

# BEST PRACTICES IN WORKPLACE ELDERCARE

MARCH  
2012



Conducted by The National Alliance for Caregiving for ReACT



ALZHEIMER'S  
IMMUNOTHERAPY PROGRAM  
INNOVATION TO REMEMBER™



Supported by The Alzheimer's Immunotherapy Program of Janssen Alzheimer Immunotherapy & Pfizer Inc.

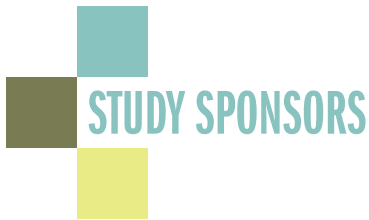
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### **The National Alliance for Caregiving**

Established in 1996, The National Alliance for Caregiving is a non-profit coalition of national organizations focusing on issues of family caregiving. Alliance members include grassroots organizations, professional associations, service organizations, disease-specific organizations, a government agency, and corporations.

The Alliance was created to conduct research, do policy analysis, develop national programs, increase public awareness of family caregiving issues, work to strengthen state and local caregiving coalitions, and represent the US caregiving community internationally. Recognizing that family caregivers provide important societal and financial contributions toward maintaining the well-being of those they care for, the Alliance's mission is to be the objective national resource on family caregiving with the goal of improving the quality of life for families and care recipients. For more information go to [www.caregiving.org](http://www.caregiving.org)

### **Alzheimer's Immunotherapy Program**

The Alzheimer's Immunotherapy Program of Janssen Alzheimer Immunotherapy and Pfizer Inc. is an equal collaboration committed to researching and developing selective products for the treatment and/or prevention of neurodegenerative conditions, including Alzheimer's disease. We believe that it is possible to reduce the burden of disease through early intervention in the illness. The AIP is harnessing the combined scientific experience, expertise and scale of our respective companies to advance patient care worldwide.

### **ReACT**

ReACT is a coalition of corporations and organizations dedicated to addressing the challenges faced by employee caregivers and reducing the impact on the companies that employ them. The coalition and its members are dedicated to increasing awareness, understanding and action around issues faced by employee caregivers by:

- Developing data and research to improve understanding and quantifying impact
- Identifying and sharing best practices
- Showcasing employer successes

ReACT seeks to support a business environment where the challenges faced by caregivers juggling the demands of both work and caregiving for an adult with a chronic age-related disease are understood and recognized by employers. Measures can then be taken to provide support and resources that employees need to better meet their personal responsibilities for caregiving and their professional demands. To learn more about ReACT go to [www.reactconnection.com](http://www.reactconnection.com).

The Best Practices in Workplace Eldercare Study was conducted to identify current trends and innovations in workplace policies and practices that support employees with eldercare responsibilities. It has been more than 25 years since employers began programs to support employees who were providing care to a family member or friend. The issues associated with caregiving were highlighted by several workplace surveys demonstrating the prevalence of caregiving in the workforce. The workplace response to the issues was shaped by research, negotiated contracts between unions and employers, work-family vendors and models developed by some of the nation's largest employers.<sup>1</sup>

As the proportion of women in the workplace increased and the percentage of older adults and in particular, the old-old (85+) increased, family care for older adults became longer and more complicated. Employed men and women found that it was not an easy task to manage simultaneously the responsibilities of a job or professional career, family, and parent care. Absenteeism, stress, and distraction at work were reported by many employed caregivers. Employers were concerned about retention of valuable employees and managing the workplace when employees had to take time off. As studies were conducted about the cost to

employers of caregiving employees, the business case for workplace eldercare programs to help these employees became more compelling. Workplace programs for caregiving employees were viewed as important as the childcare needs and, in many workplaces, the demand for eldercare assistance overshadowed the demand for childcare.

The first generation of eldercare programs were based largely on a resource and referral model in use within the corporate community for employees with child care responsibilities. This model, pioneered by IBM in 1988, included the provision of eldercare information and assistance in locating needed community services. The 1997 Changing Workforce Study found that this model was offered by 23% of the employers surveyed.<sup>2</sup> The larger the employer, the more likely it was that a program was in place for employees. By the end of the 1990's, we began to see some innovation in the development of eldercare programs. These innovations recognized the heterogeneity of the care situations faced by employees and were based upon information provided by employees about what they needed. Workplace programs that included decision-support services such as access to a geriatric care manager, insurance specialists and elder law professionals were added to the basic resource and referral informational model. In

<sup>1</sup> Neal, M. & Wagner, D. (2002). Working Caregivers: Issues, Challenges and Opportunities for the Aging Network. NFCSP Program Development Issue Briefs, Administration on Aging, DHSS. [http://www.aoa.dhhs.gov/carenetwork/Issue Briefs.html](http://www.aoa.dhhs.gov/carenetwork/Issue%20Briefs.html)

<sup>2</sup> Galinsky, E. & Bond, JT (1998). The 1998 business work-Life study: A Sourcebook. New York: Families and Work Institute.

addition, the number of employers offering flexibility in work hours and location (telecommuting) increased, giving employed caregivers additional supportive policy options. Informational sessions and products were a foundation of many workplace initiatives. These include lunchtime seminars, caregiving fairs and printed material about services and conditions as well as online material.<sup>3</sup>

During the 1980's and early 1990's, some employers experimented with specific on-site programs like adult day services and support groups for employees. Other experiments included subsidies for specific types of direct services. Those experiments did not prove to be cost effective for employers. The limited interest in the use of specific services resulted in very low utilization (less than 1%)—even lower than utilization rates for the resource and referral programs despite garnering great public relations for the employers. On-site services such as adult day services did not meet the needs of the majority of employees with eldercare responsibilities. Support groups continue to be available in some work settings with a culture that supports this type of program.

### **Why Study Workplace Programs During an Economic Recession?**

This study is designed to look at what employers are doing today for their employees with

eldercare responsibilities and to highlight innovations. Although the nation has been in an economic recession since 2007, this study anticipated some innovation among those who have retained or started eldercare programs because of the employer benefits. Key benefits to employers that have been associated with workplace eldercare programs, according to surveys of employers, include worker retention, improved productivity, lower stress and improved health among workers, and is a plus for attracting new employees—all factors that take on special importance in a down economy.

However, according to the Society for Human Resource Management (SHRM), there has been a steady decrease in the proportion of US employers with eldercare programs.<sup>4</sup> For example, their 2011 survey of employers found the percent offering referrals for eldercare had dropped from 22% in 2007 to 9% in 2011. Access to eldercare back-up services also dropped during this time from 4% to 2% of survey respondents. In the SHRM 2003 survey, few benefits were offered to address needs of employee caregivers. Most leave “benefits” were unpaid including family leave and FMLA leave. The generic Employee Assistant Program (EAP) is most commonly mentioned by employers as a benefit for caregivers. In 2003, resource and referral programs were offered by 23% of those

<sup>3</sup> Wagner, D (2000). The Development and Future of Workplace Eldercare. In *Dimensions of Family Caregiving: A look into the future*. Westport, CT: Mature Market Institute.

