Tufts Medicine
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Organizational Policies Supporting Caregivers in STEMM: Examining Academic Medicine

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The Baseline-Invisible Overtime

Caregiver employees (CE) refer to those providing mainly unpaid help to a family member needing assistance due to an illness, disability and/or aging.

- The US labor force includes an estimated 18-22%, with employees churning in and out of caregiving roles
- Most CE employed full-time
- Represented in all occupational, earnings/SES, racial/ethnic groups
- Caregiving an average of 20 hours per week-more if co-residing
- Rewarding and preferred as well as a strain emotionally, physically, and financially
- Normative but stigmatized and treated as unusual
- Work/family policies and programs not fit-for-purpose

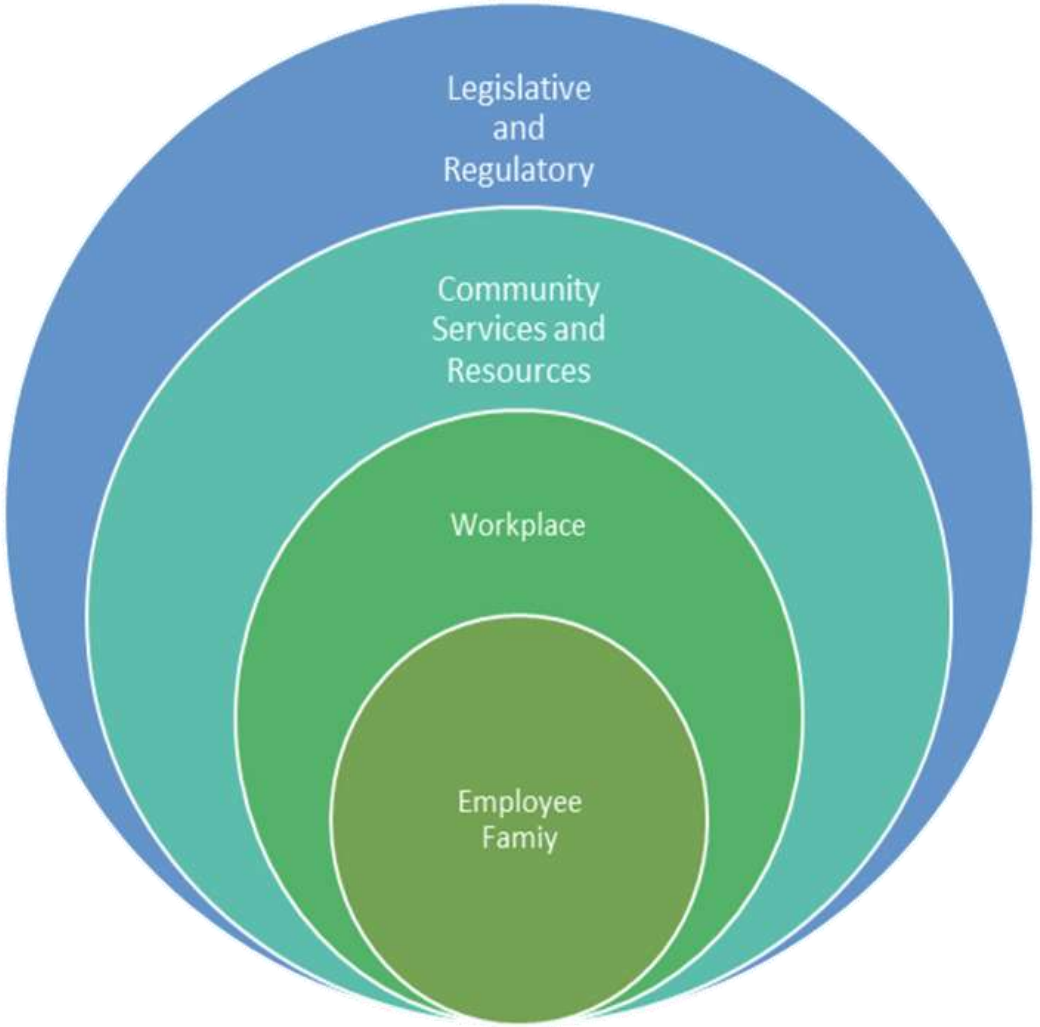
Lerner D. Invisible overtime: What employers need to know about caregivers. [White paper]. Rosalynn Carter Institute for Caregivers.2022. https://www.rosalynncarter.org/wp-content/uploads/2022/03/Invisible-Overtime-White-Paper.pdf

