2015 Survey of Older Minnesotans

Caregiving Issue Brief

MINNESOTA BOARD ON AGING

This report is one of several issue briefs written to share the results of the 2015 Survey of Older Minnesotans.

In 2015, the Minnesota Board on Aging, in partnership with the Minnesota Department of Human Services, conducted a statewide survey of persons age 50 and older in Minnesota. The MBA conducts this survey approximately every five to ten years to monitor the changing needs, assets and expectations of older persons in the state. They use this information to improve the design and targeting of public programs for older persons and to help researchers and policy makers better understand Minnesota's older population.

For more information see the MBA website at
http://www.mnaging.net/en/Advisor/SurveyOlderMN.aspx
or contact the MBA

Mail: Minnesota Board on Aging
P.O. Box 64976, St. Paul, MN 55164-0976

Phone: 651-431-2500 or 1-800-882-6262 / TTY 1-800-627-3529

Email: mba@state.mn.us

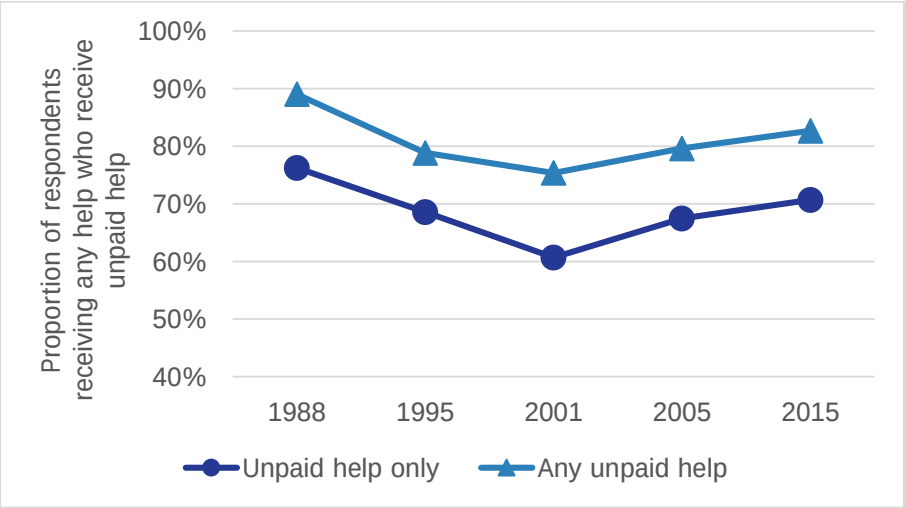
2015 Survey of Older Minnesotans: Caregiving Issue Brief

Background

The Survey of Older Minnesotans is used to determine the status and needs of older adults. It also provides information that is used to improve the design and targeting of programs for older adults and helps researchers and policy makers better understand Minnesota's older population. The most recent survey was completed in 2015 by the Minnesota Board on Aging (MBA) in partnership with the Minnesota Department of Human Services. The Survey of Older Minnesotans (SOM) is conducted approximately every five to ten years. Questions in the survey explore demographic, economic, health, housing, and family and social statuses. Surveys are conducted via telephone interviews with a random sample of noninstitutionalized older persons, meaning those not living in a nursing home, in Minnesota. The most recent survey consisted of a sample size of 4,000 respondents age 50 and older (2,010 in the Twin Cities Metro Area and 1,990 in Greater Minnesota). Graphs and figures included in this issue brief are from the SOM and include respondents age 60 and older unless otherwise noted.

The 2015 survey has two ways of capturing data about caregivers and caregiving. One way is by asking the respondents if they receive help with activities of daily living (ADLs) or instrumental activities of daily living (IADLs); if the help is provided by family, friends or paid staff; and if they would have a caregiver in the event that they became sick or disabled. The 2015 SOM found that out of the 4,000 respondents, 744 received some form of help with ADLs or IADLs. The second way is by asking respondents if they provide care to someone else. Out of the 4,000 respondents of the 2015 SOM, 588 provide care to someone.

