Webinar

Caregivers in the Workplace: National Data and Successful Strategies to Engage Employers in Respite and Caregiver Supports

April 16, 2015
Polling Questions
Ken Matos, PhD
Senior Director of Research
Families and Work Institute
New York, NY
Presenter

Gregory Johnson
Director, Community Outreach
Care for the Family Caregiver Program
Marketing and Communications
EmblemHealth
New York, NY
Caregivers in the Workplace: National Data to Engage Employers in Respite and other Caregiver Supports

Kenneth Matos
Senior Director of Research
April 16, 2015
About Families and Work Institute

Families and Work Institute (FWI) is a nonprofit research-to-action institute dedicated to providing research for living in today’s changing workplaces, families and communities. Since the Institute was founded in 1989, our work has addressed issues in three major areas: the workforce/workplace, youth and early childhood.

FWI’s research takes on emerging issues before they crest and includes some of the most comprehensive research available on the U.S. workforce on and off the job. FWI’s work has helped change the language of debates to move the discussion toward more effective, data-driven solutions, and to result in action.

Visit us at Familiesandwork.org.
About FWI Research

• The **2014 National Study of Employers** is U.S. nationally representative survey of 1,051 employers with 50 or more employees regarding the practices, policies, programs and benefits provided to address the changing needs of today’s workforce and workplace. The NSE serves as the benchmark for the [When Work Works Award](#). Listings of the organizations winning this employee support award and potentially interested in respite services can be found [here](#).

• The **2014 Older Adult Caregiver Study** was a 15-minute, 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.

• Throughout this presentation * represents statistically significant difference between related values (e.g., differences between years)
Trends in U.S. Employer Support for Elder Care and Respite Services

Source: Families and Work Institute, 2014 National Study of Employers
Flexibility

• More employers allow employees flexibility in when and where they work 2008, but fewer offer options to spend significant time out of full-time work.

Percentage of employers allowing (at least some) employees to…

- Have control over when they take breaks 2008: 45%, 2014: 67%
- Take time off during the workday to attend to important responsibilities 2008: 32%, 2014: 41%
- Work some regular paid hours at home occasionally 2008: 27%, 2014: 50%
- Have control over their paid/unpaid overtime hours 2008: 27%, 2014: 41%
- Change starting and quitting times on a daily basis 2008: 23%, 2014: 38%
- Work some regular paid hours at home regularly 2008: 20%, 2014: 52%
- Take a career break for personal/family responsibilities 2008: 20%, 2014: 45%
- Receive special consideration after a career break for personal/family responsibilities 2008: 20%, 2014: 45%
- Share jobs 2008: 18%, 2014: 18%
- Work part year on an annual basis 2008: 20%, 2014: 27%

Source: Families and Work Institute, 2014 National Study of Employers
Caregiving Leaves

- In 2014, 21% of employers offered less time than FMLA guidelines for at least one form of care (9% for the care of seriously ill family members).

Average maximum weeks offered for FMLA leaves

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity leave</td>
<td>14.7</td>
<td>13.8</td>
</tr>
<tr>
<td>Spouse/Partner leave*</td>
<td>12.1</td>
<td>10.9</td>
</tr>
<tr>
<td>Adoption or foster care leave*</td>
<td>13</td>
<td>11.8</td>
</tr>
<tr>
<td>Care of seriously ill family members*</td>
<td>13.3</td>
<td>12.1</td>
</tr>
</tbody>
</table>

FMLA Minimum: 12.1

Source: Families and Work Institute, 2014 National Study of Employers
Elder Care Assistance

• Employers have increased some elder care assistance

- Time off for employees to provide elder care without jeopardizing their jobs: 75% (2008, 2014)
- Information about services for elder family members (Elder Care Resource and Referral)*: 31% (2008), 43% (2014)
- Dependent Care Assistance Programs (DCAPs) for elder care*: 23% (2008), 41% (2014)
- Access to Respite Care: 3% (2008), 7% (2014)

Source: Families and Work Institute, 2014 National Study of Employers
Employers with Respite in the 2014 NSE

- 7% of employers on the 2014 NSE (75 employers) indicated they offer respite services.

