

Family Caregiving For Older Adults

Summary of Significant Trends:

With increased life expectancy, the population 65+ is growing rapidly, with the group aged 85+ the fastest growing segment; the same trend is taking place in North Carolina. There are more older adults with chronic illnesses and conditions who require some form of assistance in their instrumental or personal activities of daily living, such as preparing meals, shopping, bathing, dressing, and so forth. Over half (57.6%) of those aged 80+ had one or more severe disabilities and 34.9% of the 80+ population reported needing assistance as a result of disability.¹ In the United States, most of the assistance given to older adults is provided by informal (unpaid) caregivers, most often family members. Nationwide, it is estimated that as many as 52 million Americans are informal caregivers. One published study estimated that family caregivers provide the equivalent of \$196 billion in free care annually.²

Emerging Issues and Trends:

As the population ages, more and more families are taking on the many challenges of caregiving for chronically ill or disabled older adults. Some studies have found that nearly one in every four persons is providing care for a relative or friend age 50 or older. In a survey of adult North Carolinians in 2000, 17% reported that they had

cared for a family member or friend age 60 and older during the past month.³

Despite its rewards, caregiving often takes a physical, emotional and financial toll on caregivers. Who are these caregivers? Nearly three-quarters of the caregivers to seniors are women. The typical family caregiver is a married woman in her mid-forties to mid-fifties. Over one half of family caregivers are employed full-time outside the home and many have other family responsibilities (the sandwich generation).⁴ Family caregiving can be a very stressful role, especially if the caregiver has his or her own health problems, if the care recipient requires many hours of continuous supervision and hands-on care, or if the caregiver lacks support from others. In these situations, many caregivers become isolated and depressed. Caring for a relative with dementia can be especially difficult. Studies have shown, however, that caregivers can be helped by a variety of interventions including information and case assistance, education for self-care and skills training, and access to other community services, such as respite care and support groups, as well as flexible workplace options.⁵

Relevance of trends to county programming:

In December 2000, the President signed into law the National Family Caregiver Support Act, which mandated the implementation of a National

Family Caregiver Support Program, which now operates in all 50 states. In North Carolina, that program is administered by the NC Division of Aging which distributes resources to 17 Area Agencies on Aging to assist family caregivers with information, education and counseling, respite care and supplemental services such as home modification. In the past two years, this program has generated a substantial infrastructure and an array of state and local partnerships to assist caregivers. From the beginning, NC Cooperative Extension has been involved in implementation of this program at the state, area and county levels, and we are one of the core organizations, which constitute the program's Steering Team. This creates numerous avenues and opportunities for county faculty to become involved in educational efforts for caregivers. Because family caregiving involves all aspects of family life from human development and family resource management to nutrition and health, there are many ways in which our faculty are helping to meet the needs of family caregivers. In particular, Cooperative Extension faculty have been trained to offer courses such as Taking Care of You: Powerful Tools for Caregiving; Caring for You, Caring for Me; Can-Do Caregiving; and Caregiving with Gusto! as well as programs addressing end of life care issues, in addition to programs developed by county faculty to meet local needs.

References

1. US Administration on Aging (2003). *A Profile of Older Americans*: 2002. <http://www.aoa.gov/aoa/stats/profile/profile.pdf>
2. Arno, PS, Levine, C, & Memmott, MM (1999). The economic value of informal caregiving. *Health Affairs* 18(2): 182-188.
3. Behavioral Risk Factor Surveillance Survey <http://www.dhhs.state.nc.us/aging/fcaregr/cgquest.htm#three>
4. Older Women's League (2001). *Faces of Caregiving*. Washington, DC: OWL.
5. Toseland, RW & Smith, T. (2002). Supporting caregivers through education and training. Washington, DC: US Administration on Aging. <http://www.aoa.gov/carenetwork/Fin-Toseland.pdf>

Sources of Supporting Data:

North Carolina Aging Demographics (from the UNC Institute on Aging)

http://www.aging.unc.edu/infocenter/slides/ncaging/ncaging_files/frame.htm

Family Caregiving in North Carolina (from AARP and NCCES, among other organizations)

http://www.aarp.org/statepages/pdf/NC_FmlyCrgvng.pdf

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