<sup>4</sup> SHRM (2011). 2011 Employee Benefits Research Report: Examining employee benefits amidst uncertainty. Alexandria, VA.

surveyed. In 2011, only 9% of the respondents reported offering referral services to employees. The 2011 SHRM survey found that paid family leave had decreased from 33% of employers reporting in 2007 to 25% in 2011.

### **How This Study Was Done**

Sampling for companies to participate in the study began with an invitation to ReACT members. Those who volunteered to talk about their eldercare programs were interviewed by phone using a semi-structured interview that explored the history of the program, the program elements, how it is marketed, the utilization rates, how the program is evaluated and the benefits to the employer. Each respondent was also asked about other companies who might be included in the study. The 17 companies who participated in the study represent an array of industries including:

- Professional/Non-profit Associations
- Financial Industry
- Health Care Providers
- Higher Education
- Insurance
- Manufacturing
- Media
- Pharmaceutical
- IT-related

The respondents were generous with their time and happy to share their experiences. Key informants who responded on behalf of the employer were individuals who were directly involved in the programs they were describing. Brief case studies of all of the employers can be found in the appendix of this report.



## OVERVIEW OF TODAY'S ELDERCARE PROGRAMMING

**A**lthough the sample of employers participating in this study is not necessarily representative of employers nationwide, they provide a range of approaches to supporting the employee with caregiving responsibilities. This sample includes manufacturing with an hourly wage workforce, a small employer, non-profit associations, higher education and large global employers. Some trends observed among this diverse set of employers include:

- Reliance on technology—intranet and web services—to provide an array of informational and support services to employees and to market existing services and benefits.
  - A move away from the “full-service” work-family vendor who provides a comprehensive array of workplace eldercare services to eldercare programs provided by more than one vendor and, often, supplemented by internal staff and/or an EAP program for part of the services and/or benefits available to employees.
  - Paid time off is an important part of the cafeteria of programs for most of the study’s employers. Most of the employers had flexible approaches to time off.
  - Resource and referral services continue to be at the center of eldercare programming for employees—some employers provided this through their EAP. Although the resource and referral programs were central, they were not necessarily integrated into other elements of the eldercare program.
- Discounted back-up home care for emergency needs was a popular option for many employers in this sample. In-home care was provided at a discounted rate (between \$4.00 and \$6.00/hour) by a vendor. The number of hours of care available at this subsidized rate varied by employer. This new benefit is an important innovation for employed caregivers. Research suggests that employed caregivers are more likely than caregivers without a job to rely on professional home care services.<sup>5</sup>
  - Geriatric care management services were offered by some of the employers. Some respondents reported that they were thinking about adding this benefit in the future.
  - Help with insurance paperwork and information about Medicare, Medicaid, and other insurance policies were offered as a benefit by one employer to the employees, their parents and parent-in-laws at no charge.
  - Utilization rates were, for the most part, not documented but perceived as very low by respondents. Rates for “some” of the ele-

<sup>5</sup> Scharlach, A.E., Gustavson, K., Dal Santo, T. (2007). Assistance received by employed caregivers and their care recipients: Who helps care recipients when caregivers work full time? *The Gerontologist*, vol. 47, No. 6, 752-762.



## OVERVIEW OF TODAY'S ELDERCARE PROGRAMMING

ments of a program ranged from less than 1% to 20% for the emergency eldercare paid time off.

- Perceived benefits to the employers included reduced absenteeism, improved productivity, better retention rates, improved recruitment, reduced stress in the workplace and enhanced employee loyalty.

And finally, despite the SHRM survey that showed that employers were reducing benefits and programming for caregiving employees, about one-third of the respondent employers in this study report that they had begun their eldercare program in the past 5 years with most of those starting the program less than 3 years ago.





## PROGRAM UTILIZATION

Since the 1980s, there has been a low utilization of eldercare program services—between 1% and 4% according to vendors. A study of utilization found that knowledge about the services available to help employed caregivers was not a significant factor in an employee’s decision to use services. Rather, employees reported they had concerns about revealing their family issues at work or did not need the services that were offered. Marketing the programs is important, but not the key driver to the services. Supportive supervisors who encourage employees to be proactive in their efforts to balance work and family may

be the most important factor in the decision to use workplace programs.<sup>6</sup> Other studies suggest that men are more reticent than women to discuss their caregiving responsibilities at work.<sup>7</sup> And, finally, utilization is driven by the fit between the needs of the caregiver and the services available. Care situations and needs of care recipients are diverse and idiosyncratic. Recognizing this heterogeneity in caregiving situations during the design of a program or benefit and sensitizing the “gatekeepers”—line supervisors and managers—to the employee caregiver needs could increase utilization.

<sup>6</sup> Wagner, D.L. & Hunt, G. G. (1994) The use of workplace eldercare programs by employed caregivers. *Research on Aging*, Vol. 16, No. 1, 69-84.

<sup>7</sup> MetLife Mature Market Institute & National Alliance for Caregiving (2003). *The MetLife Study of Sons at Work*. [www.caregiving.org](http://www.caregiving.org).

In identifying the “best practice” models, the researchers relied upon criteria that were developed based upon research findings about employed caregivers and models of workplace eldercare that had been identified in the literature. A “best practice” approach is one that is equitable for employees, accessible to all employees, respects the privacy of employees, is mission-driven for the employer and, in the case of specific interventions, is provided by competent, qualified and trained professionals. The “best practice” workplace eldercare approaches and/or models are derived from the employers in this study and, in many cases, more than one employer.

### **Paid Time Off and Flexibility in Scheduling**

Employees report that time is the biggest problem. Some employees are also reticent to ask for time off if they have to explain their situation to a supervisor. Flexibility in scheduling work not only benefits the employee but has benefits for the employer as well. Employers in this study reported they offer flex-time that allows many employees to modify work schedules with advance notice.

Paid time off for caregiving purposes has been implemented by some employers. This time off is above the usual vacation, sick and personal days. One large employer offers up to a week of paid time off for caregiving and flexible scheduling. One small employer, who is not covered under federal FMLA regulations, has started

an Elder Emergency Time Off (EETO) and a family and medical leave policy. Employees can take up to five days of paid time off in addition to the four weeks of vacation and 10 paid holidays a year. The family and medical leave policy provides up to 90 days of unpaid leave during which their medical benefits and stock options continue. Another employer offers employees the opportunity to bank paid time off. One employer has a specific leave program for employees with family members who are terminally ill—two weeks of paid time off.

### **Geriatric Care Manager Service and Consultations**

Access to a geriatric care manager can provide invaluable support and information to an employee with eldercare responsibilities. Since each care situation is unique, an individualized consultation can tailor a plan that recognizes the capacity of the family to provide care, the needs of the older person and the environmental resources at hand. A large employer in this study offers a consultation service to employees as well as on-site assessments of the older adult and their living situation by trained geriatric professionals. Other employers offer an independent consultation service to their employees, on-call advice and support, and emergency intervention services.

A best practice model of geriatric care is one in which the care manager is independent of the employer and in which there are no incentives for the care manager to offer more services than

the benefit allows. Keeping the care manager independent from the needs of the employer and focused solely on the well-being of the elder and his or her family members is likely to produce better results for the employee and his or her family.

