacation and sick days so if I or someone else in the family gets sick I could lose my job. It's very scary knowing that my future and my children's future aren't stable due to taking care of an elderly loved one at home.*

*I wish that they would be more understand[ing] of the situation and try to work with their employees. I understand that it is important to have the employee be at work, but so are the parents or grandparents they are taking care of. The employer needs to realize that if it was someone elderly in their family they were taking care of, they would need and want to be there and would not want to have to worry about being laid off or fired because of it.*

**Suggestion 7:** Develop mechanisms to help employees provide elder care to important nonrelatives in their lives and communities.

*Increase FMLA benefits to include 'non' relatives. There are lots of people who were raised by individuals that weren't their legal guardians, yet they can't count them as 'parents'.*

**Suggestion 8:** Plan workflows and staffing with the expectation that employees do have work-life conflicts and the employer will need to keep operations running when employees are managing personal or family issues. For example, employers that maintain the absolute minimum staffing levels will never be able to develop alternative workflows to manage work-life conflicts.

*Simply being more flexible, and understanding in regards to hours; needing to leave a couple hrs early once in a while, having to come in late on occasion, not being able to work overtime all the time. This would of course, be without threat of losing the job, especially if your work is done, or someone will cover the time off. So many companies now understaff to save money, they make it very hard to miss any time.*

**Suggestion 9:** Employees mentioned a variety of employer supported benefits or programs that would help employees manage the financial and emotional costs of caregiving. Though smaller employers may not be able to provide all the suggested options, collaborating with other employers or local community programs can help make more options available. Some of the suggested supports and free or low cost resources identified by FWI include:

1. Health care coverage that extends to elders or can be continued after retirement.
2. Access to training or informational classes on care, health, and wellbeing.
3. Support groups for people providing elder care.
4. Employer subsidized elder care centers or other support options.
5. Programs for supporting an employee's economic stability during a crisis.

## Conclusion

As indicated by FWI's nationally representative studies and other research, elder care has been and continues to be a growing and complex issue facing many Americans today. The OACS gives us an idea of the kinds of issues people are managing in caring for their elders through medical support, hospitalizations, and other regular and intermittent care activities, including proper nutrition. The need to provide care for elders in one's family or community is not a passing fad but an ongoing issue in the lifecycle of the American employee and family. Even after the eventual boomer retirement surge has come and gone, the slow advance of medical science will continue to extend lifespans, though not necessarily with the full level of independence of one's younger years. People, employed or not, will be involved in making major decisions about the care and support of their loved ones, and employers will need to recognize and support those decisions in ways that advance business, societal, and individual interests. We hope this study provides greater insight into the experiences of adult caregivers and provides suggestions for action for employers, from changing benefits policies, to freeing employees from impossible choices between love and livelihood, to providing basic but valuable information like the therapeutic nutrition toolkit.

## Endnotes

1 Aumann, K., Galinsky, E., Sakai, K., Brown, M., & Bond, J.T. (2010). *The Elder Care Study: Everyday Realities and Wishes for Change*. New York: Families and Work Institute.

2 Cynkar P, Mendes E. More Than One in Six American Workers Also Act as Caregivers. Gallup Healthways Well-Being Index. July 26, 2011. Available at: [www.gallup.com/poll/148640/One-Six-American-Workers-Act-Caregivers.aspx](http://www.gallup.com/poll/148640/One-Six-American-Workers-Act-Caregivers.aspx).

3 Amedisys. (2010). *Bringing Home the Continuum Of Care: Delivering New Models of Care Under Health Care Reform*. Available at: [http://www.amedisys.com/assets/pdfs/delivering\\_new\\_models\\_of\\_care\\_under\\_health\\_care\\_re](http://www.amedisys.com/assets/pdfs/delivering_new_models_of_care_under_health_care_re)

4 As noted on the Key Features of the Affordable Care Act By Year page hosted by the U.S. Department of Health and Human Services. Available at: [www.hhs.gov/healthcare/facts/timeline/timeline-text.html](http://www.hhs.gov/healthcare/facts/timeline/timeline-text.html)

5 Amedisys. (2010). *Bringing Home the Continuum Of Care: Delivering New Models of Care Under Health Care Reform*. Available at: [http://www.amedisys.com/assets/pdfs/delivering\\_new\\_models\\_of\\_care\\_under\\_health\\_care\\_re](http://www.amedisys.com/assets/pdfs/delivering_new_models_of_care_under_health_care_re)

6 Matos, K., Galinsky, E. (2014). *The 2014 National Study of Employers*. New York: Families and Work Institute.

7 The 2014 Older Adult Caregiver Study was an online survey of 1,050 people age 18 and over focused on their experiences with and expectations of providing care to older adults. The survey was designed by Families and Work Institute with support from the Abbott Nutrition Products Division of Abbott and administered by Qualtrics. The 15-minute survey was completed between June 6 and June 20, 2014. All those completing the survey were provided an incentive of \$1.00 for their participation.