Key Indicators of Caregiving and Employment Friction

- Most CEs (about 60%) report work, careers, and productivity have been disrupted by caregiving.
- Approx. one-third voluntarily left a job because of caregiving responsibilities. Reasons: can't find affordable paid help, can't find high quality help and difficulty meeting work demands due to increased caregiving responsibilities.
- Per EEOC, the volume of family responsibility discrimination (FRD) litigation increased in the past 10 years compared to the prior decade and caregiver discrimination was the second most common category of claim.
- In a national survey, est. average productivity loss due to presenteeism per CE was 11% and the average annualized at-work productivity cost, was $5,281, assuming an hourly wage of $25.*
- CEs also missed an average of 3.2 workdays in the prior month, est. average productivity loss of 2.2%, or $1,123 per CE.*

*Lerner D, Lavelle TA, Adler D, Chow W, Chang H, Godar S and Rogers WH. A Population-Based Survey of the Workplace Costs for Caregivers of Persons with Treatment-Resistant Depression Compared with Other Health Conditions. J Occup Env Med. 62(9): 746-756, September 2020.

Academic Medicine Is An Important Part Of a Larger Interdependent Ecosystem



Innovation in Caregiving As Part of the Academic Medicine Mission

THE MEDICAL CARE SYSTEM DEPENDS ON UNPAID FAMILY CAREGIVERS

Organizations have an opportunity to:

- lead by example, improving the quality of working life of employees and trainees in a challenging labor market and health care context
- innovate in engaging and integrating family caregivers into patient care
- leverage their unique position to promote broader system and policy change

What Does Research Tell Us About Interventions to Support Caregiver Employees?

Research is spotty and characterized by different research questions, populations and outcomes.

Evidence identifies five intervention types as promising:

- Flexible Work Arrangements
- Caregiver-friendly Workplace
- Psychotherapy/Counseling
- Connection to Formal Services/Care
- Engaging Caregivers in Decision-making About the Care Recipient's Care and Support

Flexible Work Arrangements

- Most frequent strategy used by CEs
  - Reducing hours to less than full-time or limited overtime
  - Working at times of day involving fewer people and/or less monitoring (e.g., night shifts)
- Sparse research on outcomes of remote or hybrid work
- Studies of alternate arrangements find a preference for reduced hours vs. condensed workweeks or job-sharing, which compress demands into shorter time frames
- Part-time workers risk lower earnings and access to benefits

Caregiver-friendly Workplace

- Caregiver inclusivity is valued and conveyed through establishing both formal practices and procedures and unofficial practices and procedures that (at minimum)-
  - do not discriminate against caregivers and
  - attempt to accommodate their needs related to protecting and providing for care recipients
- EEOC has guidance and limited employer regulation, but evidence is needed regarding accommodation barriers and effective practices

Creative Solutions for a Caregiver-friendly Workplace

- Evaluation of cultural and structural bias
- Employee Resource Groups for support and guidance on accommodations
- CE registries/CE passports
- Centralized CE portal
- Integrated CE vendor system, no wrong door, warm transfers, centralized standardized intake, outcomes assessment, and performance standards and manager/peer training
- Increasing paid leave
- Voluntary shift exchange
- Financial and legal services

Psychotherapy/Counseling

- Access to psychological interventions that improve coping and communication have multiple benefits for caregivers
- Best evidence is for cognitive behavioral therapy (CBT)
  - time-limited intervention
  - effective across treatment settings and modalities
- Including education (vs. stand-alone educ.) may improve outcomes
- Barriers to overcome
  - CGs frequently do not utilize care for their own health
  - Mental health care is underutilized
  - Therapists and counselors may have a poor understanding of caregiving challenges

Connection to Formal Services for the Care Recipient/Care Management

- Having at least one formal care service is beneficial to maintaining employment for caregivers of persons with dementia or frail elderly
  - A comprehensive assessment of care recipient needs supports the process of determining which services are appropriate
- Care management is beneficial to both caregivers and care recipients.
  - Focuses on the patient's actual care and helps them transition between treatments and stages of care
- Evidence for case management (not care management) is weak
- Evidence for respite care is weak

Engaging Caregivers in Decision-making about the Care Recipient's Care

- Strengthening CG and healthcare providers ties and making the CG part of the care team is beneficial to CGs and patients
- Requires changes at the systems, provider and individual CG levels
- Identified steps to mitigating barriers include:
  - providers identify and record information on CG
  - incentivize providers to engage with CG
  - invest in programs that provide supportive services for CG
  - expand access to and funding for care coordinators to support caregivers and connect CG to clinical information
  - implement training programs for providers and CG to facilitate effective communication
  - develop, test, and improve CG access to technologies that foster CG-provider care integration and information-sharing

Friedman, EM and Tong, PK. A Framework for Integrating Family Caregivers into the Health Care Team. 2020. https://doi.org/10.7249/RRA105-1