### **Planning for the Workplace Program**

Although nearly all of the sample employers in this study reported that the most important factor in determining the importance of the elements of their program is feedback from employees, few conduct surveys of employees once the program has been established except for consumer-satisfaction surveys. And few employers conducted needs assessments prior to establishing a program or modifying it over time.

One of the large employers in this sample has just completed a ‘state of the art’ planning initiative for their eldercare program. Carried out over two years, the planning included dependent care surveys, work-life audits of policies and programs, and a comprehensive needs assessment. A work-life task force reviewed the study findings and made recommendations about the program and policies. The goal of the planning process was to increase employee engagement, reduce absenteeism rates, increase retention rates, and reduce the health care costs of employee caregivers. Task force members included trained professionals in geriatrics, elder law, work life professionals, and a representative

from a peer institution who has been managing a workplace program. A review of existing policies and benefits to ensure consistency with the mission of an eldercare program, listening to employees, and relying on professionals in caregiving are key elements to planning an approach that employees will use.

### **Offering Employees Benefits Based Upon Core Business Elements**

The health care providers and affiliates in this study were creative in making sure that the services they provided for their patients or insured were also available to their employees. Information and referral services, webcasts, stress-reduction and evidence-based initiatives such as blood pressure management programs, and an evidence-based program for those who were caring for someone with Alzheimer’s disease, are examples of some of the program elements provided as a “cross-over” benefit to employees. In a hospice program, for example, there was yoga, meditation and massage available to employees, as well as patients. The employers were also offering some of the services to the community or to other employers as an extension of their main business model.

### **Evidence-Based Programming**

Several of the employers interviewed were using one or more evidence-based programs in their approach to support employees. For example, an evidence-based program to assist

caregivers who are caring for someone with Alzheimer's disease is at the center of one employer's model. Other evidence-based programs in use include training using the "Powerful Tools for Caregivers" and health related initiatives for stress reduction and blood pressure management.

### **Volunteer Programs**

Not all employers have the resources for EAP programs, vendor-managed eldercare programs or geriatric care management services on site. One employer in this study has developed an innovative program that is organized and managed as a volunteer program by employees. The program is a grass-roots effort developed by employees who had eldercare issues themselves. Although the volunteers cannot use their work time for the program, the company provides

some financial support for their attendance at workshops or meetings related to family caregiving and managers sit on an advisory committee for the program.

### **The Corporate Culture**

Several respondents reported how important the corporate culture was to the success of a program. In some companies, it has been a corporate leader who initiated the program and made sure that the culture recognized the importance of supporting caregiving employees. In other companies, the managers and supervisors value the eldercare program as well as other work-life benefits and policies and make sure that employees are aware of resources available to them.

Employers of all sizes are well advised to plan for a growing number of employees who will have eldercare responsibilities in the future. Not only will there be an increase in the number of old-old elders (85+) who need some ongoing assistance with their activities of daily living, but fewer employees will take retirement “on time.” Recent surveys of the American workforce suggest that a large portion (60% to 70%) of the workforce plans on continuing to work after the standard age of retirement. These surveys are not a perfect predictor of the future but are consistent with the trend observed today in the American workforce of more workers choosing to remain employed well after the age of 65.<sup>8</sup>

Effective responses to the needs of employee caregivers do not have to be expensive or elaborate. A good flex-time policy can help the majority of employees who are having difficulty managing work and caregiving. Paid time off and allowing employees to use their sick days and vacation days for caregiving purposes is also a family-friendly policy that sends a supportive message to employees.

For those employers who can afford to provide expanded benefits and programs to their employees, there are many options as has been seen among the employers who participated in this study. It is important to tailor the policies

and programs to the needs of the employees and an easy way to ensure that these benefits are relevant to the workforce is to survey employees regularly. Utilization has been a persistent problem in workplace eldercare programming. An early study of eldercare utilization showed that issues underlying low utilization rates were more complicated than a lack of marketing. Employees must understand what the program will do for them, need the services or policies that are offered, trust that using the program or even revealing their caregiving responsibilities will not lead to negative workplace consequences, and be assured that direct supervisors and managers, as well as co-workers, will not hold it against them if they need to make workplace accommodations.

None of the employers represented in this study stated explicitly that there were programs in place to train supervisors and managers about eldercare issues. A few reported that they monitored the culture informally for signs that there might be a disconnect between the programs/policies and the attitudes of supervisors. Absent as well was a systematic effort to evaluate the programs in place to assure they continue to meet both the needs of the employees and the employer goals for the programs.

A good strategy for achieving corporate goals of recruitment, retention, reductions in workplace

<sup>8</sup> Quinn, J., Cahill, K., Giandrea, M. (2011). Early Retirement: The dawn of a new era? TIAA-CREF Institute Policy Brief. [www.tiaa-cref.org](http://www.tiaa-cref.org).



## PLANNING FOR THE FUTURE

accommodations and adverse outcomes such as leaving the workplace altogether as a consequence of caregiving includes the following:

- An understanding of your workforce and their needs;
  - A program or policy that is available to all employees and not just one category of employee;
  - Training of supervisors and managers about eldercare;
  - Education for employees about the caregiving process and ways in which the program can support their goal of continuing to be a family caregiver and a productive worker; and
- Programs to help employees plan ahead for their caregiving responsibilities.

As employees who are caregiving today age out of the workplace, they are likely to be replaced by employees who have higher expectations of their employers. Young workers today are entering a workplace that includes benefits and policies that were not available 30 years ago when the average caregiver started working. Strong work/family programs and flexible policies will ensure that employers continue to be attractive to younger workers in the future.



## FUTURE IDEAS FROM EMPLOYERS

**W**e asked each employer representative what they would like to do if resources were not a factor in their programming decisions. Below are a few suggestions from the respondents:

- Increase the number of subsidized days of home care;
  - Provide more paid days off;
  - Provide assistance on long term care decisions
- through access to elder law professionals who provide more in-depth information about possible benefits for care recipients;
- Expand the seminar programs to include more topics;
  - Start a geriatric care management program; and
  - Be able to provide more paid hours of time for caregivers to meet to support each other.



## POLICY RECOMMENDATIONS

**A**dvocates for employers and employees with caregiving responsibilities have been successful in many policy areas including supporting the passage of the National Family Caregiver Support Program that added family caregivers to those served by the national aging network, the Lifespan Respite Act that provides technical assistance and support to the development of respite networks around the country, and the FMLA that protects an employee's job if they need to take a leave of absence (unpaid) to provide care. Future areas of policy change could strengthen the ability of employees to provide care to a family member or friend while remaining employed, and help employers provide effective support to the expanding number of employees who are also family caregivers. These changes may include:

- Federal incentives for employers of all sizes to offer paid time off to family caregivers;
- Increased funding of the National Family Caregiver Support Program to provide strengthened partnerships at the local level between aging network professionals and employers;
- Increased funding for home health services to better support the community-based home health care system that is needed by both older adults and their family caregivers;
- Funding for and requirement of a professional geriatric care manager in each Area Agency on Aging whose position is exclusively designed to serve the needs of employed caregivers in their service area; and
- Paid family leave at the federal and state levels.





