

Utilization of Informal and Formal Care by Older Adults: Preliminary Findings

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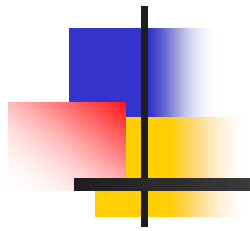
The Center for Health Workforce Studies at the University at Albany

- Conducts studies of the supply, demand, use and education of the health workforce
- Committed to collecting and analyzing data to understand workforce dynamics and trends
- Goal to inform public policies, the health and education sectors and the public
- One of six regional centers with a cooperative agreement with HRSA/Bureau of Health Professions



Outline

- Background
 - What we know about caregiving
 - What we don't know
- The Current Study
 - Framework
 - Data
 - Methods
- Findings and Discussion



Background





Population is aging rapidly

- Increasing numbers of older adults
 - Between 2000 and 2020, the U.S. population will add 19 million elderly people.
 - Overall, the numbers of elderly people in this country will grow 138% in the next fifty years.
 - By the year 2050, one of every five Americans will be age 65 or over.

Source: U.S. Census



Need for ADL assistance will increase dramatically

- The percentage of people age 65 and over with some level of IADL or ADL limitation is estimated at about 21%.
 - About 9% suffer from IADL limitations only, with another 12% suffering at least one ADL limitation.
- About 68% of elderly people can expect to experience at least one ADL disability or to experience cognitive impairment at some point during their lifetime.

Source: AARP, 2003.



Providers of ADL assistance

- Formal caregivers
 - Home health aides (non-institutionalized elders)
 - Nursing aides (institutionalized elders)
- Informal caregivers
 - Family members
 - Friends
 - Neighbors



Supply of Formal Caregivers is Limited

- Potential shortages of paid caregivers
 - Recruitment issues
 - 69% of home health agencies sampled in 2001 reported difficulty attracting home care aides
 - Retention issues
 - 61% reported difficulty keeping home care aides
 - Overall vacancies
 - 48.4% reported unfilled HCA positions; 33.7% reported having to refuse patient admissions due to low levels of staffing

Source: National Association for Home Care & Home Care Aide Association, 2001



Most informal caregivers are spouses or children

- Who gives informal care
 - Wife 13%
 - Husband 10%
 - Daughter 27%
 - Son 15%
 - Other female relative 18%
 - Other male relative 9%
 - Female nonrelative 6%
 - Male nonrelative 2%

Source: Spector, W.D. et al, 2000



Informal caregiving has economic and social costs

- One in four American households include someone who is giving informal care to an older adult.
 - Many informal caregivers are raising families and working at the same time that they are providing care for elders.
 - Informal caregiving can be rewarding, but also stressful and emotionally taxing.
 - Informal caregiving can be costly to individual families and to employers of caregivers.

Source: National Family Caregiving Association



Supply of informal caregivers may decrease

- Fewer potential informal caregivers
 - More single parent families
 - Lower birth rates
 - Delayed childbearing
 - Greater participation by women in the workforce
- Overall, there were 11 potential caregivers for every person needing care in 1990. By the year 2050, that ratio will be 4 to 1.

Source: U.S. Census; Institute for Health and Aging, 1996



Little is known about use of formal versus informal care

- We know much about the giving of care
- We know less about the receipt of care
 - Who receives care?
 - What are factors that facilitate or impede use of an informal caregiver?
 - Under what circumstances do formal caregivers supplement or replace informal caregivers?

The Current Study: Utilization of Formal and Informal Care by Older Adults



Preliminary Findings



The current study:

- Data

- Second Longitudinal Study of Aging (LSOAI), Wave I
- 1994
- N = 9,447 civilian noninstitutionalized persons 70 years of age and over

- Methods

- Logistic regression



Framework: Behavioral Model of Health Service Use

- Predisposing factors
 - “propensity” of individuals to use services
 - Exist prior to the onset of illness
- Enabling factors
 - Resources available to individual
 - Includes both individual and community resources
- Need factors
 - Degree of illness or disability

Source: Andersen and Aday, 1974



Findings and Discussion

Likelihood of having a caregiver significantly increases with age

Table 1. Predisposing Characteristics in Choice of Caregiver
(Odds ratios from logistic regression)