Respondents self-selected to participate in the survey from an existing panel maintained by e-Rewards Market Research. The survey panel was constructed using a “closed” or “by-invitation-only” online recruitment method, where pre-validated individuals or individuals who share known characteristics were invited to enroll into the survey panel. e-Rewards verified panelist identity by 1) requiring a valid and unique e-mail address in order for panelists to receive surveys, 2) verifying physical addresses provided by e-Rewards panelists in the U.S. against government postal information, and 3) utilizing third party ID validation to confirm profiles to ensure members did not give incongruous answers in enrollment (e.g., an 18 year-old physician). A random sample of 4,035 existing panel members was invited to participate in the survey, resulting in a final response rate of 26%. A typical response rate for this methodology is 10-12%, giving this survey a higher than average response. Quotas of 50% were set for gender (male/female) and employment status (employed/unemployed) to ensure sufficient samples of both groups for comparative analyses.

Of the 1,050 total respondents, 633 (60%) identified themselves as caregivers to someone age 50 or older and 555 (53%) were providing care to someone 65 years or older in the past five years.

8 According to AARP, More than 70 million Americans ages 50 and older — four out of five older adults — suffer from at least one chronic condition. [http://assets.aarp.org/rgcenter/health/beyond\\_50\\_hcr\\_conditions.pdf](http://assets.aarp.org/rgcenter/health/beyond_50_hcr_conditions.pdf)

9 A description of the demographics of the 2014 OACS sample is presented below.

**Table 1: Demographic Representation of Total Sample Population**

Demographic	Classification	N	%
Gender	Male	517	49
	Female	525	50
	Transgender	6	1
Age	18-24	73	7
	25-44	210	20
	45-64	567	54
	65+	200	19
Geographic Region	Northeast	204	20
	Midwest	255	24
	South	370	35
	West	221	21
Marital Status	Married	531	51
	Living with partner	69	7
	Divorced/Separated	145	14
	Widowed	56	6
	Single	234	22
Children <18 years of age living at home	Yes	278	27
	No	770	73
2013 Household Income	<\$15,000	88	8
	\$15,000-\$24,999	134	13
	\$25,000-\$34,999	126	12
	\$35,000-\$49,999	162	15
	\$50,000-\$74,999	235	22
	\$75,000-\$99,999	120	11
	>\$100,000	152	14
Ethnicity	White	920	88
	Black/African American	64	6
	Hispanic	79	8
	Asian/Pacific Islander	28	3
	Other	31	3
Employment status	Full-time	410	39
	Part-time	115	11
	Self-employed	56	5
	Unemployed- Looking for work	58	6
	Unemployed- Not looking for work	96	9
	Retired	307	29

Note: Employment status does not sum to 100% because several responses, such as retired and working part-time could be endorsed simultaneously.

**Table 2: Demographic Representation of Self-Identified Older Adult Caregivers in the Survey**

<b>Demographic</b>	<b>Classification</b>	<b>N</b>	<b>%</b>
Gender	Male	290	46
	Female	340	53.7
	Transgender	2	.3
Age	18-24	51	8
	25-44	130	21
	45-64	344	54
	65+	108	17
Geographic Region	Northeast	128	20
	Midwest	150	24
	South	229	36
	West	126	20
Marital Status	Married	324	51
	Living with partner	45	7
	Divorced/Separated	85	13
	Widowed	34	6
	Single	144	23
Children <18 years of age living at home	Yes	196	31
	No	437	69
2013 Household Income	<\$15,000	39	6
	\$15,000-\$24,999	67	11
	\$25,000-\$34,999	76	12
	\$35,000-\$49,999	104	16
	\$50,000-\$74,999	158	25
	\$75,000-\$99,999	71	11
	>\$100,000	107	17
Ethnicity	White	512	88
	Black/African American	33	6
	Hispanic	60	9
	Asian/Pacific Islander	19	3
	Other	8	1
Employment status	Full-time	261	41
	Part-time	70	11
	Self-employed	33	5
	Unemployed- Looking for work	36	6
	Unemployed- Not looking for work	50	8
	Retired	178	28%

Note: Employment status does not sum to 100% because several responses, such as retired and working part-time could be endorsed simultaneously.

10 The NSCW is a large survey about a wide range of topics related to life on and off the job. Sample members are not specifically told about the elder care content in the survey. The 2014 OACS is a specifically elder care focused survey and respondents are informed of this fact when offered the chance to participate. It is possible that the percentage of people currently providing care is inflated compared to the NSCW due to more people currently experiencing elder care issues choosing to participate in the survey.

11 The gender item on the 2014 OACS included the options female, male, transgender, other and decline to answer. Fifteen individuals chose a response option other than male or female with .3% of the total group of caregivers identifying as transgender.

12 Sullivan DH, Bopp MM, Roberson PK. Protein-energy undernutrition and life-threatening complications among the hospitalized elderly. *J Gen Intern Med.* 2002;17:923-32.

13 The Employer Elder Care Toolkit: Focus on Therapeutic Nutrition is available at <http://www.familiesand-work.org/elder-care-toolkit-home/>.