### **Organizational Case Studies**

1. Aetna
2. American Psychological Association (APA)
3. Caring.com
4. CBS Corporation
5. Duke University
6. Emblem Health
7. Emory University
8. Fannie Mae
9. Gundersen Lutheran Health System
10. Intel
11. Johnson & Johnson
12. Johns Hopkins University
13. Kimberly-Clark
14. MWV (MeadWestvaco)
15. Suncoast Hospice
16. UnitedHealth Group
17. US Chamber of Commerce

## AETNA

Hartford, CT

Number of Employees: 35,000

[www.aetna.com](http://www.aetna.com)

### **Program: A Component of the Employee Work Life and Assistance Program (EWLA)**

The EWLA program offers eldercare resources, referrals and information to Aetna employees. Managed through LifeCare, this program, available nationally, offers employees information about their care situation, options available to them and care plans to address the needs of their loved ones. Other elements include a website that provides 24/7 access to information about EWLA programs including eldercare, educational guides and assessments, podcasts and webinars on caregiving issues and access to support and discussion groups. In addition, there are seminars offered at the corporate headquarter site (Hartford, CT) and other sites upon request.

### **Marketing / Utilization**

The EAP program provides a website and ongoing marketing to ensure that employees are aware of the array of services offered. Overall, the utilization rate for any EAP program is 15%. No statistics are kept for different elements of the programs. This statistic also does not include use of web-based resources.

### **Evaluation**

A consumer satisfaction survey is e-mailed to employees after use of the program. There is a 95-100% satisfaction rate for the program based on this evaluation.

### **Benefits to the Employer**

The average age of employees is about 41 years, so many employees are caring for older relatives. They have not evaluated the program as it affects the employee, but if they did, they would want to assess the extent to which the program has helped employees feel more balanced in their lives, loyal to Aetna and more productive.

### **Other Program Information**

As a component of the EAP program, the eldercare program is managed exclusively by the vendor.



## AMERICAN PSYCHOLOGICAL ASSOCIATION (APA)

*Washington, DC*

*Number of Employees: 600*

*www.apa.org*

### Program

The eldercare program designed for APA employees began three years ago. The association had discussed the possibility of starting an eldercare benefit prior to that time, but there did not seem to be a strong demand for it. After several requests for services were made to the HR Department, the issues of eldercare were taken more seriously. Bright Horizons, who had been providing child care services, offered them the Adult Back-up Care option. The back-up care is the only specific eldercare programming in place. Family caregivers are also served by the EAP provider for counseling and information and referral services. There are also expanded FMLA options because the APA is located in the District of Columbia which requires 16 weeks of family leave and 16 weeks of personal leave in a 24 month period. Family leave options can be taken for any family member—not just immediate family members. Employees can also use their vacation days to attend to caregiving responsibilities.

### Marketing/Utilization

The vendor, Bright Horizons, promotes the services and once a year they do a workshop about the benefit. They also send out printed materials during open enrollment. Information about the program is also available on the intranet and posted in the lunchrooms. New hires are given information. There are no utilization rates available for the program.

### Evaluation

APA has not evaluated the program or surveyed employees about their experience. However, employees are described as “vocal” and have commented on how helpful the program is. To date very few employees have used the program.

### Benefits to Employer

Recruiters use the program as an incentive for potential new hires and there is a belief that the productivity is increased and anxiety has decreased as a result of the availability of the program.

### Other Program Information

APA will use employee feedback and information to determine what is needed by the employees. If the cost was not an issue, they would increase the number of days available for the back-up care.

## CARING.COM

*San Mateo, CA*

*Number of Employees: 35*

*www.caring.com*

### **Program: Elder Emergency Time Off (EETO) and Family Medical Leave policy**

Although the mission of this organization, started in 2007, is to help family caregivers online, they did not start their formal eldercare program for employees until 2010. The program provides up to five days off for eldercare emergencies in addition to the 10 paid holiday days and 4 weeks of paid time off. This EETO was started because many of the employees were involved in family care and using their holiday and time off to see to the care of their relative(s). In order to be eligible for the EETO, which is paid time off, the employee must be caring for parents, in-laws or grandparents. The CEO of this organization believes that vacation days should be separate from caregiving days.

The Family Medical Leave policy was started to address the needs of employees with serious caregiving issues. As a small organization, Caring.com is not required to participate in the federal FMLA program. Their FML policy allows employees to take up to 90 days of unpaid leave to manage caregiving. During this unpaid leave, their medical benefits and stock options continue.

### **Marketing / Utilization**

In a small organization, marketing can easily be done informally. Approximately 20% of their employees have used the EETO benefit. The informant reported on two cases in which employees used the FML policy. One employee used the benefit to see to the arrangements required for her mother after her death. Another employee used this leave to provide care for a grandparent in Asia rather than resign from her position.

### **Evaluation**

No formal evaluation of the program/policies has been conducted.

### **Benefits to Employer**

Employees are either actively involved in eldercare now or would be in the near future and this program provides them with the flexibility they need to manage their family responsibilities. The benefits to the employer include enhanced loyalty and retention of employees who otherwise might have to leave the organization. Morale is higher and the company does not have to absorb the high costs associated with replacing workers.

### **Other Program Information**

Given the nature of the business, development of resource and referral information about caregiving was not required. However, the CEO expressed his desire to have more resources so it would be possible to provide paid FML options to employees.

## CBS CORPORATION

New York, NY

Number of Employees: (not available)

[www.cbs.com](http://www.cbs.com)

### Program

The eldercare program was developed after initial contact with the Alzheimer's Association. Soon thereafter, CBS surveyed their employees to assess how many were currently caregivers or anticipated that they would be caregivers in the next 3 to 5 years. This survey revealed that eldercare was an issue for many of their employees. Realizing the need for support for their employees with eldercare responsibilities, they began to offer their employees back-up elder care through Bright Horizons. The services are available across the nation and provide in-home emergency care to the employees' elder family members. Employees can use as many as 15 days a year for only \$4 an hour. Employees are also supported by Health Advocate, a vendor that provides information about Medicare, benefits and insurance needs. Employees, their parents and parents-in-law are eligible to receive informational support from Health Advocate. Other programs/services include:

- Seminars on eldercare;
- Books at no cost—*36 Hour Day* and *How to Care for Aging Parents*;
- EAP Services through a vendor, Live and Work Well; and
- Health fairs and other initiatives to increase the awareness of employees about Advance Directives.

### Marketing / Utilization

Marketing is done through direct mailings to employees, internet resources, information provided at health fairs and through their vendors. They have made modifications to the approach they use in marketing to try to increase the utilization of the various programs. Utilization is estimated at 10%.

### Evaluation

They conduct an annual health risk survey of all employees and include a question about caregiving and the anticipation of caregiving responsibilities. No formal evaluation has been conducted about the various elements of their program but employees have provided feedback to them that they appreciate the services.

### Benefits to Employer

They report a reduction in absenteeism, improved productivity and reduction of the stress of caregiving. This employer views the programs as cost effective.

### Other Program Information

The program, although provided by several vendors, is comprehensive. The key informant suggested that, although they have the EAP and Health Advocates, there are many legal questions related to long term care and this would be an element she would like to include in the future.