Percent of Employers with Respite Services by Number of Employees

Source: Families and Work Institute, 2014 National Study of Employers
Employers with Respite in the 2014 NSE (cont)

- Most employers with Respite services had fewer worksites
- Of those employers with multiple locations 75% indicated that HR policies are determined solely at HQ and 23% involve both HQ and local worksites

Percent of Employers with Respite Services by Number of Locations

Source: Families and Work Institute, 2014 National Study of Employers
Employers with Respite in the 2014 NSE (cont)

• 58% of employers with respite services were non-profits

Percent of Employers with Respite Services by Industry

- Other services: 35%
- Professional services: 32%
- Wholesale and retail trade: 21%
- Goods producing: 11%

Source: Families and Work Institute, 2014 National Study of Employers
Employers with Respite in the 2014 NSE (cont)

- A larger proportion of employers with respite services had more than 75% of their workforce be part-time employees

### Percent of Employers with Respite Services by Percentage of part-time Employees

- <25%: 20%
- 25-50%: 14%
- 51-74%: 22%
- >75%: 44%

Source: Families and Work Institute, 2014 National Study of Employers
Employers with Respite in the 2014 NSE (cont)

- Employers with respite services tended to also have support for leaves and access to elder care information but were less likely to have DCAPs.

**Percent of Employers with Respite Services by Access to Elder Care Services**

- **Time off w/o jeopardizing their jobs**: 97%
- **Elder Care Resource and Referral**: 88%
- **Dependent Care Assistance Programs**: 57%

Source: Families and Work Institute, 2014 National Study of Employers
Advancing Respite Services in an Employment Context

Source: Families and Work Institute, 2014 National Study of Employers
Respite is Not Just a Woman’s Problem; but Women Probably have More Problems with it

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

- Fewer employed women (69%) than men (81%) caregivers indicated they were “able to take as much time away from work as needed without worrying about losing their jobs.”

Source: Families and Work Institute, Highlights from the 2014 Older Adult Caregivers Study.
Elder Care Goes Beyond Parents

- Almost half of all caregivers cared for a parent in the past five years and caregiving extends beyond the immediate family
- 49% of employed caregivers cared for multiple people

**Percentage of respondents providing care for…**

- Parent(s): 49%
- Granparent(s): 18%
- Community member(s): 13%
- Parent(s)-in-law: 12%
- Spouse/partner(s): 11%
- Extended family member(s): 11%
- Grandparent(s)-in-law: 1%
Your Caregiving Employees have a Second, Unpaid, Part-time Job

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

- Percentage of Caregivers with the Following Responsibilities

- Grocery shopping: 86%
- Medical care: 77%
- Preparing meals: 74%

The Medical Care Tasks are Complex and Varied

- Percentage of Caregivers Managing the Top 10 Chronic Health Conditions

77% of caregivers responded that an elder they cared for:

- Had two or more chronic health conditions
- Was hospitalized within the past year

<table>
<thead>
<tr>
<th>Health Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory problems</td>
<td>32%</td>
</tr>
<tr>
<td>Hearing problems</td>
<td>32%</td>
</tr>
<tr>
<td>Vision problems</td>
<td>29%</td>
</tr>
<tr>
<td>Musculoskeletal (e.g., arthritis)</td>
<td>28%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>28%</td>
</tr>
<tr>
<td>Stroke or hypertension</td>
<td>28%</td>
</tr>
<tr>
<td>Trauma (e.g., a fall)</td>
<td>25%</td>
</tr>
<tr>
<td>Depression</td>
<td>22%</td>
</tr>
<tr>
<td>Cancer</td>
<td>20%</td>
</tr>
</tbody>
</table>

Source: Families and Work Institute, Highlights from the 2014 Older Adult Caregivers Study
Few Employees Reach Out to their Employers

- Most respondents would turn to health care professionals, family, or friends for information about how to provide elder care but few would turn to their HR department, EAP, or a coworker or supervisor.

