

Supporting Caregivers and Mature Workers with a New Toolkit on Therapeutic Nutrition for Employers

Authors:

Nancy S. Wellman, PhD, RD, Tufts University

John Wilcox, Executive Director, Corporate Voices for Working Families

Mary Beth Arensberg, PhD, RD, LD, FADA, Abbott Nutrition

E-mail: mary.arensberg@abbott.com

Brief Description:

This Best Possibility perspective focuses on the growing number of caregivers in the workforce. Specifically, it provides employers with a toolkit to help their employees improve the nutritional care of their loved ones and themselves as mature workers, and thus improve health outcomes for older adults and increase productivity for employees.

This submission was selected as part of a national challenge issued to leaders in all communities seeking new “best practices” and “best possibilities” for the future of nutrition and aging.

As we look around us, we see that the older population in America is an important and growing segment. In fact according to the 2010 census, more people were 65 years and over in 2010 than in any previous census; in the last 10 years the population 65 years and over increased at a faster rate (15.1%) than the U.S. population as a whole (9.7%).¹ What may not be as readily apparent is the percent of the population involved in caring for an older person—it is estimated that one of every four U.S. households is involved in eldercare.² Another reality is that most family caregivers--an estimated two-thirds--also work.³ Today, more than one in six American workers are caregivers.⁴ Thus, it is not surprising that many employers are now recognizing the myriad of issues associated with caregiving and are beginning to act. What is often missing in their programs is a focus on nutrition. Yet, nutrition significantly impacts an older adult's health outcomes, and therefore ultimately influences getting caregiving employees back to work.

This *Best Possibility* is to launch an on-line workplace toolkit to give employers high-quality therapeutic nutrition and care-related resources and tools to help their workers who are caregivers and/or are mature employees themselves. The goal is to help workers better cope with today's caregiving and aging realities through an increased focus on therapeutic nutrition.

Why Therapeutic Nutrition is Important

Nutrition status is a direct measure of a person's health. Positive health outcomes in many chronic diseases, such as diabetes mellitus, heart disease, renal disease, and obesity, are in large part determined by compliance with diet/nutrition guidelines and the provision of nutrition as therapy. Therapeutic nutrition is defined as a medically-indicated special diet, the use of specific nutrients, disease-specific nutrition products, and complete and balanced oral nutrition supplements to help manage a health problem. For older adults and those battling serious illness or chronic disease, poor nutrition or malnutrition can result in the loss of lean body mass, leading to complications that impact a broad range of health outcomes including reduced recovery from surgery/disease, impaired wound healing, and increase susceptibility to illness/infection, and risk for falls. It can also result in longer hospital stays, hospital readmissions, prolonged stays in rehabilitation facilities, and earlier admission to other long term care residential facilities, such as nursing homes.

Despite the recognized link between nutrition and health, traditional U.S. medical treatment and health care coverage have not addressed adequate nutrition care or provided coverage for therapeutic nutrition. With healthcare reform's emphasis on preventive and self-care models, links between nutrition and health can no longer be overlooked. A patient's level of ability and/or family support to manage nutrition is a significant determinant of health outcomes and functional status, particularly for older adults. The increased health problems caused by inadequate nutrition also make it more difficult for family members to balance their caregiver roles with work.

Caregiving as a Second, Full-time Job

In the U.S. today, families are the primary providers of long-term care in their own homes and communities. Providing care for older family members has become a way of life for millions of Americans as an estimated 61% of homebound older adults depend on family caregivers.³ Their care recipients may have recently moved in with them, may be just down the street, or live thousands of miles away. The segment of the population that is most in need of care (those aged 85 years old and older) is also the fastest growing of any age group.¹ Caregiving itself is a full-time job. The combination of planning for care (including finding financial and legal help), providing hands on care (including medical treatments and shopping for/preparing meals), and managing medical care (including scheduling and providing transportation to healthcare appointments) can more than fill a caregiver's day. Add to this the responsibilities of a full or part-time job, and it is easy to understand why 29% of employed caregivers report needing help balancing their work and family responsibilities.³

"In the 1980s, American businesses adapted their human resource policies to accommodate the needs of workers with young children. Now, many of those same workers face a new responsibility: providing care for an older parent, relative, or friend."⁵

What Caregiving Costs Employees and Employers

Caregiving comes at a cost to employees. There is an emotional toll with higher levels of depression, anxiety, and feelings of stress and despair. According to the Caregiving in the U.S. study of over 1300 caregivers published in 2009: 66% of employed caregivers have gone in late, left early, or taken time off during the day to deal with caregiving issues and 20% of employed caregivers reported taking a leave of absence.⁶ There is a physical toll including headaches, back pains and physical strains from caring for an older adult with limited mobility. There is a health toll as emotional and physical stresses can increase caregivers' own risk for heart disease, cancer, diabetes, and other chronic conditions. And there is a financial toll on employees—particularly for those in hourly and lower-wage positions with more limited workplace flexibility. They may lose their jobs and opportunities for advancement at the same time they may need to spend more of their own resources to help provide medical care for their family member. On average, each caregiver loses \$659,000 over a lifetime due to lost wages, benefits, and missed promotions.⁷