## DUKE UNIVERSITY

*Durham, NC*

*Number of Employees: 32,000+*

*www.duke.edu*

### **Program: Duke Employee Elder Care Consultation Service**

The Duke Employee Elder Care Consultation Service has been operating since 2000. Any Duke employee or family member of an employee is eligible for a free, confidential elder care consultation at their convenience at the central Duke Medical campus location. Consultations are done face-to-face, by phone or by e-mail according to the preferences of the employee. Employees are contacted no later than 24 hours after they request a consultation. Two social workers staff the program and consultations are from 60 to 90 minutes in length with follow-up email information or telephone consultation as necessary or requested.

The Consultation Service staff also facilitate three ongoing support groups open to employees and the community, provide presentations for employee groups, as well as “lunch and learn” events. The Consultation Service is staffed and supported by the Duke Center for Aging—experts in geriatric social work, family caregiving and Alzheimer’s disease.

The Consultation Service grew out of an increase in requests for eldercare assistance on the part of Duke employees and was started as a pilot project in 1999 on the recommendation of a work-family advisory council. Funding is through a fixed price annual contract with the HR Department, guaranteeing employee access.

In addition to the Consultation Service, the HR department of Duke offers an array of services to employees through their employee assistance program (EAP).

### **Marketing / Utilization**

Ongoing marketing is conducted by the Human Resources Department and the Consultation Service social workers. New employees learn about the service during orientation and articles about the consultation service are included in the employee newsletter. Users are self-referred by word-of-mouth from previous consultation users, referred to the program by managers, or through presentations to employee groups like Speech Pathology and Audiology, Medicine Grand Rounds, or presentations to Duke EAP social workers. Utilization peaks after holidays but averages about 80 unduplicated families per year.



### **Evaluation**

Surveys are distributed to users of the service two months after their consultation to assess satisfaction and outcomes of the service. These surveys are modeled after those used in the Duke EAP program.

### **Benefits to Employer**

The employer benefits from the program as a result of those increasing number of Duke employees with eldercare responsibilities who have a reliable and high quality work- site service that assists them in decision-making and planning. The fixed price allocated to the program is also viewed by the HR professionals as a modest, efficient use of funds.

### **Other Program Information**

The Consultation social workers also receive funding (since 1984) from the North Carolina Division of Aging and Adult Services as a one-stop clearinghouse, crisis hotline and technical assistance center for those caring for someone with memory disorders. The state contract pays for a free Caregiver newsletter and updated packet of information developed by the Consultation social workers and available to any North Carolina resident and thus to any Duke employee family. The newsletter, *The Caregiver*, is the oldest continuously published family caregiver newsletter in the US.

## EMBLEM HEALTH

New York, NY

Number of Employees: 5,000

[www.emblemhealth.com](http://www.emblemhealth.com)

### Program

The program emerged out of their integrative wellness program approximately 10 years ago. The program offers a lecture series every other month, a dedicated intranet site for caregiving issues exclusively for employees, including links on this site to information from the lecture series, as well as other caregiving programs and information. They are pilot testing a “Share the Care” group which is managed by a social worker and includes a series of sessions that last 10 weeks at two of the company’s largest campuses. This program assists employees to support each other in their caregiving effort and help one another develop solutions to problems that arise. They have also partnered with the NYU Caregiver Intervention Program to assist employees who are providing care to someone with dementia. This evidence-based program has been shown to delay nursing home placement by up to 18 months by helping caregivers better manage their caregiving. It is six sessions long and these sessions are managed by professionals.

The Human Resource Department of Emblem Health has subscribed to Senior Link Care ([www.seniorlinkonline.com](http://www.seniorlinkonline.com)) to provide access to employees for services and information. Professionals in their EAP office also are available to consult with employees regarding caregiving and other personal and family issues affecting the employee.

### Marketing / Utilization

Marketing is done via their intranet and word of mouth. No specific utilization statistics are available but the program that manages their eldercare initiative, the Employee Health and Wellness Program, has a 50% utilization rate.

### Evaluation

No “formal” evaluation has been done of their program but the program itself is constantly being monitored by the Health and Wellness professionals and modified over time based upon this review as well as based on feedback from employees. There are plans to survey employees about the program. Regular surveys are conducted of employees who attend the lecture series regarding satisfaction with the presenter and the topic.

### Benefit to Employer

The programs have helped with retention, performance, a reduction in absenteeism and improvements in the overall wellness of their employees.

### Other Program Information

Managing this program in the Health and Wellness section of the organization is an innovative approach to eldercare that has been suggested for many years but rarely implemented. Top level executives of the company are committed to both the Health and Wellness unit and the eldercare program according to the company representative which makes it likely that the program will continue to evolve and improve over time to the benefit of caregiving employees.



## EMORY UNIVERSITY

Atlanta, GA

Number of Employees: 12,000 (additional 14,000 within their healthcare system)

[www.emory.edu](http://www.emory.edu)

### Program

This employer undertook a planning process to determine how they would design their eldercare program. Prior to this planning stage, there were small initiatives across the campus but no unified approach. This process exemplifies a thoughtful and comprehensive approach to addressing the needs of employees with eldercare responsibilities and represents a comprehensive planning model.

### The Planning Process

The university completed several assessments and evaluations of employees to identify need among its workforce including:

- Work-life Audit of Programs & Services (2009) by WFD Consulting; and
- Comprehensive Dependent Care Needs Assessment in 2009-10 including:
  - Local Market analysis (Brown Richards & Associates)
  - Demographic analysis and Dependent care survey (Bright Horizons Consulting)

The dependent care survey of university employees had a 27% response rate by faculty/staff.

The survey indicated that 15% of employees had eldercare responsibilities (at the time the survey was conducted) and nearly 60% of employees reported that they were concerned about being able to effectively balance work and elder care responsibilities within the next 1-3 years.

### Charge to the Planning Group

Based on the recommendations of an internally led work-life task force and the results of the comprehensive dependent care needs assessment, university leadership endorsed a working group “charged to explore the feasibility of enhancing employer-sponsored support to employees with adult caregiving responsibilities” with the goal of:

1. Increasing employee engagement
2. Reducing absenteeism
3. Minimizing the need for an employee to miss time from work or drop out of the workforce.

### Methodology

The working group’s activities took place from May-December 2011; meeting every 3 weeks for 90 minutes. The group was chaired by a work-life specialist at the university and included a team of experts from within and outside of the university (gerontologist, geriatrician, research faculty, employee assistance professional, eldercare consultants from a large metropolitan city, an elder law attorney, representative from a peer institution, a chaplain and a work-life expert).



Methodology for the group's work included review of the following:

- Business drivers;
- University demographics;
- Existing policies, programs and practices; and
- Employer sponsored elder care programs.

### **Recommendations**

The group completed its recommendations in December 2011. They were classified in three distinct categories:

1. Existing program modifications
2. Policy recommendations
3. Program recommendations

Planning is now underway to implement specific recommendations and create a unified program to support caregiving employees.

## FANNIE MAE

Washington, DC

Number of Employees: over 6,000

[www.fanniemae.com](http://www.fanniemae.com)

### Program

Fannie Mae's eldercare program began in 1999 and consists of the following services:

- Eldercare consultations (in-person or remote).  
The consultation service can be used for any care situation facing the employee including care for in-laws and grandparents. Consultations can also include conference calls with siblings and joint consultations with spouses;
- Information, resource and referral service;
- Supportive/crisis counseling;
- Lunch-time education seminars (in person, online or dial-in); and
- Elderkit. This is a binder with planning tools and sample documents. A CD is also available.

