

Aging is a Woman's Issue

Presented by
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"Providing Help. Creating Hope."



Visualize the important women in your life. Who comes to mind? Your mother? Your spouse? Perhaps you think of a daughter, sister, grandmother, aunt, or good friend. What do you want the future to hold for these women who mean so much to you, and who have had such an impact in your life? Of course you only want the best, the things we all desire for ourselves and our loved ones – personal safety, good health, financial security, a safe and comfortable home, quality life and happiness. But, can you provide all of that for them? And, from another perspective, will they be able to provide it for *you*?

Why Aging is a Woman's Issue

The numbers are unprecedented. Our society is aging:

- Approximately 765,000 or 13% of Arizonans are 65 years of age or older today. By 2025, this age group is expected to grow to 1.9 million (20%).ⁱ
- The fastest growing age group is adults 85 and older. In Arizona, their population is expected to almost double from today's 93,000 to 200,000 by 2025.ⁱⁱ
- *Nationwide, approximately 70% of adults over 85 are women.*ⁱⁱⁱ
- Life expectancy for women is approximately 80 years, about five years longer than men.^{iv}

And, aging adults need care:

- 45% of adults over age 75 are limited in activities due to a chronic condition.^v
- The most common chronic conditions in women over age 75 are arthritis, hearing, heart disease impairments, hypertension, heart disease and cataracts.^{vi}
- About 43 percent of persons turning age 65 will use a nursing or care home before they die. About 20 percent of users will spend 5 or more years there.^{vii}
- More than 70 percent of nursing and care home residents are women and two-thirds of them are widowed or divorced.^{viii} 40% of the older population with long-term needs are poor or near poor (with incomes below 150% of the federal poverty level).^{ix}

Not only do women need the care, they also *provide the care*:

- There are approximately 44.4 million caregivers in the U.S. who provide unpaid care to an adult.^x

- 72% of relatives and friends who provide care to older adults are women, mostly wives and adult daughters.^{xi}
- 78% of adults in the U.S. who receive long-term care at home get all their care exclusively from unpaid family and friends.^{xii}
- 44% of Americans between the ages of 45 and 55 make up the “sandwich generation,” in which they have aging parents or in-laws and also have children under 21.^{xiii}
- Almost six out of every ten caregivers either work or have worked while providing care, and 62% have had to make some adjustments to their work life, from reporting late to work to giving up work entirely.^{xiv}
- The average length of caregiving is 4.3 years, however, 17 percent of caregivers between the ages of 50-64 years and 18 percent of those over age 65 have been providing care for more than a decade.^{xv}
- Caregivers of adults aged 50 and older average 18 hours a week providing personal care assistance and household maintenance chores. Eleven percent provide care around-the-clock.^{xvi}
- Women who care for an older relative or friend report higher levels of stress, depression, and anxiety.^{xvii}
- 80% to 90% of paid nursing home and home care workers are women aged 25 to 44. In urban areas, a disproportionate number are immigrant women and women of color.^{xviii}
- One study estimated the cash value of informal caregiving to be \$2.6 million nation-wide; \$4.6 million in Arizona alone.^{xix}



ARE YOU READY TO BE A CAREGIVER?

What Is Happening to Our Caregivers?

With our ever-increasing elder adult population, especially adults who are over 85 years old and require the most care, formal and informal caregivers are vital to the well being of those in need. But, these caregivers are experiencing their own difficulties.

Family Caregiver Stress

Many families feel the crunch as they are put into the realm of caregiving for an aging parent while maintaining other responsibilities. Seventy-two percent of family caregivers are women, mostly wives and daughters. These women are feeling stress:

- **Financial Stress:** New financial burdens arise and learning about options, services, and subsidies is a challenge.
- **Physical Stress:** Additional cleaning, shopping, laundry, home maintenance, and caring for personal physical needs are all physically challenging tasks.
- **Environmental Stress:** Many elderly require changes to their home environment to include ramps and other safety features; costs and disruptions can be enormous.

- **Emotional Stress:** Feelings of being overwhelmed are not uncommon. Balancing personal needs, family needs, and employer needs with caregiver needs brings about frustration, guilt, and anger.