Figure 1: Unpaid caregiving decreased until 2001 and is now slightly increasing



The majority of caregiving for older Minnesotans is provided by family and friends. Eighty-three percent of respondents age 60 and older who need assistance with ADLs or IADLs receive some unpaid help (either alone or in combination with paid help), while 71 percent[1] rely only on unpaid help. Only 17 percent depend solely on paid help. This unpaid caregiving saves the state billions of dollars each year in long-term care costs (e.g., nursing homes). The importance of this unpaid caregiving will continue to grow as the Baby Boomers age and begin to need help in their daily lives. Supporting family and friend caregivers will continue to be an important component of Minnesota's health and long-term services and supports systems.

Highlights

1. The rate of caregiving and the proportion of older adults with an unpaid caregiver is increasing.
2. Caregivers age 50 and older are more likely to care for their parent, while caregivers age 65 and older are more likely to care for their spouse or partner.
3. Certain subgroups are less likely to report having a caregiver if they develop an illness or disability; this includes those who are age 85 and older, those who are not married, those who live alone and those with lower incomes.

[1] This method is different from methods used in previous surveys. Previous surveys have estimated the proportion of care provided by families (e.g., 92 percent) rather than the proportion of individuals receiving certain types of help.

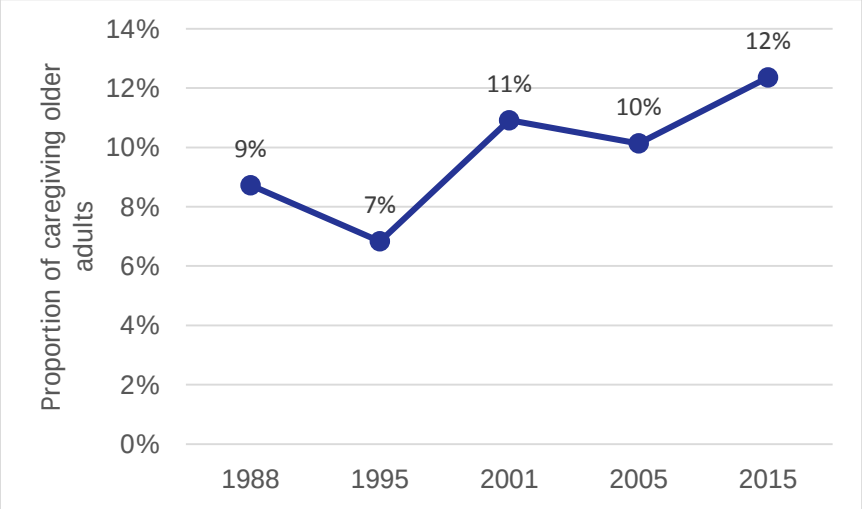
4. Over half of older adult caregivers report providing care for someone with memory loss.
5. Nearly a third of older adult caregivers are considered “higher-hour” caregivers, those providing at least 21 hours of care per week.
6. Approximately 30 percent of older adult caregivers perform medical or nursing tasks.

Results

According to the AARP Public Policy Institute, in Minnesota alone, an estimated 585,000 caregivers provide 544 million hours of care valued at $7.86 billion per year (a decline from 679,000 caregivers providing 649 million hours of care valued at $8.2 billion, in 2011). The incidence of caregiving among adults 18 and older is about 11 percent (AARP, 2015 & 2011). Individuals age 50 and older surveyed through the 2015 SOM, were asked whether they provided support to others. Through these questions, the incidence of caregiving in Minnesota among those age 50 and older is 15 percent and among those age 65 and older is 11 percent, therefore our survey is consistent with the AARP figures.

Older Adults as Caregivers

Figure 2: Rate of Caregiving Increases Over Time



The proportion of survey respondents age 60 and older who indicate they are a caregiver has followed a general upward trend.

Snapshot of Caregivers Age 50 and Older

According to the 2015 SOM, caregivers age 50 and older are most likely female, married, and living with others. They are likely to have either some college education or

a college degree and be working at a paying job with a household income of $50,000 or more. Most say they are in good health. They are likely to provide care for their mother or father (36 percent), spouse/partner (26 percent), or son or daughter (12 percent). The care recipient may have limitations in memory, thinking, or the ability to make decisions (57 percent) and does not require the caregiver to perform a medical or nursing task (70 percent do not). Caregivers age 50 and older provide an average of 22 hours of care per week (with a range of less than 1 hour to constant care of 168 hours per week and median of 10 hours per week).

