

OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY

THE HEALTH OF CAREGIVERS...WHO CARES?

In the U.S., approximately 65.7 million people (29% of adults) serve as unpaid caregivers for someone who is ill, disabled, or aged, providing approximately 90% of long-term care.^{1,2} During 2009, 20% of Oregon adults — roughly 600,000 Oregonians — reported providing regular care or assistance to a friend or family member with a health problem or disability.*

Unpaid caregivers are critical components of the U.S. health care system and contribute to positive patient outcomes. A study, comparing elderly patients discharged from hospitals who used care attendants at home to those receiving standard aftercare, found lower hospital readmission rates during the 18 months after discharge for the in-home care group. When readmitted, hospital stays averaged two weeks shorter for those receiving in-home care (17 days) than for those with standard aftercare (31 days).³

Caregivers are becoming increasingly important partners to health care professionals as the population ages and more people need long-term care. Burdens of caregiving, coupled with work and other family responsibilities, can be substantial and can manifest in reduced quality of sleep, stress, pain, depression, headaches, and weight gain. Furthermore, preparing healthy meals, getting exercise, adequate sleep, and visits to the doctor or dentist may fall by the wayside in the struggle to juggle responsibilities.⁴

ARCHETYPICAL CAREGIVER

The “typical” caregiver in the U.S. is female, in her 40s or 50s, and cares for a family member.² Many of those providing care for someone aged ≥50 years either reduced their work hours or quit their job.⁵

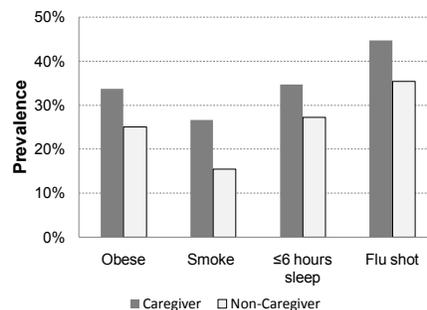
Oregon caregivers are similar to those in other states: they provide care for a parent (32%), spouse (25%), or (7%) child — only 13% care for some-

one who is not related to them. They spend a median of 10 hours a week providing care; one-quarter provide care for 21 to 100 hours, while a few (4%) report being on-call 24/7.

CAREGIVER HEALTH STATUS

Long-term caregiving correlates with higher rates of chronic disease, increased morbidity and diminished quality of life. In Oregon during 2010,* long-term unpaid caregivers were more likely than non-caregivers to be obese (33.7% compared to 25.1%), to smoke (26.6% compared to 15.5%), and to get <6 hours of sleep per night (35% compared to 27%) (Figure). Although

Figure. Health risk behaviors among Oregon caregivers and non-caregivers, 2010*



other studies have found that caregivers are more likely to be depressed,⁶ Oregon caregivers reported mental health status on par with non-caregivers. Two health status indicators buck the negative trend. Alcohol consumption seems to be less among caregivers with only half as many classifiable as heavy drinkers. And, while still sub-optimal, caregivers were more likely (44.6%) than non-caregivers (35.4%) to report having had a flu shot.

Does caregiving cause diminished health status and quality of life, or is it merely associated with them? In a national survey, 15% of caregivers reported their health had gotten much worse and 44% say their health had gotten moderately worse *because* of providing care.⁴ The combination of chronic stress, physical demands of caregiving and physical limitations of older caregivers may also have

physiological impacts, such as suppressed immunity, greater cardiovascular reactivity and even increased mortality.⁷ The good news is that a plurality of Oregon caregivers say they face no difficulties as a result of their caregiving responsibilities, although many report that caregiving creates stress and impinges on their work, personal lives and family relationships (Table).

Table. Difficulties reported by caregivers, Oregon, 2010*

No difficulty	44.7%
Creates stress	18.6%
Doesn't leave enough time for family	8.3%
Other difficulty	8.2%
Doesn't leave enough time for yourself	6.7%
Interferes with work	5.6%
Affects family relationships	4.9%
Creates a financial burden	1.8%
Creates or aggravates health problems	1.2%

HELP FOR CAREGIVERS

Luckily, evidenced-based interventions that improve caregiver well-being, which in turn can translate into improved outcomes for those they care for. Broad interventions, encompassing a variety of strategies, generate larger effects than those that are narrowly focused. A combination of in-home visits, telephone calls, and structured telephone support sessions are an effective combination for caregivers.⁸

The best time to assess the health of caregivers may be when they bring in a patient for an examination. Health care providers should focus on:

- **Ensuring** clear communication so that everyone involved has an understanding of the patient's condition and prognosis.⁹
- **Validating** the caregiver's role in managing the patient's care.
 - Patient information provided by the caregiver may be as reliable as the medical record, and acknowledging this role is fundamental to ongoing trust and collaboration. Health care provider support for caregivers directly influences the caregivers' burden, attitude, and emotional health status.¹⁰
 - The quality of caregiving directly affects patients' health, rates of

* Oregon Behavioral Risk Factor Surveillance System



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hospitalization, and long-term care placement.¹¹

- Caregivers experience significantly less depression when the physician listens to their needs and concerns, and validates the importance of the caregiving role.^{12,13}
- **Recognizing** caregivers' distress and recommending appropriate referrals for the caregiver themselves
 - Caregiving may cause caregivers' health to decline and negatively affect their ability to provide care.^{4,14}
 - Family caregivers face overpowering physical, emotional and financial demands that may make them especially vulnerable to injury, depression and other stress-related conditions.⁶

Health care providers are the ultimate caregivers, and play a vital role in ensuring the health of not only their patients, but the health of those who care for the patients where they live.

RESOURCES

- Aging and Disability Resource Connection of Oregon (ADRC) provides a directory is for Oregon families, caregivers and consumers seeking information about long-term supports and services. 1-855-ORE-ADRC (1-855-673-2372) <http://adrcforegon.org>
- The Department of Human Services, Aging and People with Disabilities website includes many resources that may be helpful for physicians and caregivers. www.oregon.gov/dhs/sprvdp/pages/caregiving/resources.aspx
- Oregon Lifespan Respite Care Program is designed for families and primary caregivers who need access

to short-term relief to restore and strengthen their ability to continue providing care. www.oregon.gov/DHS/respite/Pages/index.aspx

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Hepatitis A Outbreak: Prophylaxis Guidance

At least 50 people in the western U.S. have hepatitis A after eating "Organic Antioxidant Blend" frozen berries packaged by Townsend Organic Farms and sold at Costco stores. There are no cases so far in Oregon. Still, prophylaxis may help prevent illness in those who've eaten the berries.

If you see patients with possible hepatitis, ask about consumption of this product, berry smoothies, or other products containing frozen berries. If they've had this exposure, please report it to the health department in the county where the patient lives.

For people who've eaten this Townsend product in the last 14 days and who aren't already immune, arrange for prophylaxis. Immunity can be presumed in those with history of hepatitis A infection or a complete hep A vaccination series.

Immunocompetent, non-pregnant persons > 1 year of age can receive hepatitis A vaccine; other exposed persons can be protected by one dose of immunoglobulin (IG) 0.02 ml/kg IM.

If no IG is available, vaccination is the back-up plan, except for infants <1 year old. These guidelines are subject to change as more information becomes available from the ongoing outbreak investigation. If you have questions, just call your local health department.

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