- **Percentage of respondents who consider the following sources for information on how to provide elder care**

  - Elder's medical professional: 71%
  - Caregiver's medical professional: 52%
  - Family or friends: 50%
  - Employee assistance program (EAP): 7%
  - HR department: 7%
  - Coworkers/supervisors: 6%

Source: The Elder Care Study: Everyday Realities and Wishes for Change, 2010, Families and Work Institute

Source: Families and Work Institute, Highlights from the 2014 Older Adult Caregivers Study
People Value Respite Services

- Over a third of caregivers and non-caregivers alike viewed access to respite services as “very important”
- **Percentage of respondents and caregivers considering the following resources “very important”**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Caregivers</th>
<th>Non-Caregiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elder Care Resource and Referral</td>
<td>43%</td>
<td>36%</td>
</tr>
<tr>
<td>Time off without jeopardizing their jobs</td>
<td>54%</td>
<td>46%</td>
</tr>
<tr>
<td>DCAPs</td>
<td>35%</td>
<td>33%</td>
</tr>
<tr>
<td>Respite Care</td>
<td>37%</td>
<td>33%</td>
</tr>
<tr>
<td>Support Groups</td>
<td>35%</td>
<td>34%</td>
</tr>
<tr>
<td>Workplace Flexibility</td>
<td>56%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Source: Families and Work Institute, Highlights from the 2014 Older Adult Caregivers Study
Respite/Leave Fears to be Managed

Percentage of caregivers who worried about losses due to taking the needed time away from work

- Job: 25%
- Income/Wages: 45%
- Position/Seniority: 31%
- Benefits: 34%

Source: Families and Work Institute, Highlights from the 2014 Older Adult Caregivers Study
Obstacles to Elder Care Support Implementation

FWI asked for the one wish for how workplaces could better support them.

- Transparency in describing elder care policies and support for using them
- Reinventing work schedules, places, & job tasks for mutual benefit
- Managers who proactively show concern for employee lives outside work
- Managers who initiate talks on what employees need to succeed
- Provide equal respect and support for elder and child care
- Develop benefits and leave policies without penalizing the employee
- Include care for nonrelatives in their lives under the organizations policies
- Plan work and staffing assuming employees will have work-life conflicts
- Provide benefits for managing financial and emotional costs of caregiving.
  - Health care extends to elders or can be continued after retirement.
  - Access to training or information on care, health, and wellbeing.
  - Support groups for people providing elder care.
  - Employer subsidized elder care centers or other support options.
  - Programs for supporting an economic stability during a crisis.

Source: Families and Work Institute, Highlights from the 2014 Older Adult Caregivers Study
Questions

• The 2014 National Study of Employers
• The 2014 Older Adult Caregiver Study
• Infographic – Older Adult Caregiver Study
• The Elder Care Study: Everyday Realities and Wishes for Change
• Employer Elder Care Toolkit: Focus on Therapeutic Nutrition

Kenneth Matos-Senior Director of Research
Families and Work Institute
kmatos@familiesandwork.org
EMBLEMHEALTH’S CARE FOR THE FAMILY CAREGIVER INITIATIVE

Presented by: Gregory Johnson
April 16, 2015
TODAY’S TOPICS

- Introduction to Family Caregiving
- Defining Family; Defining Caregiving
- Family Caregiving in the Words of Sales and Marketing
- EmblemHealth’s New York City Partnership for Family Caregiving Corps
- Corporate Leadership Council
- Our Partnerships/Your Partnerships
INTRODUCTION TO FAMILY CAREGIVING
WHAT IS A FAMILY CAREGIVER?

1. A Family Caregiver is a person who provides unpaid care for relatives and/or loved ones.
2. A Family Caregiver is someone who is “ALWAYS ON CALL…”
3. A Family Caregiver is someone who shows up… and stays to help…Carol Levine
KEEPING CAREGIVERS; CAREGIVERS.

Mission (since founding in 2001):
It is the intent of this Initiative NOT to create more care recipients...but to support Family Caregivers, often the “silent patients” with resources, research, tools and partnerships that support their role in the health care system.
THE HEALTH CARE SYSTEM:
THE THREE LEGGED STOOL:

1. Care Recipients
2. Professional Caregivers (Paid)
3. Family Caregivers
   – Families of Origin
   – Families of Choice
DEFINING FAMILY; DEFINING CAREGIVING
Family
We all have:
• Family of Origin (birth family)
• Family of Choice

Caregiving
• Seniors being cared for (first thought for most)
• Seniors caring for seniors
• Seniors caring for grandkids
• Children as caregivers
• Chronic conditions
• Disease specific
• End of life in the middle of life
• Long distance
• Veterans
IT TAKES US ALL; IT TAKES OUR ALL

Family Caregiving: Body, Mind and Spirit

Family Caregiving: Government, Non-profits and Business

“UNITY IN DIVERSITY”
Responsible • Responsive • Replicable
FAMILY CAREGIVING IN THE WORDS OF SALES AND MARKETING
FAMILY CAREGIVING IN A HEALTH CARE CORPORATION

COST TO CORPORATIONS…one of the key financial sectors of the world economy…HEALTH CARE…$17 to $34 billion in annual losses.

