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Vulnerable Baby Boomers: Risk Profiles and Resources

Special Module:
Family Caregiving Boomers

Human Services and Public Policy Council
Aging and Family Caregiving Committee

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January, 2013

Introduction

Aging Baby Boomers: An Overview of Issues and Trends

Approximately 78 million 'baby boomers' were born between 1946 and 1964. In 2011, the oldest of them began turning 65, and every day for the next 17 years, an additional 10,000 of them will do so (Pruchno, 2012). By the time the youngest of this generation turns 65, in 2030, 19% of the American population will be 65 or older (AoA Profile of Older Americans). By 2040, 25% of the Canadian population will be 65 and older (Health Canada, 2002).

While research suggests that many boomers will be able to age well, and 'age in place' in their own homes and communities, many others will face an increased risk of vulnerability as they age. Boomers who are caring for others, boomers have chronic health conditions, low income and/or unemployed boomers, unmarried and socially isolated boomers, boomers who are aging with developmental disabilities, and lesbian/gay/bisexual/transgender (LGBT) boomers are just some of these potentially vulnerable groups.

In this Issue Brief, we provide an overview of family caregiving boomers, including:

- An overview of trends and demographics
- A 'risk profile' outlining the vulnerabilities associated with the group
- A summary of potential implications for federations and partner agencies
- A list of additional resources and materials where available

Additional Issue Briefs will focus on each of the other vulnerable groups. This report is part of the ongoing work of the JFNA Washington Office and Human Services and Public Policy Council to help federations prepare for these challenges and opportunities associated with the aging of the baby boomers in their own communities. For more information or assistance, please contact Barbara Bedney at barbara.bedney@jewishfederations.org.

Additional Resources

MetLife Mature Market Institute. *Demographic Profile: America's Older Boomers*.
<https://www.metlife.com/assets/cao/mmi/publications/Profiles/mmi-older-boomer-demographic-profile.pdf>.

MetLife Mature Market Institute. *Demographic Profile: America's Middle Boomers*.
<https://www.metlife.com/assets/cao/mmi/publications/Profiles/mmi-middle-boomer-demographic-profile.pdf>.

MetLife Mature Market Institute. *Demographic Profile: America's Younger Boomers*.
<https://www.metlife.com/assets/cao/mmi/publications/Profiles/mmi-younger-boomer-demographic-profile.pdf>

U.S. Centers for Disease Control and Prevention. *Audience Insights: Communicating to Boomers*.
http://www.cdc.gov/healthcommunication/audience/audienceinsight_boomers.pdf.

Family Caregiving Boomers

A family caregiver is someone who provides care to a family member and/or loved one with an illness, frailty, or disability. Family caregivers do everything from taking their loved ones to medical appointments, to helping them use medical equipment, to managing their finances, to cleaning for them and helping them eat and bathe. It is currently estimated that some 44 million Americans, and 4.5 million Canadians, are providing unpaid care to a family member or friend who is 18 years of age or older (NAC/AARP, 2004; Canadian Caregiver Coalition, 2005). Virtually all older persons who live in non-institutional settings receive at least some assistance from family members, friends, and neighbors, while almost two out of every three rely *solely* on informal care (Family Caregiver Alliance, 2002) to remain in their communities. According to the United States Administration on Aging, these family caregivers provide about 80% of the community care in the United States and are the 'backbone' of the nation's long-term care system.

Statistical Overview of Caregiving

- Seventy-one percent of boomers have at least one living parent. Baby boomers are the only age cohort that reports that both their parents and their children rely more on them than vice versa (Pew Research Center, 2005).
- The number of family caregivers in the U.S. could increase by as much as 85% by 2050 (U.S. HHS/ASPE, 2003).
- There are approximately 7 million long distance caregivers in the U.S., most of them caring for aging parents who live an hour or more away (NIA).
- Approximately 60% of family caregivers are women (NAC/AARP, 2004).
- In 2011, 15 million family and friends provided 17.4 billion hours of unpaid care to those with Alzheimer's and other dementias - care valued at \$210.5 billion (Alzheimer's Association, 2012).
- The increased life expectancy of persons with intellectual and developmental disabilities will result in growing numbers of baby boomers who are simultaneously caring for their parents and for children with disabilities (Perkins, 2011).

Risk Profile

Increased Risk for Mental and Physical Health Issues

- Half of all family caregivers suffer from feelings of isolation. Between 40 – 70% of family caregivers have clinically significant symptoms of depression (Robert Wood Johnson Foundation, 2001).
- Family caregivers have chronic conditions at more than twice the rate of non-family caregivers (AoA).
- Many caregivers report difficulty sleeping and gaining or losing weight, setting aside their own medical and/or dental needs, and starting bad habits such as smoking and misusing alcohol or drugs as a result of caregiving (Evercare/NAC, 2007).

- The physical and emotional impact of caring for someone with dementia is estimated to result in \$8.7 billion in increased health care costs in the United States (Alzheimer's Association, 2012).
- Caregivers who are caring for older adults and children with disabilities (often called 'compound caregivers') report many challenges in caregiving roles, including feeling physically tired, emotionally stressed, and restricted in their own life and activities (Perkins, 2011).
- Compound caregivers are more likely to report an increased desire to place their son/daughter with an intellectual disability into a residential care setting (Perkins, 2011).