Most of the elements were started in 1999. Newer additions included the development of the Elderkit in 2000, and the addition of a CD version of the kit in 2007.

The consultation service is unique in that it relies upon a geriatric care manager/licensed clinical social worker who is housed at Fannie Mae, but is employed by Iona Senior Services, a non-profit service agency. The social worker oversees the program and provides consultations directly. As an employee of the independent agency, this professional has true independence in her work and is able to avoid any competing demands or interests that may arise when the consulting professional is employed by the employer.

### Marketing / Utilization

The marketing of the program is managed by the HR department and is ongoing, including an eldercare fact sheet and "frequently asked questions" page on the intranet. In addition, word of mouth has been an important component of the marketing. Between 5% and 6% of the workforce use some element of the program annually; a rate that exceeds the average. As of FY 2011, 2,446 employees have accessed the program.

### Evaluation

Employees are surveyed regarding the program. In one dependent care survey, 92% reported that the program saved them time, 100% reported that they would use the program again and 100% reported they would recommend the services to a co-worker. More than 25% of the respondents reported that the program helped them with a situation that, if left unresolved, might have caused them to leave their job.

### Benefit to Employer

The employer benefits from the program due to increased retention and productivity, improved morale of workers and a decrease in caregiving anxiety and absenteeism.

### Other Program Information

This program was one of the first in the country to use the services of a full-time on-site eldercare consultant to support employees. By giving the caregiving professional autonomy and not limiting the access to the service by care recipient type or number of hours, the program is flexible enough to help and support all employees.

## GUNDERSEN LUTHERAN HEALTH SYSTEM

*La Crosse, WI*

*Number of Employees: 6,300*

*www.gundluth.org*

### Program

Several programs serve employee caregivers of Gundersen Lutheran Health System. The Employee Assistance Program (EAP) was started in 1975 and includes assessment, short-term counseling and referral services including employees with caregiving responsibilities. Employees are provided assistance in finding reputable websites for help with long distance caregiving and help with Family Medical Leave applications.

The Community and Preventive Care Services Program began providing structured eldercare services in 1987 and evolved since then. It offers employees some of the same services and information their patients receive including educational videos, fall prevention workshops, pamphlets on caregiving, an employee newsletter sent through the mail and also available online, and health education programming including stress management, healthy eating and exercise.

The organization sponsors a local 211, information and referral service, which includes a link to the statewide information and referral line. It also offers a personal time off (PTO) policy and a PTO bank, which can extend the hours available to an employee or which permits employees to donate their PTO

hours to assist others. In addition, in-house professionals provide specific services, such as social work assistance, a Nurse Advisor Program, Care Coordination and Nutrition Services for patients, as well as employees. The organization also provides an online renewal center providing music, meditation and relaxation exercises for employees. In addition, chair massages and on-site outdoor walking trails are available to employees to help manage their stress. They also offer a health insurance product for retirees and their elderly parents.

### Marketing/Utilization

Marketing is through an employee newsletter and online version of the newsletter. Posters in break areas promote the programs as well. Utilization rates of the EAP averages 9-10% including employees and eligible family members.

### Evaluation

Employees are surveyed regarding satisfaction with services used and satisfaction rates are high. In addition, there are quarterly wellness surveys of 25% of their workforce exploring wellness behavior and health. The organization has added questions related to caregiving in the last quarterly wellness survey in order to assess that element of their lives. There is also an annual survey of employees about engagement, which includes questions related to the balance of work and family and job satisfaction.

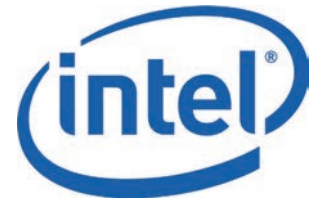


### **Benefits to Employer**

The program has assisted employees in managing their roles as a professional caregiver and an informal caregiver. The Health System recognizes the importance of addressing health issues of its workforce, and balancing work and family is an important element of that.

### **Other Program Information**

Gundersen Lutheran Health System provides services, including elements of their eldercare program, to other employers. They report that since they are a 24-hour operation, there is flexibility for employees who are caregivers to work alternative shifts when it is necessary and available. Their information resources online are also available to people in the community.



## INTEL

*Santa Clara, CA*

*Number of Employees: 54,000*

*www.intel.com*

### Program

The program at Intel was started in 2003 and has evolved. Initially there were benefits through the Employee Assistance Program (EAP), caregiving seminars and the Dependent Care Assistance Program. Eventually an intranet site devoted to eldercare issues was developed. The current elements include all of the above-mentioned elements and an option for a “Life Event Leave,” telecommuting options to expand flexibility and flexibility in managing doctor’s appointments or other required work-schedule appointments. The Eldercare at Intel intranet site was expanded to include additional community resources and information was more centralized. In addition, Intel’s external partnerships with local agencies and National Alzheimer’s Association and AARP have proven extremely beneficial to employees.

Other program elements have included Work/ Life Expos at their major work cities which include local agencies and service providers to inform employees about their services. During 2006 and 2007 the company also offered the “Powerful Tools for Caregivers” courses to branches in Oregon and Arizona. They may look at offering this program again at the Oregon site in late 2012.

Eldercare programming at Intel is described as “basic” and utilizes community resources. However, the Eldercare at Intel intranet site provides many

resources. There is not a dedicated budget in place for eldercare.

### Marketing/Utilization

The Eldercare at Intel intranet site is readily available online. In addition, all programs are marketed at the Work/Life Expo events and easily accessible on their intranet circuit. They do not track usage of the programs.

### Evaluation

No evaluation procedures are in place. Employees were surveyed in 2006 to examine the caregiving responsibilities of employees. The survey did not assess their needs. Only 1,200 employees returned completed surveys and of those, more than half reported they were stressed or overwhelmed and more than three-quarters reported they were, or had recently been providing care for someone.

### Benefits to Employer

No formal evaluations have been conducted of the benefits or their use, but Intel assumes that retention would be a benefit, as would an increased employee comfort when speaking about their caregiving with their supervisors or co-workers. Employees are very complimentary about the services provided.

### Other Program Information

The eldercare program is managed by one employee who utilizes community resources. They would like to research “Back-Up” Eldercare and access to a geriatric manager. Intel’s Eldercare Initiative has been highlighted at several webinars and conferences— featured as a no-cost strategy.

## JOHNSON & JOHNSON

*New Brunswick, NJ*

*Number of Employees: 118,000 worldwide*

*www.jnj.com*

### Program

This innovative program leverages a variety of tools and formats to provide employee caregivers with high-quality support, services and information about caregiving issues.

The program has been in place for eight years. To be consistent with the supportive culture of the organization, the program is offered free of charge to employees in order to maximize participation. Services are provided by a third-party vendor and include:

- Assessment of the care recipients' situation by a geriatric care manager (GCM);
- Scheduled check-in services by the GCM;
- Assistance in planning and coordinating services;
- On-site facility reviews conducted by the GCM to assist the family with placement decisions;
- Consultation services by the GCM to assist with family issues, paperwork, planning, etc.;
- Respite care (fixed number of hours per year);
- Referrals to community resources;
- Intranet site with information, audio recording and pod casts;
- Webinars and training and workshops; and
- Flexible paid time off.