• Health Care Corporation: EMBLEMHEALTH, New York City
• International Housing Corporation: NEV House, Australia, Singapore, Bali
  ❖ Philanthro-Capitalism: AT ITS BEST
• International Affairs: NUSANTARA FOUNDATION, New York City
  ❖ April 13, 2015 – PEACE through FAMILY CAREGIVING
  New York City clergy and foreign ministry delegations from 8 Arab countries in cooperation with the State Department.
  Hosted by: Imam Shansi Ali
WHAT CARE FEELS LIKE:
LISTENING, HEARING, SHARING AND CARING THROUGH:

• Educational outreach (knowledge is power)
• Conferences (at all levels)
• Seminars
• Panels
• Symposia – with Dept.of Ed
• Workshops: This is Health Care Insurance
• Health Fairs
• Health Care Workshops
• Neighborhood Care
• Medical Groups
• DFTA credentialed Seminars for Senior Centers
• Support Groups
• Colloquia
• Publications
• Social Media
• Facebook site devoted to family caregiving (almost 11,000 likes)
• Research and white paper contributors
• Radio
• TV interviews
• Web blogs
• IPod casts
• Faith-based and secular programs
• Inter-faith clergy relationships
• In-house programs at Faith Centers
• Educational programs for employees
• EmblemHealth team
• Private one-on-one counseling
• NYCFCC
• EmblemHealth’s New York City Partnership for Family Caregiving Corps
• CSCS
• Team and Director presence on many non-profit boards in New York area, nationally, internationally and UN.
EMBLEMHEALTH’S NEW YORK CITY PARTNERSHIP FOR FAMILY CAREGIVING CORPS (NYCP4FC CORPS)
EXECUTIVE COMMITTEE MEMBERS

Executive Co-Chair
• Gregory Johnson – EmblemHealth

Co-Chairs
• Cynthia Burke – Friends In Deed
• Shelia Warnock – Share the Care™
• Marion Gambardella – Spiritual Conditioning
• Catherine Thurston/Elise Colomer – SAGE
• Ali Hodi-Baier – Aging in NY Fund
• Maggie Monroe Richter/Rebecca Summers – Intersections International
NYCP4FC CORPS WAS CREATED TO:

• Address the economic impact of family caregiving in the workplace
• Bring family caregiving issues and solutions to corporations
• Help corporations to understand how family caregiving related issues affect the bottom line
• Find ways to help reduce losses due to absenteeism
THE SUGGESTED GUIDELINES WILL INCORPORATE THE NYCP4FC CORPS’ FIVE FREE OFFERINGS INCLUDING:

• One-time lunch and learn programs with presentations by NYCP4FC Corps.
• Lunch and learn series with presentations by all NYCP4FC Corps partners.
• Creation of a family caregiving resource library for employees.
• Creation of an online resource and toolkit.
• Onsite family caregiver resource fairs.
THE CORPORATE LEADERSHIP COUNCIL

Will serve as an informal vehicle for interested and committed corporate partners. The Council will join NYCP4FC Corps in creating suggested Guidelines that reflect the language and expertise of both the NYCP4FC Corps and the corporate representatives.

The Corporate Leadership Council will only be asked to write the Guidelines. There are no formal agendas, no fundraising efforts or financial commitments and no policy statements or lobbying efforts.
EMBLEMHEALTH’S NYCP4FC CORPS’ CORPORATE LEADERSHIP COUNCIL PLEDGE

On February 25, 2015, EmblemHealth hosted The Inaugural Breakfast for the Corporate Leadership Council where New York City based corporate representatives signed a pledge.

We, the undersigned corporate representatives, hereby endorse the concept of and pledge:

• To serve as a charter member of the NYCP4FC Corps' Corporate Leadership Council thereby, recognizing the importance of being a Responsible Family Caregiver Friendly Corporation.

• To partner through a designated member from the corporate staff in the writing of the Guidelines to be issued publicly by the Council.

