



Paid In-Home Care:

IMPROVING THE LIVES OF FAMILY CAREGIVERS

A WHITE PAPER FROM



Section I

ABOUT HOME INSTEAD SENIOR CARE®

Home Instead Senior Care is a U.S.-based international franchise network that provides high quality, non-medical home care for older adults. The Home Instead Senior Care network consists of more than 900 independently owned and operated franchise offices that help seniors and their families through the home-care stage of aging.

Franchise offices are located throughout the United States and in Canada, Australia, Austria, Finland, Germany, Ireland, Japan, New Zealand, Portugal, Puerto Rico, South Korea, Switzerland, Taiwan and the United Kingdom.

Home Instead franchise offices employ more than 65,000 professional, trained CAREGiversSM who, in 2010, provided more than 40 million hours of elder care services through more than 60 home-care activities. In situations in which a client has aging-related medical needs beyond the capabilities of non-medical home-care workers, referrals can be made to Home Instead's partners in the healthcare industry.

Home Instead Senior Care was founded by Paul and Lori Hogan in 1994 in Omaha, Nebraska, and began franchising in June 1995. It was Paul's own family experience caring for his grandmother for 12 years that influenced his realization of the need for non-medical home-care and elder-companionship services to help seniors live independently at home.

By 1998, the Home Instead Senior Care network had grown to 99 franchise offices and was recognized by *Entrepreneur* magazine as one of the 100 fastest-growing franchise companies in the United States. In 2000, Home Instead began international expansion by establishing a partner relationship with Duskin Co. in Osaka, Japan.

The Home Instead Senior Care Foundation was created in 2003 to further the philanthropic mission of franchisees. The foundation's objective is to provide financial assistance to non-profit organizations specializing in projects that improve the quality of life for seniors.

Home Instead Senior Care has been cited for its business success by the International Franchise Association and by several publications including *TIME*, *The Wall Street Journal*, *The New York Times*, *Entrepreneur* and *Franchise Times*. Company Founder and Chairman Paul Hogan has also taken on several advisory roles on aging issues, including serving as an at-large delegate to the White House Conference on Aging.

Section II

METHODOLOGY

This Home Instead Senior Care-commissioned research project—entitled the “Value of Caregiving at Home” study—examined the perceptions and experiences of U.S. caregivers for seniors by conducting a survey among adults (aged 18 and older) who were providing and/or arranging care for an older adult (aged 65 or older).

To ensure the integrity, independence and validity of this paper, an expert panel composed of medical professionals and academics, as well as senior-care and research experts, guided and approved both the methodology and survey instruments. Additionally, both methodology and survey instruments were reviewed and approved by the Western Institutional Review Board, a fully-accredited commercial institutional review board that reviews health and healthcare-related research projects according to FDA regulations and ICH guidelines.

Two separate samples were used: one involving caregivers whose care recipients were receiving paid in-home non-medical care; and a second group of caregivers whose care recipients were not receiving this care. The data was collected using a national panel of more than three million consumers who have agreed to take part in surveys conducted by professional researchers.

A detailed screening procedure identified qualified respondents, who then participated in this survey voluntarily. To be eligible, respondents had to be responsible for providing and/or arranging care (either totally or partially) for someone aged 65 or older who was not capable of complete self-care; and who was not living in a nursing home, assisted-living facility, or group home. After qualifying as a caregiver, respondents were then appropriately classified into “paid in-home non-medical care” or “non-paid in-home non-medical care” groups.

The definition of “non-medical care” was stringent, to include no registered or certified medical professionals whatsoever. For the purposes of this report, “medical professionals” will be thus defined as physicians; physicians’ assistants (PAs); nurse practitioners (NPs); registered nurses (RNs); licensed practical nurses (LPNs); licensed vocational nurses (LVNs); physical therapists (PTs); occupational therapists; or any other registered therapists. Some respondents were using both medical and paid, in-home non-medical care; however, those relying solely upon professional medical care were excluded from this study.