Prior to creating the program, a group of employees met to discuss their needs and eldercare issues. This was an important source of information for designing the program.

### Marketing/Utilization

Marketing to employees to increase awareness and utilization of the program is done using a variety of approaches including providing online information. Due to the range of services offered, it is difficult to assess utilization. However, use of the services among employees is estimated at 1% and based on satisfaction with the program and support among employees, the employer wishes to drive higher utilization.

### Evaluation

Results from satisfaction surveys among employees using the program indicate high levels of satisfaction and high levels of appreciation with the program elements utilized. Employee feedback is used by this employer as the basis for program modifications. Costs of the program elements are absorbed by the employer and employees are grateful for the support and real help they provide.

### Benefits to Employer

The program reflects the supportive culture of the organization. Their responsibility to employees is articulated in their corporate values statement that "family" includes our employees' older relatives. They view this approach as differentiating them from other employers to make them an employer of choice. The organization believes that the ben-



efits of the program outweigh the costs and hope to increase their utilization and investment in the program. The benefits include improved retention rates, and increased loyalty, productivity improvements, higher employee engagement and reduction of stress among employees.

#### **Other Program Information**

This employer provides employees a week of paid work, family and personal time in addition to sick leave and floating holidays. Managers are expected to support caregiving employees, as aligned with the company's culture and support for work, family and personal life. Johnson & Johnson believes that, in the long run, the use of program elements and time off, as needed, will positively impact productivity and well-being.



## JOHNS HOPKINS UNIVERSITY

*Baltimore, MD*

*Number of Employees: 40,000*

*www.jhu.edu*

### Program

The Johns Hopkins University Program has the following elements:

- Individual consultations with a LifeSpan Services Manager (graduate degree in counseling; certificate in geriatric care management) have been available for approximately 17 years;
- Workshops on topics including Legal Issues for Families, Advance Directives, Sandwich Generation, Wandering in Dementia, etc., have been in place for 10 years;
- Resources for long-distance caregivers have been available for approximately six years;
- Referrals to local resources and/or a professional geriatric care manager have always been an element of the program, as have print and web-based access to information and resources; and
- Back-up care (up to 10 days of subsidized care annually) has been in place since 2002. This element is managed by Parents in a Pinch, a vendor that provides the back-up care.

The program was developed by the Director of WorkLife Programs and a committee that includes the director of HR and the director of Benefits, with the assistance of members of a caregiving task

force. In addition, focus groups of employees were conducted to assess needs. Currently the LifeSpan Services Manager in the Office of Work, Life and Engagement is responsible for operations.

### Marketing/Utilization

Employees receive information about the program through the Work-Life website and information cards made available at outreach events. In addition, the back-up care component has been marketed strategically in an effort to increase the utilization rates. No information was provided on the utilization of any of the program elements.

### Evaluation

The back-up care users are surveyed regarding their satisfaction after use of the program. No other evaluation is ongoing. There are plans to survey other users in the near future.

### Benefits to Employer

The eldercare programs at JHU have benefitted the employer through improved retention rates and engagement of employees.

### Other Program Information

The Johns Hopkins program was an early eldercare program and the director at the time played a leadership role in fostering eldercare programs and innovations in the region. In the future, feedback from supervisors and employees as well as eldercare research will guide modifications in the program.

## KIMBERLY-CLARK

Irving, TX

*Number of Employees: 57,000 working in 36 countries  
4,000 in Fox Valley region of Wisconsin (Consumer  
Products Headquarters)  
[www.kimberly-clark.com](http://www.kimberly-clark.com)*

### Program: Family Caregiver Network

Kimberly-Clark decided to let employees form voluntary Employee Diversity Networks, now called Employee Resource Groups, more than 20 years ago. Groups are started by individual employee with a common interest and vary between regional locations of the company (total employees of Kimberly-Clark is about 57,000). The focus of these groups have ranged between women's resources groups, new employee resource groups, African American resource groups, LGBT groups, etc. One employee had elder caregiving issues and reached out to others interested to start the Family Caregiver Network. Also, since Kimberly-Clark's product line includes Depend®, a product that is often purchased by caregivers for the care recipient, some members of the Network were interested in the needs of caregiving from their role in Depend® marketing or product development, yet were not then caregivers themselves.

The Family Caregiver Network (FCN) leadership began to reach out to local and national resource professionals, conferences and agencies for information in order to educate themselves and develop contacts. The mission of the group is to support the informational needs of family caregivers and to

increase awareness on the part of managers about employees with caregiving responsibilities.

The volunteers who lead the Family Caregiver Network offer quarterly events—usually three forums and one workshop a year. Forums are presentations by from local/state aging or caregiving resources professionals, agencies and organizations. Topics have included self-care, elder law, scams against the elderly, and Share the Care training. The FCN also developed a Caregiver Starter Kit available to any employee. The kit includes a document organizer and resource and referral information. There is also a video library of all of the forums for use by employees. The leadership board for the network meets monthly to set objectives, share information about community resources and programs, and to plan the quarterly activities.

Employees who spend time on the Family Caregiver Network are accountable for all their regular job responsibilities. Time used for managing the network or other network-related activities must be made up. However, Kimberly-Clark has provided a small budget for the group to use in developing the forums or securing needed informational products. Network volunteers have also used funds to travel to aging conferences. Although many of the employees are hourly workers, the leadership of the Family Caregiver Network is primarily salaried employees who have the flexibility to do the work necessary to maintain the network.

Kimberly-Clark offers paid vacation, sick leave and emergency leave and (in some locations) flex-time.



### **Marketing/Utilization**

Because this program is a voluntary program and not a formal activity of the employer, (i.e. it is not part of someone's job responsibilities) marketing is done by the Network Executive committee itself largely through e-mail to the opt-in distribution list (numbering about 1200), a Share Point site and bulletin board announcements. Attendance at forums ranges from 25 to 60 people.

### **Evaluation**

No formal evaluation has been conducted.

### **Benefit to Employer**

This program benefits the employer through enhanced employee retention, satisfaction, and an ability of employees to effectively balance work and caregiving and an improved approach to managing employees with caregiving responsibilities.

### **Other Program Information**

Although this program is not a "formal" program of Kimberly Clark, the organization has approved the development of the Family Caregiver Network and provided resources (budget, meeting rooms, Diversity Coordinator/Advisor) to this network to use in their work. The Volunteer Executive Board of the Family Caregivers Network represents a range of employee types; managers, technical professionals as well as support staff from a variety of different departments.

## MWV (MEADWESTVACO)

Richmond, VA

Number of Employees: 10,000

[www.meadwestvaco.com](http://www.meadwestvaco.com)

### Program

The program at MWV, a global packaging solutions company, has been in place only a few years and was begun as a result of the age of the workforce—average age 46 years. The aging population of the workforce made eldercare a business priority for the company. The program development has been influenced by models of eldercare in other companies and is currently being developed. Currently the program includes:

- Employee Assistance Program support services, onsite educational workshops and a support network for caregivers.
- Lift Caregiving ([liftcaregiving.com](http://liftcaregiving.com)) programs are being introduced as a way to integrate services around caregiving, including online social support network with resources, discounted products that can be purchased by caregivers, and professional FAQ. This program will be implemented soon and will also include educational information.

