

**Appendix O:**  
**Caregiving and Older Adults**



# Caregiving and Older Floridians

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### **Introduction**

Caregivers, for the purposes of this report, are individuals who provide regular unpaid care or assistance to a family member or friend with a long-term illness or disability. Approximately 65.7 million people, impacting about 31% of all American households, nationwide have served as a caregiver in the past 12 months.<sup>1</sup> It has been estimated that the care provided by these individuals adds up to between \$167 and \$354 billion in unpaid care.<sup>2</sup>

This integral, and often overlooked and underappreciated, part of our nation's long-term care infrastructure is likely to become more important in the coming decades for a combination of reasons. Our population is aging, and as the population of aging adults increases so does the need for caregivers. According to US Census Bureau projections, the age profile of Florida will change considerably by the year 2030. In 2000, 17.6% of Floridians, or 2.8 million people, were age 65 or older. This age group is expected to grow to 7.8 million people, or 27.1% of Florida's population, by 2030.<sup>3</sup> As age increases, so too does the proportion of adults that experience activity limitations.<sup>4</sup> As these increasingly large numbers of older adults experience activity limitation, many of them will rely on informal caregivers for assistance. Finally, there is growing support for community-based and aging-in-place programs for older adults in the United States that prevent older adults from moving to institutional settings. Programs of this type rely heavily on the contributions of informal caregivers.

Having an accurate understanding of who caregivers are and what hardships they face is important for many reasons. Perhaps the most important is the mounting evidence of the physical and emotional toll that caregivers pay. Studies consistently show that many caregivers report poorer health and higher stress as a result of caregiving.<sup>1, 5, 6</sup> At especially high risk are those who have the highest levels of caregiving demands, are already experiencing physiologic problems, are under the greatest amount of stress, and are caring for individuals with Alzheimer's disease or another form of dementia.<sup>6, 7</sup> Additionally, at least one study published in the Journal of the American Medical Association reports caregiving as an independent risk factor for mortality, even when controlling for disease and other risk factors.<sup>7</sup>

Another important reason to better describe and understand caregiving is the impact it has on Florida's workforce. Multiple recent studies funded by the MetLife foundation have found that the relationship between caregiving and work is bidirectional. In other words, taking on the task of becoming a caregiver makes one less likely to be employed, while at the same time, being employed makes one less likely to become a caregiver.<sup>8</sup> Accurately measuring the proportion of caregivers who are employed is essential to understanding the impacts caregiving has on the workforce. It has been estimated that as many as 73% and as few as 32% of caregivers remain employed at least part-time after assuming caregiving responsibilities.<sup>1, 9</sup> One study estimates that adjustments to work schedules - absenteeism, shifts to part-time employment, employee replacement, and workday interruptions - cost American employers somewhere between \$17.1 and \$33.6

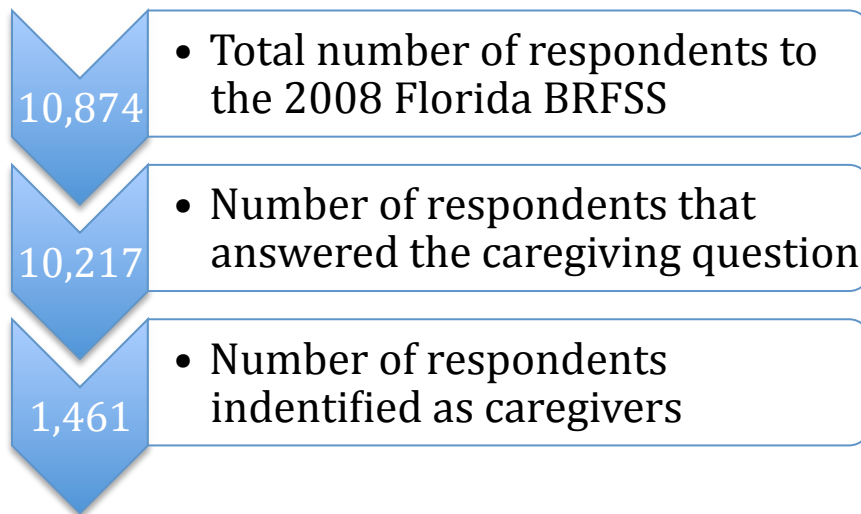
billion annually.<sup>10</sup> But indirect costs due to shifts in working patterns of employees are not the only costs to business. We know that caregiving itself is a risk factor for poorer health outcomes among caregivers. Understanding the health burden employment or changes in employment place on the caregiver is an important element in estimating these costs.

Healthy People 2010 and 2020 both include objectives to conduct public health surveillance and health promotion programs for people with disabilities and caregivers.<sup>11</sup><sup>12</sup> State and federal agencies as well as private organizations are concerned about issues surrounding caregiving and could employ population-based caregiving data to design needed programs and interventions to address this increasingly important public health issue. Many community and public health groups also express interest in specific conditions as they relate to caregiving—notably cancer, Alzheimer’s disease and dementia, and developmental disabilities. Thus, there is an emerging and increasing audience requiring this information. Learning more about caregivers and how their caregiving activities impact their risk of poor health outcomes will improve our understanding of how to provide support to them, in turn improving the ability of care recipients to maintain independence and experience an improved quality of life.

## **Methods**

This report on caregiving in Florida utilizes data from the 2008 Florida Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is an annual telephone survey which collects demographic, health behavior, health outcome, and health care access data from randomly dialed non-institutionalized adults age 18 and over in the United States and its territories. It consists of a core section of questions administered nationally and separate modules that states may choose to use.<sup>13, 14</sup> States may also design their own questions to include on the BRFSS. The survey is administered through state and territorial health agencies with assistance from the CDC. The data are weighted so respondents represent the population of their state based on gender, race, and age, making results generalizable to the entire state.