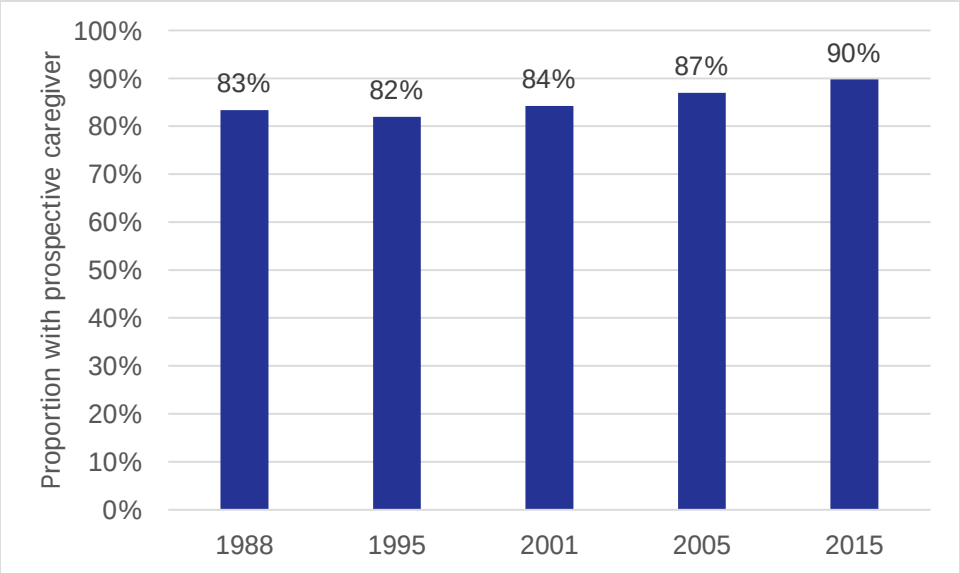
Snapshot of Caregivers Age 65 and Older

2015 SOM respondents who identified themselves as caregivers age 65 and older are most likely female, married, and living with others. They are likely to have an education between a high school diploma and college degree. They are typically not working at a paying job and have an annual household income between $40,000 and $75,000. They are likely to say they are in good health. They are most likely providing care for their spouse/partner (47 percent), mother or father (16 percent), or son or daughter (9 percent). The care recipient typically does not have limitations in memory, thinking or the ability to make decisions (52 percent do not) and does not require the caregiver to perform a medical or nursing task (72 percent do not). Caregivers age 65 and older provide an average of 28 hours of care per week (with a range of less than 1 hour to constant care of 168 hours per week and median of 10 hours per week).

Older Adults with a Potential Caregiver

The proportion of respondents age 60 and older reporting they would have a caregiver has increased over time.

Figure 3: Proportion of Older Adults with Caregiver If They Developed Illness or Disability Increasing



Respondents were asked if they had someone who would take care of them if they developed an illness or disability. In 2015, most (91.6 percent) reported that they would have someone to care for them. Some subgroups are less likely to have a caregiver, including those 85 and older (84 percent), those not married (79 percent), those living alone (77 percent), and those with lower incomes (72 percent of those with an annual income less than $10,000).

For those over age 50 who indicated they would have a caregiver, over two-thirds would rely on a spouse or partner and another third would rely on a child. For those over age 65, the proportions of those who would rely on a spouse or partner and a child are both about 50 percent.

