



Catholic Charities Caregivers Support Services

Founded in 1987 with a mission

“To make life better for those who care for friends and relatives in need.”

Cost-Savings Due to Respite

Family Caregivers Save the Government Billions of Dollars—Respite Saves the Caregivers

Without attention to their needs, the \$257 billion in unpaid supportive services provided by the more than 25 million family caregivers — an amount comparable to Medicare spending in 2002 and exceeding Medicaid spending in the same year—may well be jeopardized as these same family caregivers suffer from physical, emotional, and financial problems that impede their ability to give care now and support their own care needs in the future. (Arno, P.S. (February 24, 2002). *Economic Value of Informal Caregiving* Orlando, FL: Annual Meeting of the American Association of Geriatric Psychiatry). Respite care is one of the services that Alzheimer’s caregivers say they need most.

A recent study found that if respite care delays institutionalization of a person with Alzheimer’s disease by as little as a month, \$1.12 billion is saved annually (Leon, et al., 1998). A similar study in 1995 found that as respite use increased, the probability of nursing home placement decreased significantly (Kosloski, K. and Montgomery, R.J.V., 1995)

U.S. businesses also incur high costs in terms of decreased productivity by stressed working caregivers. A study by MetLife estimates the loss to U.S. employers to be between \$11.4 to \$29 billion per year. This includes replacement costs for employees who quit because of overwhelming caregiving responsibilities, absenteeism, and workday interruptions. (Metropolitan Life Insurance Company, 1997)

Preventing Caregiver Health Problems Can Save Dollars in Reduced Hospitalizations, Doctor

Visits, Work Absences

Significant percentages of family caregivers report physical or mental health problems due to caregiving. A recent survey of caregivers of children, adults and the disabled conducted by the National Family Caregivers Association, found that while 70% of the respondents reported finding an inner strength they didn’t know they had, 27% reported having more headaches, 24% reported stomach disorders, 41% more back pain, 51% more sleeplessness and 61% reported more depression (National Family Caregivers Association, <http://nfcacares.org/survey.html>, April 30, 2000). Three fifths of family caregivers age 19-64 surveyed recently by the

Commonwealth Fund reported fair or poor health, one or more chronic conditions, or a disability, compared with only one-third of non caregivers. Caregivers reported chronic conditions at nearly twice the rate of noncaregivers (45% to 24%).

A JAMA study found that participants who were providing care for an elderly individual with a disability and experiencing caregiver strain had mortality risks that were 63% higher than noncaregiving controls (Schulz and Beach, December 1999). In an Iowa survey of parents of children with disabilities, a significant relationship was demonstrated between the severity of a child's disability and their parents missing more work hours than other employees. They also found that the lack of available respite care appeared to interfere with parents accepting job opportunities. (Ableson, A.G., 1999)

Respite for Younger Family Members with Disabilities Improves Family Stability, Reduces

Chances of Out-of Home Placements

Respite has been shown to improve family functioning, improve satisfaction with life, enhance the capacity to cope with stress, and improve attitudes toward the family member with a disability (Cohen and Warren, 1985). In a 1989 national survey of families of a child with a disability, 74% reported that respite had made a significant difference in their ability to provide care at home; 35% of the respite users indicated that without respite services they would have considered out-of-home-placement for their family member (Knoll, James, Human Services Research Institute, March, 1989) There was a statistically significant reduction in somatic complaints by in a study of primary caregivers of children with chronic illnesses, and a decrease in the number of hospitalization days required by children, as a direct result of respite care (Sherman, B.R., 1995).

Data from an ongoing research project of the Oklahoma State University on the effects of respite care found that the number of hospitalizations, as well as the number of medical care claims decreased as the number of respite care days increased (FY 1998 Oklahoma Maternal and Child Health Block Grant Annual Report, July 1999). A Massachusetts social services program designed to provide cost-effective family-centered respite care for children with complex medical needs found that for families participating for more than one year, the number of hospitalizations decreased by 75%, physician visits decreased by 64%, and antibiotics use decreased by 71% (Mausner, S., 1995).

An evaluation of the Iowa Respite Child Care Project for families parenting a child with developmental disabilities found that when respite care is used by the families, there is a statistically significant decrease in foster care placement (Cowen, Perle Slavik, 1996). A study of Vermont's 10 year old respite care program for families with children or adolescents with serious emotional disturbance found that participating families experience fewer out-of-home placements than nonusers and were more optimistic about their future capabilities to take care of their children (Bruns, Eric, November, 15, 1999).

Similar Positive Results Found When Caregivers of the Elderly Use Respite

Respite for the elderly with chronic disabilities in a study group resulted in fewer hospital admissions for acute medical care than for two other control groups who received no respite care (Chang, J.I., Karuza, J., Katz, P.R., et al, Journal of the American Board of Family Practice, 5: 1992).

Sixty-four percent of caregivers of the elderly receiving 4 hours of respite per week after one year reported improved physical health, 78% improved their emotional health, and 50% cited improvement in the care recipient as well. Forty percent said they were less likely to institutionalize the care recipient because of respite (Theis, S.L., et al, 1994). Caregivers of relatives with dementia who use adult day care experience lower levels of caregiving related stress and better psychological well-being than a control group not using this service. These differences are found in both short-term (3 months) and long-term (12 months) users. (Zarit, S.H. et al, 1998)

Respite Provided Across the Lifespan Yields Positive Outcomes

In a survey conducted by the Oklahoma Respite Resource Network, 88% of caregivers agreed that respite allowed their loved one to remain at home, 98% of caregivers stated that respite made them a better caregiver, 98% of caregivers said respite increased their ability to provide a less stressful environment, and 79.5% of caregivers said respite contributed to the stability of their marriage. (Testimony of Jan Moss, Senate Finance Committee, April 2004).

In Nebraska, a newly formed statewide lifespan respite program conducted a statewide survey of a broad array of caregivers who had been receiving respite services, and found that one out of four families with children under 21 reported that they were less likely to place their child in out-of-home care once respite services were available. In addition, 79% of the respondents reported decreased stress and 58% reported decreased isolation (Jackson, Barbara, Munroe-Meyer Institute, University of NE Medical Center, January 2001).

Data from an outcome based evaluation pilot study show that respite may also reduce the likelihood of divorce and help sustain marriages (Wade, C., Kirk, R., Edgar, M., & Baker, L. (2003). *Outcome Evaluation: Phase II Results*. Chapel Hill, NC: ARCH National Resource Center for Respite and Crisis Care).

This factsheet was produced by the ARCH National Respite Network and Resource Center, which is funded in part by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Office of Child Abuse and Neglect, under discretionary grant #9CXA0019/01. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does the mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it, but please credit the ARCH National Respite Network.

Prepared by the National Respite Coalition, Updated August 2005. For more information, please contact Jill Kagan at jbkagan@aol.com or 703-256-9578.