Characteristics	Has Any Caregiver	Has Paid Caregiver
Age	1.058***	1.009
Sex (1=female)	1.150	1.132
Race / Ethnicity		
White, Non-Hisp.	--	--
Black, Non-Hisp.	0.718	1.388
Other, Non-Hisp.	0.480	1.770
Hispanic	1.482	0.758

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

Marital status and urban/rural residence do not affect use of care

Table 1. Predisposing Characteristics in Choice of Caregiver (Odds ratios from logistic regression)

Characteristics	Has Any Caregiver	Has Paid Caregiver
Marital Status		
Married	--	--
Widowed	1.495	1.439
Other	1.143	1.768
MSA		
Central City	--	--
Non-Central City	0.817	0.902
Non-MSA	0.832	1.056

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$



Geographical region and veteran status do not affect receipt of care

Table 1. Predisposing Characteristics in Choice of Caregiver (Odds ratios from logistic regression)

Characteristics	Has Any Caregiver	Has Paid Caregiver
Region		
Northeast	--	--
South	0.783	1.085
Midwest	0.788	0.955
West	0.834	0.958
Veteran Status	0.800	0.827

* p <= 0.05; **p <= 0.01 ; ***p <= 0.001

Socioeconomic status increases likelihood of using paid care

Table 2. Enabling Characteristics in Choice of Caregiver (Odds ratios from logistic regression)

Characteristics	Has Any Caregiver	Has Paid Caregiver
Household Income	1.006	1.418***
Education		
< High School	--	--
High School graduate	1.192	1.527**
College graduate	1.709*	2.427***
Insurance		
Medicare only	--	--
Any other hlth. coverage	1.284	1.219

Coresidence ↑ having any caregiver; but ↓ use of a paid caregiver

Table 2. Enabling Characteristics in Choice of Caregiver (Odds ratios from logistic regression)

Characteristics	Has Any Caregiver	Has Paid Caregiver
Household Composition		
Alone	--	--
Alone with spouse	1.900	0.430*
Spouse and other relatives	3.406*	0.253*
Other relatives only	2.362*	0.388**
Non-relatives only	0.341	0.676

* p <= 0.05; **p <= 0.01 ; ***p <= 0.001

Children close by and involved ↑ having any caregiver; but ↓ use of a paid caregiver

Characteristics	Has Any Caregiver	Has Paid Caregiver
Residence		
Single-family home (not retirement community)	--	--
Single-family home (retirement community)	1.129	1.367
Regular apartment	1.297	1.387
Other residence	1.039	4.423***
Number of children	1.104	0.993
How often see children	2.051***	0.452***


* p <= 0.05; **p <= 0.01 ; ***p <= 0.001

Health conditions ↑ likelihood of having a caregiver, but do not affect paid vs. unpaid

Table 3. Need Characteristics in Choice of Caregiver (Odds ratios from logistic regression)

Characteristics	Has Any Caregiver	Has Paid Caregiver
Mental Health Condition in past 12 months	15.179***	0.825
Total Number of Reported Health Conditions	1.153**	1.046

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$



Better health ↓ use of caregiver;
NAGI difficulties ↑ use of any
caregiver and of paid caregiver

Table 3. Need Characteristics in Choice of Caregiver (Odds ratios from logistic regression)

Characteristics	Has Any Caregiver	Has Paid Caregiver
Self-Reported Health Status	0.813**	0.880
NAGI Difficulties	1.182***	1.088**

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$



Summary of Findings

- Predisposing characteristics have little apparent effect upon either having a caregiver or inclusion of a paid helper in the care network



Summary of Findings

- Enabling characteristics that increase the likelihood of having a caregiver also tend to decrease the likelihood of having a paid helper in the care network
 - This implies a substitution effect, with paid care tending to be used when access to informal care is limited
 - This supports a hierarchical compensatory model of caregiving (Cantor, 1979), in which recipients look to “preferred” caregivers first when available



Summary of Findings

- Need characteristics increase the presence of a caregiver, but less often affect use of a paid caregiver
 - This is also consistent with the view that availability is the critical factor determining the source of care



Policy Implications

- As the supply of potential informal caregivers becomes more limited, demand for formal caregiving will increase
- Strategies to improve recruitment and retention of home health aides are critical
- Policies which support informal caregivers can maximize supply by reducing burnout