Difficulties Maintaining Employment and Work Hours

- Sixty-two percent of family caregivers have had to make adjustments to their work lives to provide care. Ten percent of employed family caregivers go from full-time to part-time jobs because of their caregiving responsibilities (NAC/AARP, 2004).
- Fifteen percent of employed caregivers report having taken unpaid leave to provide care (Evercare/NAC, 2007).
- Seventeen percent of employed caregivers reported that they had taken an additional job or worked extra hours as a result of their caregiving responsibilities (Evercare/NAC, 2007).
- Forty percent of family caregivers report that caregiving has affected their ability to advance in their jobs (MetLife, 1999).
- Nearly 80% of long distance caregivers work full or part-time. More than four in ten had to rearrange their work schedules in order to take care of their caregiving responsibilities, more than a third (36%) reported missing days of work, and 12% took a leave of absence (MetLife/NAC, 2004).

Increased Financial Strain

- The direct, out-of-pocket costs of providing care have been estimated at \$5,531 per year (Evercare/NAC, 2007).
- Family caregivers lose an average of \$659,000 over the lifetime in lost wages and benefits (AOA).
- The proportion of total costs assumed by family members of individuals with Alzheimer's ranges between 36% and 85% (MetLife Mature Market Institute, 2006).
- Long-distance caregivers who live between 1 and 3 hours away from the care recipient spend an average of \$386 per month on travel and direct expenses for items needed by the care recipient; those who live more than 3 hours away spend an average of \$674 per month (MetLife/NAC, 2004).

Implications for Federations and Agencies

As a result of these trends, federations and agencies are likely to see:

- An increase in requests for assistance from baby boomers seeking services for their aging parents.
- An increase in requests for services from baby boomers experiencing social, mental, physical, and financial difficulties as a result of providing care to aging loved ones.
- An increase in the intensity of the caregiving boomers provide, such as assistance managing multiple medications and using medical equipment, and an increasing need for training with these devices and medications.
- An increase in stress among unique groups of caregivers, such as lesbian/gay/bisexual/transgender caregivers, and an increased need for sensitivity and awareness-raising about these populations.
- Potential loss of retirement savings and increased need for services among baby boomers spending money on their aging parents.
- Potential loss of work hours from staff who need time to take care of aging family members.
- An increased need for flexible work hours, work-based support programs for family caregivers, and outreach to caregivers to identify needs, issues, concerns, and service delivery preferences could be helpful to this population.

Resources

Websites

- Family Caregiver Alliance Innovations Clearinghouse on Family Caregiving. http://www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2319
- The Harry and Jeanette Weinberg Foundation Caregiver Initiative: Support Through Innovation. <http://hjweinbergfoundation.org/program-areas/older-adults/caregiver-initiative/>
- Aging and Disability Resource Center Technical Assistance Exchange. Education for Caregivers. <http://www.adrc-tae.org/tiki-index.php?page=CGEducation>.
- Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices. Resources for Enhancing Alzheimer's Caregiver Health II (REACH II). <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=129>

Reports and Other Materials

- American Journal of Nursing Special Volume. *State of the Science: Professional Partners Supporting Family Caregiving*. <http://www.nursingcenter.com/lnc/static?pageid=809507>

- Centers for Disease Control and Prevention and the Kimberly-Clark Corporation (2008). *Assuring Healthy Caregivers, A Public Health Approach to Translating Research into Practice: The RE-AIM Framework*. http://www.cdc.gov/aging/pdf/caregiving_monograph.pdf.
- Family Caregiver Alliance. *Handbook for Long-Distance Caregivers*. http://www.caregiver.org/caregiver/jsp/content/pdfs/op_2003_long_distance_handbook.pdf.
- National Alliance for Caregiving (2012). *Best Practices in Workplace Eldercare*. <http://www.caregiving.org/pdf/research/BestPracticesEldercareFINAL.pdf>
- National Institute on Aging. *Caregiver Guide: Tips for Caregivers of People with Alzheimer's disease*. http://www.nia.nih.gov/sites/default/files/alzheimers_caregiver_guide.pdf
- National Institute on Aging. *So Far Away: Twenty Questions and Answers about Long-Distance Caregiving*. http://www.nia.nih.gov/sites/default/files/so_far_away_twenty_questions_about_long-distance_caregiving.pdf
- Perkins, E.A. (2011). *Compound Caregivers: Overlooked and Overburdened*. http://flfcic.fmhi.usf.edu/docs/FCIC_CompoundCaregivers_070811.pdf
- RTI International/U.S. Administration on Aging (2006). *Implementing Evidence-based Models and Promising Practices: The Experience of Alzheimer's Disease Demonstration Grants to States*. http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Alz_Grants/docs/Evidence_based_Practice_0106.pdf
- Substance Abuse and Mental Health Services Administration National Registry of Evidence-Based Programs and Practices. *Resources for Enhancing Alzheimer's Caregiver Health II (REACH II)*. <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=129>
- The Jewish Federations of North America. *The Family Caregiver Access Network Demonstration Project: Planning and Resource Guide*. www.jewishfederations.org

Sample Federation Programs

Day Services: http://www.cummingscentre.org/social_day_services
Cummings Centre, Montreal, Quebec

Provides programs for older adults living in the community who are socially isolated and/or have mild to moderate levels of memory loss, including individuals with Alzheimer's disease and other forms of dementia. The services give participants the opportunity to discuss their concerns and challenges in small groups and to participate in activities designed to enhance cognitive and emotional well-being. There is an emphasis on the arts, including music and drama, in addition to fitness and cognitive games. Educational workshops and lectures for family caregivers are ongoing throughout the year. They also publish a bi-monthly newsletter to inform, educate, and connect with family caregivers and group participants. For more information, contact Glenna Uline at glenna.uline@federationcja.org

Musical Helping Hands

Jewish Federation of Nashville and Middle Tennessee

An hour long home visit from a Jewish musician to senior adults with dementia or Alzheimer's for musical therapy. For more information, please contact Harriet Schiffan at Harriet@jewishnashville.org

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