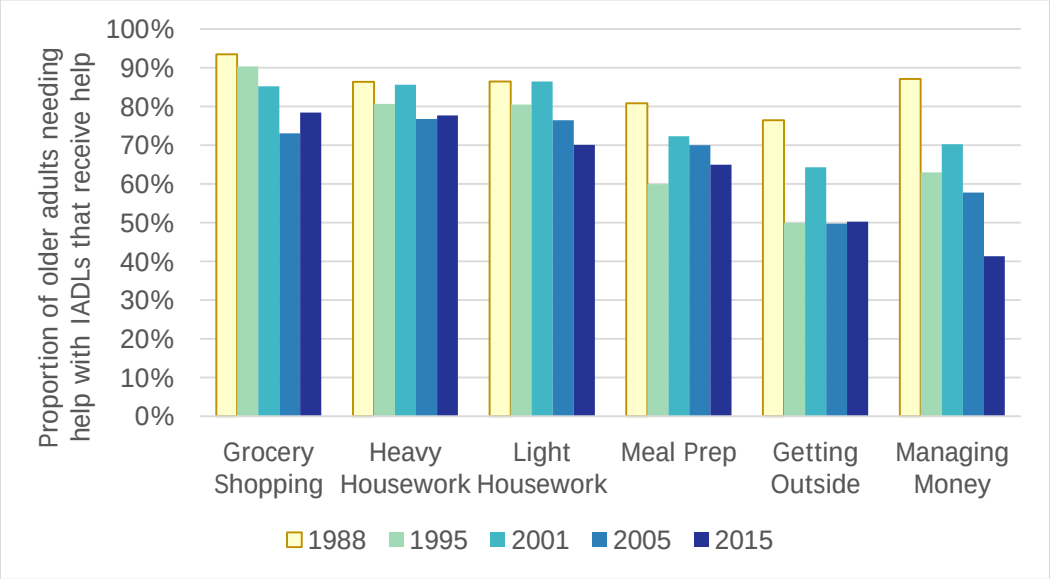
Figure 4: Care Providers Continue to be Spouse/Partner or Child

Person Who Would Provide Care	Percentage of 50+ with Caregiver*	Percentage of 65+ with Caregiver*
Spouse, Partner	68%	51%
Child or Child-in-Law	33%	51%
Brother, Sister, Other Relative	12%	12%
Friend or Neighbor	9%	9%
Home Health Service	3%	3%
Public Nursing Service	2%	3%
Parent	2%	<1%
Grandchild	2%	3%
Other	<1%	<1%
Total Count of Those With Caregiver	3515	1355

*Percentages do not add to 100% because respondents could choose more than one person who would provide care

The SOM asks a series of questions about whether the respondents need assistance with instrumental activities of daily living (IADLs) such as preparing meals, grocery shopping, managing money, heavy and light housekeeping, and getting out of the house; and activities of daily living (ADLs) such as personal care, getting dressed, transferring from the bed or a chair, and using the toilet. In 2015, 23 percent of survey respondents had difficulty with one or more IADLs and 8 percent reported having difficulty with one or more ADLs. Overall, 23 percent of respondents reported needing assistance with any IADL or ADL. For most IADLs, the proportion of respondents who indicated they received assistance when they needed it has gone down over time. This is especially true for managing money, with which only about 40 percent of respondents who need help, receive it.

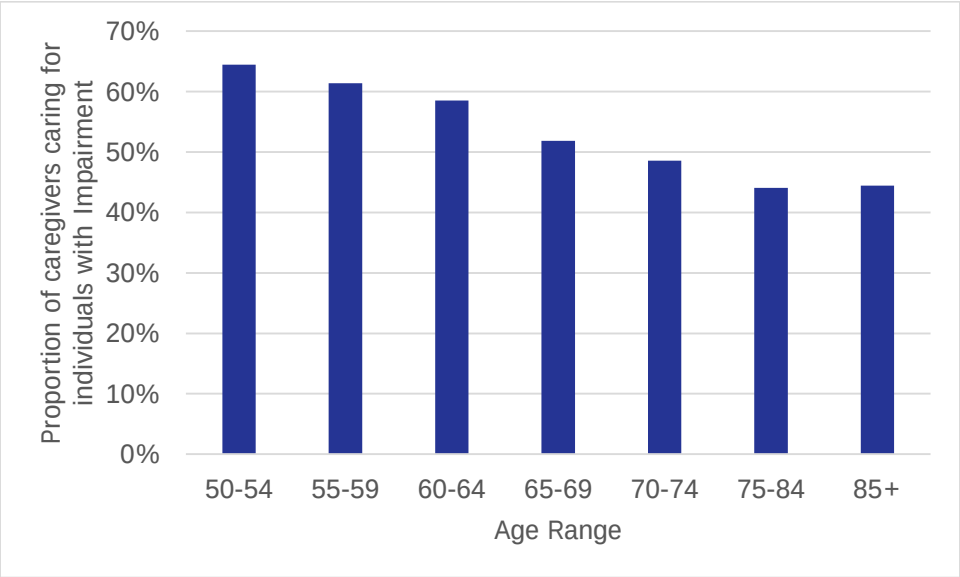
Figure 5: Older Adults Receive Less Help with IADLs