### Marketing/Utilization

Marketing is managed in-house through on-going HR promotion. Currently the utilization rate is between 1% and 5%. This is anticipated to increase, however, as new services and programs are introduced.

### Evaluation

User satisfaction surveys are conducted by providers of specific programs. In addition, employee feedback is important when making decisions about the program.

### Employer Benefits

The employer sees benefits in reduced absenteeism, improved mental health, and productivity of caregiving employees.

### Other Program Information

This program is in the process of being modified and the employer is most interested in basing the modifications on feedback from employees and feedback from supervisors. There are more male employees than female employees and they are aware that men may be hesitant to share their care responsibilities at work. They are expecting utilization and positive outcomes to increase as programs become better integrated and are appropriate for the workforce.

## SUNCOAST HOSPICE

Clearwater, FL

Number of Employees: between 800-1,000

[www.thehospice.org](http://www.thehospice.org)

### Program

Suncoast Hospice began to identify support options for their employees who were caregivers at the beginning of their organization in 1977. They implemented a formal flexible work schedule for employees which is continued today. In addition to flexible work schedules their programs include:

- Employee Assistance Program;
- Yoga and exercise programs at all of their service centers;
- Pilgrimage program—holistic spiritual approach to supporting caregivers: includes aromatherapies, massage, and energy work;
- Annual health and wellness fair;
- Caregiving coffee breaks;
- Caregiver support conference calls (facilitated); and
- Team support meetings.

### Marketing/Utilization

Marketing is done in-house and utilization rates are unknown.

### Evaluation

No formal evaluation of the eldercare program components. However, they did a formal survey of employees and convened a worklife wellness committee to review and plan for program elements. Feedback from the employees is informally assessed through demand and comments made by employees.

### Benefit to Employer

Programs help with retention. There is a very low turn-over rate compared to other hospices and health care providers and they believe it is due to the supportive environment they have created.

### Other Program Information

The holistic program of yoga and energy work is considered to be the most innovative of their programs. Suncoast has also made some of their programs available to community residents, as well as their employees.



## UNITEDHEALTH GROUP (UNITEDHEALTHCARE)

*Minnetonka, MI*

*Number of Employees: 80,000*

*www.uhc.com*

### **Program: Solutions for Caregivers**

Solutions for Caregivers is a blended program that has evolved by combining the geriatric care management/resource and referral model developed by PacificCare and the initial Evercare/ UnitedHealthcare model. Evercare's model was started in 1999 and included on-site assessments, personalized care plans, and caregiver support services.

Today the program combines geriatric care management, resources and referrals. Solutions for Caregivers has a national network of nurses and includes care consultation, care coordination, information and identification of resources, caregiver coaching, on-site assessments and information about caregiving and caregiving strategies. Nurses and Geriatric Case Managers with training in palliative care and social work are involved in providing services and working one on one with our clients and their families.

Solutions for Caregivers, an internal business unit, manages the eldercare program. This unit also provides eldercare services to other employer groups, retirees, and direct to consumer services.

### **Marketing, Utilization**

Employees learn about the program as part of their total benefit package when they begin working at UnitedHealthcare and on an ongoing basis through two intranet sites, and recorded Solutions for Caregivers benefit overview on their IT Helpdesk hold

message. In addition there is a Caregiver Support Group at one site and there are health and wellness fairs throughout the year that provide information about the program.

An estimated .1% of employees use the care management services.

### **Evaluation**

The program is evaluated annually by a review examining participation and utilization.

### **Benefits to the Employer**

The mission of UnitedHealthcare is to help people live healthier lives, to make health care work for them, and to reduce unnecessary medical costs. The program is seen as central to this mission for employees. In addition, the program is important to the productivity of the workforce. By serving as a high touch concierge service for employees, the eldercare program helps alleviate stress and anxiety experienced by caregiving employees, as well as helping them save time and money. The program is an important aspect to the productivity of the workforce.

### **Other Program Information**

This employer views understanding the changing needs of their employees as the most important factor in modifying the program over time. Providing solutions to meet demands at home so the employees are happy and more productively engaged at work is the goal. This program is available to other employers and currently serves more than 700,000 employees through contracts with other employers. In addition, a "direct-to-consumer" program is available through their website [www.whatissolutionforcaregivers.com](http://www.whatissolutionforcaregivers.com).



## U.S. CHAMBER OF COMMERCE

*Washington, DC*

*Number of Employees: 500*

*www.uschamber.com*

### **Program: Eldercare Benefits**

The Chamber's eldercare program is part of the broader "family" based program that addresses a variety of employee needs. The eldercare component began as a result of the Chamber observing the demographics of their workforce, the fact that many employees were becoming "sandwich" caregivers or single parent caregivers, and that many employees were reporting on their difficulty finding quality care and managing their caregiving and work.

Program elements include a family leave program that provides up to 10 days of paid leave for family illness—for family members of any age, Employee Assistance Program options such as information on eldercare resources through e-mails and pamphlets, and seminars at work on caregiving topics such as Alzheimer's disease. Back-up care has recently been implemented by their childcare vendor, Bright Horizons. This "back-up" care consists of subsidized in-home care for older adults. The employee out-of-pocket cost for the care is approximately \$6 per hour and each employee is eligible for up to 20 days of subsidized care.

Resources are also available from UnitedHealthcare, their health care vendor and these information resources are made available to employees. The program itself is relatively new and evolving other time.

### **Marketing/Utilization**

Information is provided to employees via e-mail and website information. No specific utilization of the eldercare component is available because it is new. Informal feedback has been informative to the employer.

### **Evaluation**

No formal evaluation has been conducted of the eldercare components. However, they expect to be evaluating the "back-up" care component next year. The Chamber anticipates that the eldercare program will receive the same high marks as the childcare program.

### **Benefits to Employer**

The employer is interested in employees having the opportunity to better manage their work and family responsibilities and to recognize that their employer values them and cares about their well-being.

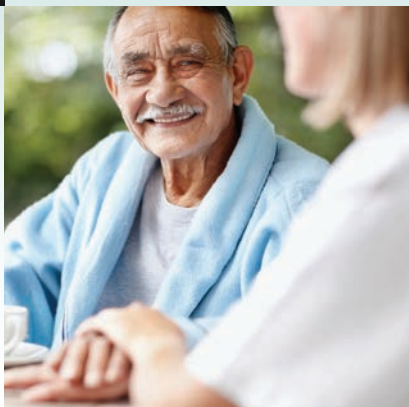
### **Other Program Information**

This program is evolving and will be modified over time based upon the needs and preferences of the employees according to the key informant. The informant also reported that they were taking a holistic family approach because they wanted to stay away from any stigma that might be present with specific eldercare programs.



*For More Information on Caregiving and the Workplace  
go to [www.caregiving.org/research/workplace](http://www.caregiving.org/research/workplace).*





National Alliance for Caregiving  
4720 Montgomery Lane  
Bethesda, Maryland 20814  
[www.caregiving.org](http://www.caregiving.org)