Shortage of Paraprofessional Caregivers



Besides family caregivers, our society relies on paraprofessional caregivers. Housekeeping, personal care, and home health caregivers fulfill critical roles in caring for our elders. The large majority of these positions are filled by women aged 25 to 44.

In urban areas, a disproportionate number of caregivers are immigrant women and women of color. In recent years we have begun to experience a significant shortage of staff for these critical positions, a shortage showing no signs of reversing itself. Reasons for this shortage include:

- Lack of respect or recognition for this difficult work.
- Diminishing work force that today mostly consists of middle-aged women.
- Increasing patient acuity.
- Low pay; reimbursement policies do not allow for adequate wages and benefits.
- Lack of ethnic/cultural diversity and mismatch with population being served. Poor working conditions.
- Difficulty of the job – the work is physically and mentally demanding.
- Lack of career opportunities.
- Poor treatment by employers and/or other healthcare professionals.
- Lack of adequate training.



What Do We Need to Ensure the Well Being of the Women In Our Lives?

To care for the women in our lives, key issues need to be addressed:

- Access to adequate, coordinated healthcare
- Prescription drug coverage
- Transportation for day-to-day activities
- Safe and affordable housing
- Stable paraprofessional caregiving workforce
- Adequate salaries and recognition for caregiving workers
- Additional home and community-based services easing the burden on family caregivers
- Financial incentives for family caregivers who are or may be able to provide care







Who Is Working on This Issue?

We can see that a number of areas need to be addressed. What exactly do we need to do? Government, the healthcare industry, other product and service providers, communities and families all need to participate to ensure the well being of women and our society. Currently, a number of different groups are working on research and policy statements that help identify and implement forward-thinking solutions. Examples include:

- Arizona Senate Ad Hoc Committee on Caregiver Wages and Workforce Development
- Citizens for Long-Term Care, Washington, D.C.
- *The Coming of Age: A Research Report on Aging, Health and Arizona's Capacity to Care* by St Luke's Health Initiatives.
- *Five Shoes Waiting to Drop on Arizona* Report, Morrison Institute for Public Policy.
- *Statewide Economic Study 2002*, Arizona Department of Commerce.
- AARP's Public Policy Research
- Family Caregiver Alliance
- National Alliance for Caregiving
- Department of Health and Human Services Agency for Healthcare Research and Quality

The Lives of Arizona's Elders

80,000 persons over the age of 80 need assistance each day; the vast majority are women. Who are they? What do we know about their generation? Born on average in 1920, they are 82 years old; let's consider a snapshot of their generational history:

- As teenagers in the 1930's they learned to adapt, use everything, and not expect anything. 
- As young adults they protected our values and freedom, they sacrificed. They experienced first hand the horror of war, the people of my family seldom spoke of it, and when they did, it was with a quiet reverence for life. 
- In the 50's families were formed, the modern industrialization of America took place, they were reliable productive workers.
- During the 60's as mature 40 year olds, they took us to the moon, gave 58,000 of their sons and daughters in Vietnam, developed a new economy, new technologies, electronics, developed educational opportunities for the masses and improved health care for all. 
- During the 70's they supported the dreams of their adult children and were criticized for being practical, persistent, and responsible.
- The 80's brought retirement.
- The 90's was a time of again being alone as widows, really experiencing the accumulating effects of aging, sight, hearing, mobility, and other debilitating chronic conditions.
- Today, we see they are individuals needing assistance with eating, dressing, toileting, bathing, and mobility – pioneering what it means to be the first generation of the old elderly. 

- Aging is a woman’s issue, as 70% of those over 85 are woman being cared for by other middle-aged women.

We Must Act - Today

Despite the information we have available today regarding the needs of current and future elder populations, we still do not have the necessary tools in place to provide a quality life to the women in our lives. *Unless we recognize and prioritize this issue in our political and professional discussions, this situation will only worsen.* The State of Arizona must engage in active strategic planning to support the burgeoning population of moderate to low-income elders and the paid and un-paid caregivers who help ensure their quality of life.