Focus Area: Memory Loss

Around 89,000 Minnesotans age 65 and older live with Alzheimer's disease. Approximately one in nine Minnesotans has Alzheimer's disease and one-third of people age 85 or older have the disease (ACT on Alzheimer's, 2015). According to the 2015 Survey of Older Minnesotans, 57 percent of those providing care to someone, report that the care recipient has issues with memory, thinking, or the ability to make decisions. Younger caregivers are more likely to assist someone with these issues than older caregivers in the 2015 survey results. According to ACT on Alzheimer's (2015), about 250,000 Minnesotans provide informal care for a family member with Alzheimer's disease, resulting in 282 million hours of unpaid care at a value of $3.4 billion annually.

Figure 6: Likelihood of Caregiving for Individuals with Memory, Thinking or Decision Making Difficulties Decreases by Caregiver Age

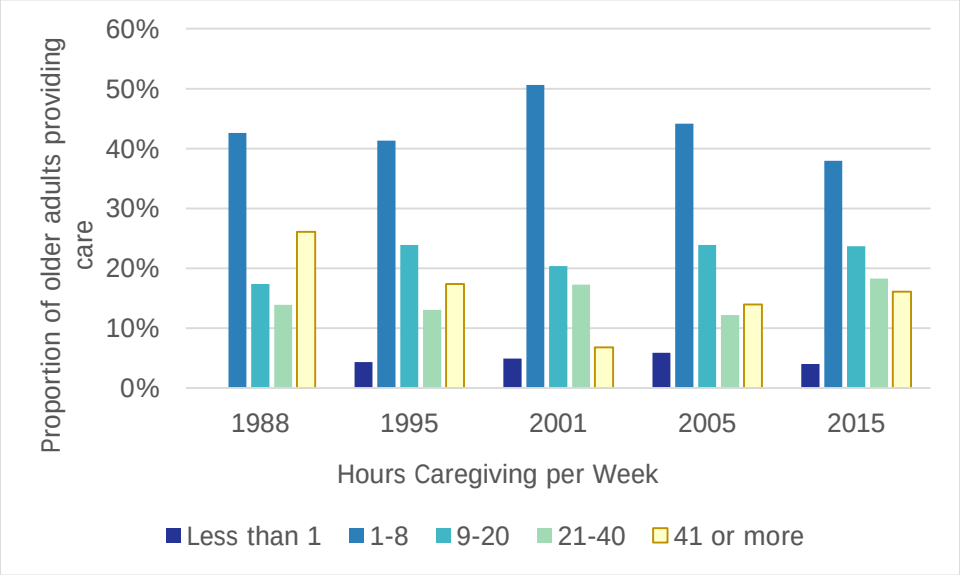


Having issues with memory, thinking, or the ability to make decisions does not necessarily mean the care recipient has Alzheimer's disease or related dementia. Other factors that could explain cognitive impairment includes medications, dehydration, or other illnesses or disabilities (Alzheimer's Association, 2015).

Focus Area: Higher-Hour Caregivers

Higher-hour caregiving is generally defined as providing 21 or more hours of care per week. In the 2015 SOM, 32 percent of survey respondents identified themselves as higher-hour caregivers. This is approximately the same as the national rate of 31 percent of caregivers providing 21 or more hours per week (National Alliance on Caregiving and AARP, 2015). The 2015 SOM also found that higher-hour caregivers were less likely than caregivers providing fewer hours of help to report being in excellent health.

Figure 7: Hours Spent Caregiving by Older Adults Age 60 and Older Varies Over Time



Between 2005 and 2015 the proportion of caregivers providing 21 or more hours of care per week increased.