Caregiving comes at a significant cost to employers too. There are costs due to absenteeism and partial absenteeism, presenteeism, workday disruptions, and replacement costs for employees who quit due to caregiving responsibilities. Employees who are also caregivers account for nearly 75% of early departures and late arrivals at the workplace.³ U.S. businesses with employee caregivers lose an estimated \$33 billion in productivity losses annually.⁸

Supporting Mature Workers in the Workplace

Obviously, not all older adults are retirees today. Mature workers, those aged 55 years and older, make up a greater percentage of the workforce. New findings from the Employee Benefit Research Institute showed there was a higher percentage of people age 55 and older (40.2%) in the work force in 2010 than ever in the last 35 years, even after the 2008-2009 recession.⁹ For many, it is a necessity to continue to work full- or part-time to be financially independent and more secure. Mature workers' greater vulnerability to chronic diseases, such as diabetes, cancer, and heart disease, as well as acute problems such as the flu, pneumonia, and infections, can often be lessened by better attention to nutrition. Thus, a program focusing on therapeutic nutrition needs of mature workers themselves is also important.

About The Toolkit

Healthy aging and recovery from illness requires a community-wide effort, with support across all sectors. That is why Corporate Voices for Working Families* is working with a select group of corporate partners and healthcare professionals to develop a therapeutic nutrition toolkit to help companies better support caregivers and their mature workers. It will include strategies/community resources such as links to aging services and meals on wheels programs, to increase understanding of the health and nutrition

needs of loved ones and how they can be met. This toolkit will also provide resources to help community leaders and health professionals be more effective advocates for caregivers, care recipients, and mature workers in their communities.

Many employees are the primary caregivers to their parents, spouses, or other relatives. A successful workplace program for caregivers and mature workers will include a focus on therapeutic nutrition, to help all workers, including lower-wage and hourly employees. This toolkit will benefit employees and employers, improve health outcomes, decrease disparities for hourly and lower-wage workers, and help better reach national health goals.

*Founded in 2001, Corporate Voices for Working Families is the leading national business membership organization shaping conversations and collaborations on public and corporate policy issues involving working families. A nonprofit, nonpartisan organization, we create and advance innovative policy solutions that reflect a commonality of interests among the private sector both global and domestic, government and other stakeholders. Corporate voices is a unique voice, providing leading and best-practice employers a forum to improve the lives of working families, while strengthening our nation's economy and enhancing the vitality of our communities.

References

1. Werner CA: The older population: 2010. 2010 Census Briefs. U.S. Department of Commerce Economics and Statistics Administration, U.S. Census Bureau, November 2011. <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>
2. Kempthorne D: A Message from the Chairman. National Governors Association. A Lifetime of Health and Dignity Confronting Long-term Care Challenges in America Initiative, 2004. <http://www.subnet.nga.org/ci/message.html>
3. National Alliance for Caregiving and AARP: Caregiving in the U.S. 2004. <http://www.caregiving.org/data/04execsumm.pdf>
4. Witters D: The cost of caregiving to the U.S. economy. Gallup Business Journal, December 1, 2011. <http://businessjournal.gallup.com/content/151049/cost-caregiving-economy.aspx?version=print>
5. Center for Medicaid and Medicare Services: When Employees Become Caregivers A Manager's Workbook. Center for Medicaid and Medicare Services, Washington D.C., 2004. http://assets.aarp.org/www.aarp.org_/articles/careers/EmployeesBecomeCaregivers.pdf
6. National Alliance for Caregiving and AARP: Caregiving in the U.S. 2009. http://www.caregiving.org/data/Caregiving_in_the_US_2009_full_report.pdf
7. National Caregivers Library: Business, Caregiving and the Bottom Line. Richmond, VA, 2009. http://www.caregiverslibrary.org/Portals/0/Business_Caregiving_Bottom_LineJune2009NATIONAL.pdf
8. The MetLife Caregiving Cost Study: Productivity Losses to U.S. Business. MetLife Foundation, July 2006. <http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-caregiver-cost-study-productivity.pdf>
9. Copeland C: Labor force participation rates of the population age 55 and older: what did the recession do to the trends. Employee Benefit Research Institute Notes, 32(2): 8-16, 2011. http://www.ebri.org/pdf/notespdf/EBRI_Notes_02_Feb-11.HCS_Part-Rts.pdf