Think again about those women in your life. These are the women in our society who provide life, nourishment, and support. They have cared for us, taught us, and continue to love us. How are we caring for *them*? Let us not abandon them. Instead, let us find a way to demonstrate our love and appreciation by giving them what they deserve: support, security, and peace of mind.

It is time for leadership—bold leadership—leadership with an understanding and vision of our current and future realities. As we continue to meet the new challenges of this time, let us not forget the courage and determination of the generation who contributed so much, whose efforts we so often take for granted. Today, we must as a community and as a state, through formally-funded programs, to protect and care for our seniors. *Their needs should be one of the highest policy, program, and funding priorities of state government.*



ⁱ U.S. Census 2000, “Interim Projections of the Population by Selected Age Groups for the United States and States: April 1, 2000 to July 1, 2030” Table. Available at URL: www.census.gov.

ⁱⁱ Ibid.

ⁱⁱⁱ U.S. Census 2000; Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data. Available at URL: www.census.gov.

^{iv} “Deaths: Preliminary Data for 2001,” CDC, March 13, 2003. News release, Department of Health and Human Services.

^v Trupin, Laura and Dorothy Rice, Health Status, Medical Care Use, and Number of Disabling Conditions in the United States, Disability Statistics Abstract Number 9 (June 1995), National Institute on Disability and Rehabilitation Research., as reported by the National Academy on an Aging Society, “Chronic Conditions: A Challenge for the 21st Century.” No. 1 (Nov 1999). Washington, DC. Available at URL: <http://ihcrp.georgetown.edu/agingsociety/pdfs/chronic.pdf#search='chronic%20conditions%20in%20men%20and%20women'>

^{vi} the National Academy on an Aging Society, “Chronic Conditions: A Challenge for the 21st Century.” No. 1 (Nov 1999). Washington, DC. Available at URL: <http://ihcrp.georgetown.edu/agingsociety/pdfs/chronic.pdf#search='chronic%20conditions%20in%20men%20and%20women'>

^{vii} Kemper and Murtaugh (1991) cited in “AHCPR Research on Long-Term Care.” Accessed June 2005 at URL: <http://www.ahcpr.gov/research/longtrml.htm>.

^{viii} Lair and Lefkowitz (1990) cited in “AHCPR Research on Long-Term Care.” Accessed June 2005 at URL: <http://www.ahcpr.gov/research/longtrml.htm>.

^{ix} The Henry J. Kaiser Foundation, *Long-term Care: Medicaid's Role and Challenges* (Publication #2172), Washington DC.

^x National Alliance for Caregiving and AARP. *Caregiving in the U.S.* (April 2004.) Bethesda, MD and Washington DC. Available at URL: <http://www.caregiving.org/data/04keyfindings.pdf>

^{xi} National Alliance for Caregiving and AARP. *Family Caregiving in the U.S.: Findings from a National Survey.* (June 1997.) Bethesda, MD and Washington DC.

^{xii} Family Caregiver Alliance and National Conference of State Legislatures. *The State of the States in Family Caregiver Support: A 50-State Study.* (November 2004.) Available at URL: <http://www.caregiver.org/caregiver/jsp/home.jsp>

^{xiii} AARP. *In the Middle: A Report on Multicultural Boomers Coping with Family and Aging Issues.* (July 2001). AARP, Washington, DC. Available at URL: http://assets.aarp.org/rgcenter/il/in_the_middle.pdf

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^{xv} Ibid.

^{xvi} Department of Health and Human Services (June, 1998). *Informal Caregiving: Compassion in Action.* Department of Health and Human Services, Washington, DC.

^{xvii} Navaie-Waliser, M., Spriggs, A., Feldman, P., *Informal Caregiving: Differential Experiences by Gender.*” (December 2002.) Center for Home Care Policy and Research, Visiting Nurse Service. New York, NY.

^{xviii} GAO testimony, by William Scanlon, Director, Health Care Issues, entitled: *Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides Is a Growing Concern*, May 17, 2001, Page 21, as cited in *Cheating Dignity - Who Cares? Worker Supply and Demand* accessed June 2005 at URL <http://www.afscme.org/pol-leg/cd04.htm>.

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