Focus Area: Caregivers Performing Medical/Nursing Tasks

According to the 2015 Survey of Older Minnesotans, about 30 percent of caregivers in Minnesota perform a medical or nursing task for the person they support. Medical or nursing tasks can include managing multiple medications, providing wound care, preparing food for special diets, using monitors, and operating specialized medical equipment. Minnesota's findings are slightly lower than the national rate of 46 percent. Many caregivers find the tasks difficult and feel they have no choice in providing this type of care. Providing medical or nursing care with little help from trained health care providers puts a strain on the informal caregivers (AARP, Home Alone: Family Caregivers Providing Complex Chronic Care, 2012).

Conclusion

Family and friend caregivers are the foundation of Minnesota's health and long-term services and supports (LTSS) system. The 2015 SOM found that the majority of respondents (83 percent) receive a combination of paid and unpaid care, with 71 percent relying solely on unpaid care; the rate of caregiving in Minnesota has increased slightly from 2005 to 2015; and the majority of respondents (92 percent) reported having a caregiver, or someone to take care of them if they developed an illness or disability. An increase in numbers of older adults needing care will make family caregiving even more valuable in future years. Strategies to support family caregivers and assist those without family caregivers include:

- Expanding policy and services to support family caregivers. Examples include expansion of sick leave benefits, the proposed CARE (Caregiver Advise, Record and Enable) Act to notify caregivers about transitions of care and provide live instruction about medical tasks the caregiver will perform at home, and proposed RAISE (Recognize, Assist, Include, Support and Engage) Family Caregivers Act to develop an integrated national family caregiving strategy to recognize and bolster support for caregivers.
- Expanding family- and person-centered care in all settings, and services such as information, education, caregiver coaching, and respite options to respond to diverse and changing needs.
- Targeting services and support to ”at risk” caregivers early on including those who are stressed or depressed, those caring for someone with Alzheimer’s or a related dementia, higher-hour caregivers and those performing medical or nursing tasks. This also includes those who report fair or poor health status as a result of caregiving, those with limited financial resources, racial and ethnic minorities and rural isolated caregivers.
- Increasing efforts to support older adults who do not have a family caregiver to help them if they are sick or disabled, especially for those who are age 85 and older, not married, live alone, and have lower incomes. This includes addressing gaps in services such as IADLs (see Figure 5), and others identified in the Gaps Analysis and Critical Access studies[2] and using technology to enhance support.
- Promoting the use of technology where appropriate to enhance in-person services and support, to monitor health and vital signs, decrease reliance on paid caregivers, and reduce workloads[3]. Examples include telehealth technology, personal emergency response systems, home monitoring systems, home modifications, adaptive equipment, electronic organizers, and others.
- Promoting workplace policies and support for family caregivers to assist them in juggling the competing demands of work, caregiving and family. Examples include expanding of workplace flexibility (e.g., flexible hours, telecommuting and reduced work hours), paid sick leave for private and low income workers who lack access to paid sick days, and extending Family Medical Leave Act protections for employees working at small businesses. Supporting employee caregivers enhances productivity, lowers absenteeism, improves retention,

[2] For more information on these studies see the Gaps Analysis Study website from the Minnesota Department of Human Services.
[3] For more information on technology for family caregivers, see “A Family Caregiver’s Guide to Electronic Organizers, Monitors, Sensors, and Apps” by United Hospital Fund, 2015.

results in fewer workplace disruptions, and promotes a competitive edge in recruiting high quality employees.

Resources

AARP Public Policy Institute, Valuing the Invaluable: 2011 Update, 2011. http://assets.aarp.org/rgcenter/ppi/ltc/i51-caregiving.pdf

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National Alliance for Caregiving and AARP Public Policy Institute, Caregiving in the U.S. 2015 – Focused Look at Caregivers of Adults Age 50+, 2015. http://www.caregiving.org/wp-content/uploads/2015/05/2015_CaregivingintheUS_Care-Recipients-Over-50_WEB.pdf

Graph colors based on www.ColorBrewer.org, by Cynthia A. Brewer, Penn State