

To: Washington State Democratic Party Platform Committee
From:
Date: March 26, 2016
RE: Proposal to add a “Family Caregivers” section to the Washington State Democratic Party Platform

I respectfully request that the Platform Committee add a section to the Washington State Democratic Party platform titled “Family Caregivers” containing specific policy recommendations.

In order to allow seniors to manage their care and remain in their homes, family caregivers who meet the needs of these seniors must be recognized and supported. The millions of caregivers in Washington whose commitment and labor make this possible require recognition and commitment from policy makers to facilitate the tasks and care they provide.

Caregivers need working knowledge of the medical needs and management plans for the people under their care. Caregivers must be able to meet the practical needs of the long-term care patients they serve. We must leverage their potential capabilities, when appropriate, to share in performing medical tasks and providing decisional support. As well, we must recognize the public health consequences and health considerations that directly affect the caregivers.

The essential delivery of quality caregiving for our frail and elderly populations requires healthy and robust communities. Volunteerism, compassion, and a realistic understanding of the magnitude a successful effort requires to keep seniors in their homes, with the attendant support they need, cannot happen without community commitment.

The economic realities for many affected parties will place an enormous financial burden and demand on the state and the private economy. Economic impacts include health care costs, burdens to employers coping with family caregiver needs of their employees, the loss of wages and retirement contributions affecting the family caregiver, the cost of institutional care that is currently borne by Medicaid funding when families quickly run through their savings, and the increasing ranks of elderly who will require caregiving and decisional support in the next decades. We need to prepare for those challenges now.

Consider these facts:

- 43.5 million Americans provide unpaid care to someone who is ill, disabled or aged.^[1]

- Caregiver services were valued at \$470 billion per year in 2013.^[2]
- The number of people 65+ will more than double between the years 2000 and 2030, increasing from 35 million to over 70 million.^[3]
- Individuals 85 years and older, the oldest old, are one of the fastest growing segments of the population. In 2012, there were an estimated 5.9 million people 85+ in the United States. This figure is expected to increase to 19.4 million by 2050. This means that there could be an increase from 1.6 million to 6.2 million people age 85 or over with severe or moderate memory impairment in 2050.^[4]
- The Alzheimer’s Association estimates that one in nine Americans aged 65 and older are affected with the condition.^[5]
- For men the total individual amount of lost wages due to leaving the labor force early and/or reduced hours of work because of caregiving responsibilities equals \$89,107. The estimated impact of caregiving on lost Social Security benefits is \$144,609. Adding in a conservative estimate of the impact on pensions at \$50,000, the total impact equals \$283,716 for men, or \$303,880 for the average male or female caregiver 50+ who cares for a parent.^[6]

SPECIFIC “FAMILY CAREGIVERS” PLATFORM CONTENT

1. Recognize caregiving as a health risk factor that warrants public health attention to encourage health professionals to acknowledge and address the issues.
2. Support expansion and scaling of practical, effective interventions that provide family caregivers in the areas of emotional support, respite care, assistive technologies, direct care skills, care coordination strategies, and other proven supportive services.
3. Expand the availability of training and professional guidance to help family caregivers by encouraging both public and private initiatives.
4. Increase participation in educational programs among diverse caregivers through culturally and linguistically appropriate offerings.
5. Implement requirements for family caregivers to be informed and educated about ongoing care plans at the time of discharge and at other key points in the healthcare process.
6. Reduce health costs and improve the quality of patient care by encouraging registered nurses to use their existing authority to train and delegate some tasks to family caregivers.
7. Encourage efforts at the state and county level to analyze and improve data on population demographic trends to determine both current and future service requirements for care recipients and caregivers, and to permit data-driven policy and program recommendations about our

aging populations and the workforce development needed to empower those who need care to heal, age and live in place.

8. Recognize and address the financial burden of caregiving and work to protect families and adult children from impoverishment at all levels of care. Investigate the feasibility of creating access to long term services and supports outside of Medicaid.
9. Encourage employers to establish policies that recognize the impact that caregiving can have on workers, and encourage employers to find ways to support their workers during difficult family times.
10. Support recognizing the economic value of family caregiving and, as appropriate, compensation of that value through tax credits or other means.
11. Recognize that persons with disabilities and their family members should receive the necessary protection and assistance to enable families to empower persons with disabilities by providing them help in making decisions, which promotes self-determination.

FOOTNOTES

[1] National Alliance for Caregiving. *Caregiving in the U.S. 2015*. Research report published jointly by the National Alliance for Caregiving and the AARP. Published June 2015.
<http://www.caregiving.org/caregiving2015/>. Accessed July 21, 2015.

[2] Choula, R., Feinberg, L., Houser, A., Reinhard, S. *Valuing the Invaluable: 2015 Update: Undeniable Progress but Big Gaps Remain*. AARP Public Policy Institute. Published July 2015.
<http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>. Accessed August 19, 2015.

[3] U.S. Department of Health and Human Services, Administration for Community Living. *Administration on Aging: Aging Statistics*.
http://www.aoa.acl.gov/Aging_Statistics/index.aspx. Accessed August 19, 2015.

[4] Family Caregiver Alliance. What is Long-Term Care? *Selected Long-term Care Statistics: Family and Informal Caregivers*.
<https://caregiver.org/selected-long-term-care-statistics>. Accessed August 19, 2015.

[5] Alzheimer's Association. *2015 Alzheimer's Disease Facts and Figures*. Page 16.
https://www.alz.org/facts/downloads/facts_figures_2015.pdf. Accessed August 19, 2015.

[6] MetLife Mature Market Institute. *The MetLife Study of Caregiving Costs to Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents*. June, 2011.

<https://www.metlife.com/assets/cao/mmi/publications/studies/2011/Caregiving-Costs-to-Working-Caregivers.pdf>. Accessed August 19, 2015.