

The Background

You're a general manager running a meeting with 12 team members, all working around the clock on a software update roll-out when you get the call. It's Mom. She's fallen (again). She's begging you to come help (again). You hang up the phone. You look at your team. You look at your watch. You tell them you'll be back. Really. This time you will be back, but at the same time as you say this, you are wondering already if this means another trip to the ER, and if so, what is the wait? Will they admit her? And who is going to pick up the kids and...



65 million Americans provide 20 hours or more of unpaid caregiving each week, the majority of whom work outside of the home. We know this is exacting not only a physical and emotional toll. It's also exacting an enormous financial one, in terms of lost income (in the billions) for the caregiving adult child and personal healthcare costs (estimated to be over \$8.7 billion/year).

And this is without looking at the costs to employers.

According to *Family Caregiving in the US: Findings from a National Survey*, caregiving needs cost US Employers \$17,474,323,263/year. Broken down, 43% of the \$17.4 billion is to replace employees; 33% for workday interruption; 9% for elder care crises; 7% for supervisors' time; 4% for partial absenteeism; and 3% for absenteeism.

As our population continues to age—the Triangle region is the second fastest “greying” region in the country--these costs are only expected to increase.

Not long ago, Duke realized that the cost of employees taking care of their elderly parents was exceeding that of those missing work to care for their young children. Sick children, after all, get better; elderly parents, on the other hand, tend to get frailer, sicker or more memory-challenged. There is no quick fix. In fact, there might be no relief on the horizon for a very long time or even a very, very long time.

How can employers reduce the very real costs associated with their employees' increasing caregiving demands? We propose an on-call team described below, familiar with local resources, programs and costs, available at a moment's notice to problem-solve.

Employee Resource Program for employees that have a family member that is in need of elder care support

The family member (employee) has the burden of caring for a family member in need of either home care or home health, or both. The employee's family member could need help in a variety of ways (i.e. emotional, physical, social and financial). In home care speak, they will need help with either ADLs (activities of daily living – eating, bathing, grooming, etc.) and iADLs (instrumental activities of daily living - cleaning and maintaining the house, managing money, moving within the community, preparing meals, shopping for groceries and necessities, taking prescribed medications etc.). The situation could be further complicated with the family member suffering from:

- Dementia
- Alzheimer's Disease
- Parkinson's Disease
- Multiple sclerosis (MS)
- Stroke recovery
- Aphasia

Many times the employee is not physically located with their loved one and is further burdened trying to manage care remotely with other siblings or outside resources. The adverse effects on the employee could include:

- Being distracted
- Losing focus
- Decreased productivity
- Emotionally depressed and/or irritable
- Increased absences or taking paid time off

The results are very real and a very good employee could be lost.

The Solution (support)

The support solution is just that. To provide invaluable support to the employee to try to avoid the stress and loss of productivity associated with the elder care burden. What could be formed to support the HR department is an elder care support team. The team would have access to elder care professionals in areas that can help address all of the elder care issues that could arise. The solution team could include:

- Counseling/Social Worker (For both the employee and their loved one)
- Home Care Support
- Geriatric Care Advocate and/or Geriatric Care Manager
- Alzheimer's and Dementia training and support
- Parkinson's Training and Support
- Hospice
- Aphasia Training and support
- Relocation assistance and move support (in the case a move to a community is involved)

How to Implement/Run the Elder Care Support Team

To run efficiently there should be an initial point of contact that can understand and prioritize the needs of the employee and marshal additional resources as required. If we look at the above set of support resources, I would recommend a geriatric advocate or manager be at the point. An advocate or GCM are perfect for the role because they are trained to assess an individual's needs at a holistic level. They are trained to develop a care plan after thoroughly assessing the needs (ADLs and iADLs). From there they are trained to tap the right resource to address the needs.

Possible Team Members

We are blessed to have many great organizations in the Triangle to tap. Below is a start at a list of initial team members:

- Geriatric Advocacy/Geriatric Care Manager ([Aging Advisors NC](#), [Preferred Living Solutions](#))
- Counseling ([Silver Linings NC](#))
- Home Care Support ([Aware Senior Care](#) and [NurseCare NC](#))
- Alzheimer's and Dementia training and support ([Alzheimer's NC](#))
- Family Caregiver Training ([Transitions GuidingLights](#))
- Hospice and Greif Support ([Transitions LifeCare](#))
- Aphasia Training and support ([TAP](#))
- Senior Relocation ([Your Next Move](#))
- Senior Move Management ([Here To Home](#))



Contacts to meet and discuss this program:

- Liisa Ogburn, owner of Aging Advisors NC, liisaogburn@agingadvisorsnc.com (O) 919-633-666.
- Vivien Green, Executive Director Alzheimer's, NC. vfgreen@alznc.org (O) 800-228-8738
- Tim Murray, President Aware Senior Care, tmurray@awareseiniorca.com (O) 919-436-1871