The online survey instrument consisted of three component questionnaires designed to be administered sequentially. These questionnaires contained sections that allowed the following: demographic profiling of care recipients and caregivers; identification of the types of care provided; detailed description of the health status of the care recipient and the caregiver; assessment of the quality of life of both the care recipient and caregiver; and the collection of data related to caregiver employment.

Six-hundred and ninety-seven caregivers with paid in-home non-medical care completed all three surveys, along with 934 caregivers who were not using paid in-home non-medical care—yielding a total of 1,631 study respondents. Only those participants who completed all three surveys were retained in the survey-analysis process. Data collection occurred throughout January 2010.

Section III

CAREGIVING: THE DEMOGRAPHICS

According to the National Alliance for Caregiving and AARP, more than 43 million caregivers aged 18 or older – about 19 percent of the country’s adult population – are providing care to an adult family member or friend who is at least 50 years old.¹

Many of the recipients of this care have already turned 65, and millions more will reach this milestone in the near future. Specifically, some 78 million men and women were born between 1946 and 1964 – the generation known as the Baby Boomers. In 2011, the first of the Boomers will turn 65, and they will do so at a rate of more than 8,000 a day. By year’s end, the nation’s senior population will have grown by almost 3 million, to a total of nearly 49 million.

By 2025, then, the U.S. senior population, which was 35 million in 2000, will have more than doubled to 72 million. The number of family members and friends who are cast in the role of caregiver for an older adult will almost certainly grow in equally large numbers. It will be one of the greatest social changes in the nation’s history, and it is about to begin.



For several years, Home Instead Senior Care has collected data from caregivers across the U.S. on its caregiverstress.com Web site. They cite the following reactions or problems:

90% have experienced episodes of anxiousness or irritability.

83% say caregiving is “very demanding.”

77% describe the needs of their seniors as “overwhelming.”

77% say caregiving is taking a toll on their family lives.

56% say they were falling ill more frequently.

56% say caregiving takes a toll on their jobs.

These caregivers need help. They need it almost from the very beginning of their caregiving role. And the need almost always intensifies as the recipients age.

Fortunately, the care continuum for U.S. seniors has expanded to include a new option: paid in-home non-medical care, which can reduce the burdens on caregivers while helping them provide more and better care to their senior loved ones.

Section V

THE BENEFITS OF PAID IN-HOME NON-MEDICAL CARE

Recent Home Instead Senior Care research has shown that the use of paid in-home non-medical care is associated with important personal and professional benefits for family caregivers – benefits that also work to the advantage of the seniors for whom they care.

In-home non-medical professionals work with seniors who have reached a point in life when they need some help with daily and weekly routines. This may include assistance with trips to the doctor; reminders to take the right medication at the right time; meal preparation; light housekeeping; errands; shopping; and even Alzheimer's and dementia care. The result is companionship that allows seniors to feel safe and independent while they age in place in the homes they've lived in for years.

Caregivers who used paid in-home non-medical care for their seniors reported having better overall health than did their counterparts who did not make use of such care; 78 percent of those in the first group rated the overall quality of their health as "good" or "very good," while 72 percent of those in the second group rated their overall health at the same levels.

Fourteen percent of caregivers who did not use paid in-home non-medical care reported that their health was worse than it had been a year before, while only 10 percent of those using paid in-home non-medical care cited worsening health.

And, 25 percent of caregivers who did not use paid in-home non-medical care reported needing some type of outpatient hospital care during the previous year, compared with 19 percent of those using paid in-home non-medical care.

Extrapolating these findings across the nation's entire population of caregivers clearly indicates that the expanded use of paid in-home non-medical care can contribute to improved health and a better quality of life for millions of Americans who care for older adults.

A More Demanding Demographic

The Home Instead Senior Care findings are particularly significant in light of the fact that most paid in-home non-medical care is being used by older seniors with very demanding needs.

The study found that the recipients of such care tended to be older, with 75 percent above the age of 80, and they were often sicker or otherwise more limited in their daily routines:

- 61 percent were characterized as having mobility problems.
- 48 percent were dealing with “frailty,” which the American Geriatrics Society defines as a condition characterized by “three or more of the following: muscle weakness; slow walking speed; exhaustion; low physical-activity levels; or unintentional weight loss.”²
- 29 percent had Alzheimer’s and 43 percent were suffering from other dementias.
- 22 percent were contending with the after-effects of stroke.