• To incorporate as many of these guidelines and NYCP4FC Corps programs as possible within our own organization.
OUR PARTNERSHIPS/YOUR PARTNERSHIPS

NYCFCC (New York City Family Caregiver Coalition)
Council of Senior Centers and Services (CSCS)
National Alliance for Care-giving
Family Caregiver Alliance (FCA)
National Family Caregivers Association (NFCA)
Today’s Caregiver Magazine
Children of Aging Parents (CAPS)
Well Spouse Association
American Association of Homes and Services for the Aging (AAHSA)
AARP (Board/Foundation)
National Institute on Aging Information Center
The National Council on Aging (articles on NYCFCC)
Administration on Aging (US Department of Health and Human Services)
Eldercare Locator

Alzheimer’s Association
National Adult Day Services Association, Inc.
National Respite Locator Service
Social Security Administration (NY)
American Bar Association (ABA) Commission on Law and Aging
National Academy of Elder Law Attorneys (NAELA)
Financial Planning Association
ADA-NY; ADA-National
International Federation on Aging PSS:
Presbyterian Senior Services
Friends In Deed
Presbyterian Churches of NY
The Episcopal Diocese of NY
Catholic Charities
PARTNERSHIPS CONT’D

United Hospital Fund
Black Churches Mean Business Inc.
Manhattan Media
SNAP (Service Now for Adult Persons)
DFTA: Department for the Aging, NY (Comm)
SOF: State Office on Aging (Director)
GOAL (Gay Officers Action League)
NY Council of Churches
American Bible Society
Partnership of Faith
UN-NGO Committee on Aging (Helen Hamlin, Dir)
ASEAN Association on Aging (Dr. Mary Ann Tsao, chair, Singapore)
HANAC (Greek community)
Jewish Home and Hospital
Aging in New York

HIP Medical Groups
Kaiser Permanente
Legal Aid Society
Johnson & Johnson
Nations Health
Manhattan Borough Wide Interagency
Office of the Mayor
New York Presbyterian Hospital
Pfizer
NY College of Podiatric Medicine
Museum of the City of NY
Police Museum
Rubin Museum of Art
Tanenbaum Center
Vanderbilt University
Health Meditations
PARTNERSHIPS CONT’D

Lehman Brothers
Lower Manhattan Healthcare Coalition
Share the Caregiving Inc.
The Burden Center for Aging
Medicare Rights Center
Institute for the Puerto Rican and Hispanic Elderly, Inc.
VNS
CUNY
Interfaith Alliance for Homelessness and Housing
VISIONS
Brookdale Foundation
NYC Human Resource Administration
SAGE
St. Vincent’s Caregiver Program
SeniorLink, Inc. (Boston)

Lenox Hill Neighborhood Housing
UN Caregiver Support Group
Heights & Hill Community Council, Inc.
Junior Tennis League
International Longevity Center-USA
Brooklyn Chamber of Commerce
NY Chinatown Senior Center
GREGORY L. JOHNSON
Director, Community Outreach
Creator, EmblemHealth’s Care for the Family Caregiver Program
Marketing and Communications Fellow, New York Academy of Medicine

EmblemHealth
55 Water Street, Suite 3B-11
New York, NY 10041-8190
Office: 1-646-447-7651
Email: gjohnson@emblemhealth.com

You Are Not Alone Series – Visit the EmblemHealth You Tube Channel

http://www.youtube.com/playlist?list=PLUthdkimXSzsHfYY_VuJAYvyuOTmClqee
THANK YOU FOR SHARING THE FAMILY CAREGIVING...PLEASE VISIT US:

On the Web – www.emblemhealth.com/careforthefamilycaregiver
On Facebook – www.facebook/careforthefamilycaregiver
On our YouTube channel – www.youtube.com/emblemhealth
NYCP4FC Corps – www.corporatecaregivers.com
**EmblemHealth, Inc.**, through its companies Group Health Incorporated (GHI) and HIP Health Plan of New York (HIP) provides affordable, quality health care coverage and administrative services to approximately 3.4 million people. Groups and individuals can choose from a variety of PPO, EPO and HMO programs as well as prescription drug, dental and vision plans. Plans offer a choice of networks, including access to many of the tristate area’s leading physicians, other medical practitioners and acute care hospitals as well as access to physicians and hospitals across all 50 states.