ASPE RESEARCH NOTES
INFORMATION FOR DECISION MAKERS

FOCUS ON: *Long-Term Care* *Issued August 1995*

ELDERCARE: THE IMPACT OF FAMILY CAREGIVERS' EMPLOYMENT ON FORMAL AND INFORMAL HELPER HOURS

Historically, most persons aged 65 and older with Activity of Daily Living (ADL) and Instrumental Activity of Daily Living (IADL) disabilities could count on receiving all or most of the personal assistance they needed from informal (i.e., unpaid) helpers--mostly female relatives. Over the past three decades, however, the involvement of American women aged 16 and older in paid work has increased dramatically--from 30% in 1961 to 58% in 1993. While the laborforce participation of women has remained below that of men, which averaged over 75% in 1993, the Bureau of Labor Statistics forecasts an additional gain of five percentage points for women by the year 2005 (MetLife, 1994).

It is widely assumed that trends in higher female laborforce participation decrease women's availability to provide informal eldercare, which in turn produces a need for replacement assistance from paid caregivers. However, 1982 and 1989 National Long-Term Care Survey (NLTCS) data indicate that only a minority of primary informal caregivers are employed. Among primary caregivers of the more severely disabled elderly (those with ADL impairments), only about 1 in 4 are employed--in large part because fully half are retirement age (65+).

The 1989 NLTCS was the first nationally representative survey to collect data on weekly hours of assistance provided to ADL and/or IADL disabled elders living in the community by individual caregivers, both formal and informal. Thus, it is now possible to investigate the effects of primary caregivers' employment status on the amount of help that disabled elders receive.

Findings

Under an ASPE task order contract, Mary Elizabeth Jackson of the MEDSTAT Group carried out analyses of the effect of primary caregivers' employment status on the weekly hours of help that disabled elders received in total and from various sources, both formal and informal. ADL and/or IADL impaired elders in the 1989 NLTCS received a mean of 38.3 hours of help weekly from all sources, including a mean of 28.7 hours of help weekly from their primary informal caregivers. Employed primary caregivers provided a mean of 18 hours of help per week, whereas primary caregivers not in the laborforce provided a mean of 33.7 hours of weekly assistance.

Within the employed primary caregiver group, full-time workers provided a mean of 16.3 hours of help weekly as compared to a mean of 21.8 hours contributed by those employed part-time (see Table).

Regression analyses were then performed to measure the impact of primary caregivers' employment status on the amounts of help that disabled elders received, while simultaneously controlling for disability status and other potentially confounding variables. A series of regression models were developed, involving as dependent variables, four different measures of hours of care: hours provided by the primary caregiver, hours from all unpaid sources other than the primary caregiver, hours from paid caregivers, and total hours of care provided by all paid and unpaid caregivers. Independent variables in the regression equations included several care recipient characteristics (age, sex, race, ADL and IADL sources, cognition, and continence) and several primary caregiver characteristics (age, sex, relationship to the care recipient, and employment, including full-time/part-time work status).

Caregiver Hours by Work Status of Primary Caregivers

	Full-Time Workers	Part-Time Workers	Non-Working Caregivers
Weighted Unweighted	N = 675,773 N = 179	N = 287,785 N = 76	N = 2,116,409 N = 563
Mean Primary Caregiver Hours	16.34	21.80	33.56

SOURCE: 1989 NLTCS.

The most consistently statistically significant and powerful predictors across the various measures of hours of care provided are variables unrelated to informal primary caregivers' employment status. These are: care recipients' ADL and IADL scores (which are the strongest predictors of hours of paid care) and living arrangements (when primary caregivers--mostly spouses--live with their care recipients, the care recipients receive substantially more hours of help, in terms of both hours of help from the primary caregiver and total weekly hours of help).

Primary caregivers who are employed--both those employed full and part-time--were found to provide significantly fewer hours of help personally (7.9) than primary caregivers not in the labor force. Care recipients of employed primary caregivers received significantly

more hours of paid care (2.9) than did care recipients of nonemployed primary caregivers.

No statistically significant differences were found in total hours of care received from all sources by care recipients whose primary caregivers were employed *full-time* as compared to other primary caregivers. The reason is that disabled elders whose primary caregivers were employed full-time received approximately five additional hours of help from other sources (both paid and unpaid).

Contrary to expectations, *part-time* employed caregivers did not personally provide more hours of help than full-time employed caregivers. Part-time workers provided 9.5 fewer hours than other caregivers whereas full-time workers provided 7.1 fewer hours. These differences in hours provided by full and part-time employed caregivers are statistically significant only when compared to hours provided by nonemployed caregivers. However, unlike disabled elders whose caregivers worked full-time, part-time employed primary caregivers had less supplemental help from other paid and unpaid sources. As a result, care recipients whose primary caregivers worked part-time received significantly fewer total hours of care (8.1) than other disabled elderly care recipients.

Conclusions and Policy Implications

Analyses of data from the 1989 NLTCS--including multivariate analyses of factors associated with weekly hours of care provided--indicate that the impact of female laborforce participation on the demand for formal home care services is modest, but statistically significant.

Female laborforce participation is having considerably less impact on availability of informal eldercare than many experts have predicted for two main reasons. First, high percentages of primary caregivers are retired. Second, employed primary caregivers contribute very substantial amounts of weekly hours of informal help, even though they do provide significantly fewer hours of help personally than nonemployed primary caregivers.

Part-time work is often advocated as a good compromise solution for women who want to combine traditional family roles with paid employment. However, in the multivariate analyses part-time employed caregivers did not devote any more time to eldercare than full-time employed caregivers. Moreover, disabled elders whose caregivers worked part-time received fewer total weekly hours of care.

How should we interpret these unexpected findings? Are informal caregivers' attitudes about and/or differential access to various paid and unpaid sources of supplemental help important factors that influence their decisions to work full-time versus part-time? Conversely, do decisions about whether to work full or part-time affect access to supplemental help (e.g., by making paid help more or less affordable or other family members more or less willing to help out)? Do part-time working caregivers organize their own and their supplemental helpers' time more efficiently--or are the elders' needs being less well met? These issues merit additional research.

References

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*Jackson, Mary Elizabeth. October 15, 1992. Data presented at "The Changing Face of Informal Caregiving," a conference sponsored by the Office of the Assistant Secretary for Planning and Evaluation/DHHS. Berkeley Springs, WV.

MetLife. July-September 1994. "Women in Labor Force." *Statistical Bulletin*. 75(3):2-10.

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