Health Benefits for Alzheimer’s Caregivers

The finding that family caregivers who make use of paid in-home non-medical care have better personal health than those without such help was even more pronounced among study participants who took care of seniors suffering from Alzheimer’s disease or other dementias – unquestionably one of society’s most challenging caregiving scenarios.

When caregivers for recipients with “more serious” dementias (as rated by the caregivers themselves) were asked if their personal health was worse than a year before, only 14 percent of those who used paid in-home non-medical care said yes, compared with 25 percent of caregivers in the group without such care.

Among those caring for seniors with “less serious” dementias, the numbers were 12 and 16 percent, respectively.

Similarly, when asked if they had received outpatient hospital care over the past year, only 18 percent of caregivers using paid in-home non-medical care for seniors in the “more serious” category had done so, compared with 40 percent of those in the second group. In the “less serious” category, the numbers were 18 percent and 24 percent, respectively.

According to the Alzheimer’s Association report *Changing the Trajectory of Alzheimer’s Disease*, “The number of Americans age 65 and older who have this condition will increase from 5.1 million today to 13.5 million by mid-century.”³

Section V The Benefits of Paid in-Home Non-Medical care (Continued)

The Home Instead Senior Care findings clearly indicate that in light of the extraordinary growth in the number of Alzheimer's sufferers, paid in-home non-medical care should become a major option for both seniors with this disease and their family caregivers.

The Benefits for Working Caregivers

The strain of holding a job while caring for a senior can take a serious toll on a caregiver's career. According to research from the National Alliance for Caregiving and AARP, in 2009, 68 percent of employee-caregivers who were surveyed said they had made accommodations in their work status as a result of their caregiving responsibilities. The accommodations included taking time off or going on leaves of absence; losing benefits; or even quitting the workplace entirely, either by leaving a job or taking early retirement.⁴

Home Instead Senior Care's research shows, however, that the use of paid in-home non-medical care can help family caregivers remain in the workforce and may help mitigate some of the financial sacrifices associated with being an employee-caregiver.

The study found that of those family caregivers using paid in-home non-medical care, 71 percent were employed – 51 percent of them full-time. The numbers were lower for caregivers not using such care: 65 and 49 percent, respectively. So, paid in-home non-medical care apparently makes it easier for family caregivers to work outside the home.

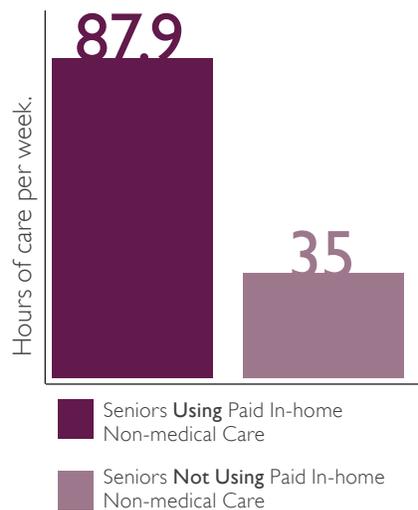
In addition, while most of the caregivers studied had lost earnings because of job changes they had made, those using paid in-home non-medical care had sacrificed less than those who did not use such care. Specifically, an identical 81 percent of caregivers in both groups indicated that at some point they had lost wages as a result of changing jobs to accommodate their caregiving responsibilities – a testament to the hardships of serving as a working caregiver. But those using paid in-home non-medical care did almost 25-percent better in terms of maintaining their previous income levels than did those in the other group.

Even though serving as a family caregiver may have a negative effect on an individual's earning power, the use of paid in-home non-medical care may help mitigate the losses.

More Care @ Better Care

Family caregivers make personal accommodations and suffer financial losses primarily to help provide the best care they can for their senior loved ones. It is highly significant, therefore, that probably the single-greatest benefit of using paid in-home non-medical care is that it allows older adults to receive more care – and presumably better care – on a regular basis.

The Home Instead Senior Care research showed that per week, recipients of paid in-home non-medical care typically receive more overall hours of care – including paid and unpaid care, medical and non-medical care – than do older adults who do not have such services.



In fact, the comparison is rather startling. The seniors with paid in-home non-medical care received an average of 87.9 hours of total care per week, compared with 35 hours for the second group. Put another way, in any given week, older adults who have such care will receive about two-and-a-half times as much assistance as the seniors who do not.

It is important to remember that these numbers represent the collaborative efforts of both family caregivers and paid in-home non-medical personnel. The family caregivers continue doing their extraordinarily important part. However, the addition of paid in-home non-medical services makes a dramatic difference in the amount of care – and therefore, it is reasonable to assume, the quality of care – that their seniors receive.

Caregivers Recognize This

The caregivers who participated in the Home Instead Senior Care study confirmed the “more care equals better care” finding when they used a 1-to-5 scale to rate the overall quality of in-home care received by their seniors.

For the older adults whose care “bundles” included paid in-home non-medical services, 78 percent of caregivers rated the overall quality of care at a “4” or “5” level – that is, “very good” or “excellent.” In contrast, caregivers for seniors not using paid in-home non-medical care assigned a “4” or “5” for care quality in 70 percent of cases.

With the combined help of family members and paid in-home non-medical care, seniors are healthier and happier in the familiar surroundings of their own homes.

Section VI

CONCLUSION

The Home Instead Senior Care research demonstrates that family caregivers derive important personal and professional benefits when they supplement their senior caregiving with paid in-home non-medical services. Among these:

- Better personal health.
- Better quality of life.
- More help with seniors who make greater care demands, especially those with Alzheimer's and other dementias.
- Help in staying in the workforce.
- Help in reducing the financial sacrifices that caregiving often imposes.
- Help in delivering more care and better care to their seniors.

As the number of older Americans rapidly expands, so will the country's need for senior care. At least initially, much of this demanding burden will fall on younger family members, many of whom are already busy with work and children. Thus, paid in-home non-medical care can play a vital role in shoring up a U.S. caregiving system that is already stretched thin, and that will be far more strained in coming years.

It is imperative for policymakers to determine how to make safe, affordable in-home non-medical senior care accessible to families that need it. The seniors and their families must take ultimate responsibility for their well-being, of course. But a national strategy that brings paid in-home non-medical care within their reach can produce great personal, professional and societal benefits.



Section VII

RECOMENDATIONS

Given the growing importance of paid in-home non-medical services and their potential to improve the quality of senior care nationwide, a series of steps to encourage their growth and development is in order:

- **National Senior-Care Policy** – Establish a comprehensive national senior-care policy to provide optimal care for seniors, and ensure good stewardship of the limited human and financial resources available to provide care to an aging population.

- **An Educational Campaign** – Develop a continuing nationwide program to educate seniors and their families about the choices that are available along the healthcare continuum and how to go about making the best decisions at each stage of the aging process – for example, providing non-medical care in the senior’s home rather than institutionalizing him or her in a nursing home. The campaign could be mounted by a coalition involving public senior-service agencies and the private-healthcare community.

- **Tax-Policy Changes** – Create a national study commission to review the impact of the current tax code on senior care decision-making and recommend adjustments to the code that would encourage home care and personal responsibility for senior care.

- **A Youth Corps** – Create a corps of young volunteers who would be trained to work for, say, three years as in-home non-medical workers, perhaps using reductions in college-loan debts as an incentive.

- **A Senior Corps** – Some of the best in-home non-medical workers are often seniors themselves. Social policies should be developed to encourage this trend.

- **New Senior-Care Options** – Offer federal grants to test innovative new programs in senior care, especially programs that will enable older adults to age at home, a choice nearly 90 percent say they prefer.

Sources:

1. Online at <http://www.caregiving.org/data/FINALRegularExSum50plus.pdf>.
2. Online at http://www.healthinaging.org/agingintheknow/research_content.asp?id=12.
3. Online at http://alz.org/news_and_events_19623.asp.
4. Online at <http://www.caregiving.org/data/FINALRegularExSum50plus.pdf>.



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