During the past four years, the National Center on Birth Defects and Developmental Disabilities (NCBDDD) at the Centers for Disease Control and Prevention (CDC) has made a systematic attempt to identify and describe caregivers as part of the total health care system, and to identify public health dimensions of caregiving. One result of this work has been the development of the Caregiver Module, a series of questions about caregivers and their experiences that can be added to the BRFSS.<sup>15</sup> In 2008, Florida had 10,874 respondents to the annual BRFSS, of which 94% (n=10,217) indicated whether or not they were a caregiver. 14% (n=1,461) of those that answered the caregiving question identified themselves as a caregiver. These respondents then answered the remaining Caregiver Module questions about themselves and their care recipient. (Note: if the caregiver reported providing care to more than one recipient, the caregiver was asked to answer the remaining questions based on the recipient who required the most care).



Questions on the Caregiver Module include the age and gender of the care recipient and their relationship to the caregiver. Module questions also assess the major health problem of the care recipient, and up to two areas in which the care recipient requires the most assistance. Other questions ask the caregiver how long they have provided care for the recipient, the average number of hours per week they provide care, how far they live from their care recipient, and their greatest difficulty faced as a caregiver. Finally, the Caregiver Module asks whether she has any concerns about the care recipient's memory or thinking, whether memory or thinking problems interfere with the care recipient's daily activities or quality of life, and whether the care recipient's memory or thinking has ever been formally evaluated by a health care professional.

The sampling design used by the Florida BRFSS in 2008 did not allow for descriptions at the county level as has been possible in other years. Finally because the purpose of this report is not only to understand caregiving in general, but to also better understand the impacts of caregiving among Florida's older adults, results are presented in the following categories: caregivers overall, non-caregivers overall, caregivers who are 60 or older caring for someone who is also 60 or older, caregivers who are 60 or older caring for someone younger than age 60, and caregivers under age 60 caring for someone who is 60 or older. All data reported are weighted to reflect the entire population of the state. Analyses were conducted using SAS version 9.2.

## Results

### Characteristics of Caregivers

In this sample there were 532 caregivers that were age 60 or over and cared for someone age 60 or above, 90 caregivers that were age 60 or over and cared for someone below age 60, and 552 caregivers that were under age 60 and cared for someone age 60 or above. The mean age of both caregivers and non-caregivers was 48 years old. Caregivers under age 60 were equally likely to be male or female, while caregivers age 60 and over were more commonly female (64% of those caring for someone age 60 and over and 60% of

those caring for someone under age 60). All caregivers most commonly reported their race and ethnicity as white, non-Hispanic (61-84%); however, caregivers age 60 and over were less likely to report Hispanic ethnicity than caregivers under age 60. Caregivers age 60 and over who cared for someone under age 60 had lower levels of education and income compared to other caregivers. Education levels were similar across all categories of caregivers except one: Caregivers over 60 and caring for someone under 60 tended to have less formal education (23% did not graduate high school vs. 9% of caregivers overall). A similar trend is also present in income. While the distribution of income level is similar across most categories, caregivers age 60 or older and caring for someone under age 60 were more likely to be in the lowest income category than caregivers overall (26% vs. 15%). Caregivers over age 60 were less likely to be employed than caregivers overall or non-caregivers; they were also much more likely to be retired. Only 27% of caregivers age 60 and older who cared for someone over 60 were divorced, separated, or widowed, while 49% of those 60 and older who care for someone under age 60 were divorced, separated or widowed. Not surprisingly the group with the highest proportion of never married individuals was the caregivers who were under age 60 (29%). Finally, caregivers age 60 and over had a higher proportion of veterans (19% of those caring for someone 60 and over and 30% of those caring for someone under 60) than caregivers under age 60 (9%).

In addition to analyzing demographic information about Florida's caregivers, using the BRFSS also allows us to explore information about Health Related Quality of Life (HRQL) and self-reported health behaviors. Caregivers were more likely to have a disability than non-caregivers, and caregivers age 60 and over had the highest frequency of disability (34% of those caring for someone age 60 and over and 37% of those caring for someone under age 60, compared with 23% of caregivers under 60 and 20% of non-caregivers). Caregivers who were 60 and over caring for someone under age 60 had the highest proportion of individuals reporting that they always or usually received the emotional support needed (87%). However, they also have the lowest proportion reporting a high level of satisfaction with life (88%), the lowest proportion reporting good or better health (78%), the lowest proportion engaging in physical activity outside of work (74%), the highest proportion of obese individuals (32%), and the highest proportion of current smokers (30%). All categories of caregivers were less likely to report being a heavy drinker than non-caregivers. However, binge drinking varied dramatically across caregiver categories. Those who were age 60 and over caring for someone who is 60 and over is almost one-third as likely to report being a binge drinker than caregivers who are under age 60 and caring for someone over age 60 (6% compared to 17%). Caregivers who were age 60 and over had at least twice the proportion (64% of those caring for someone age 60 and above and 47% of those caring for someone under age 60) of individuals reporting they had received a flu vaccine as caregivers under age 60 (24%). While caregivers age 60 and over had a higher proportion of individuals reporting having fallen in the past 3 months compared to caregivers under age 60, the proportion of those injured from the fall was similar across all groups. Those age 60 and above who cared for someone over age 60 faced the lowest financial barrier to seeing a physician (5%) compared to individuals in the other two groups of caregivers (29% and 23%).



Caregivers who were 60 and over were most likely to have been a caregiver for 5 years or more (37% and 47%), whereas caregivers who were under age 60 were most likely to have been a caregiver for 1 to 12 months (31%). A greater proportion of caregivers who were 60 and older caring for individuals who were under 60 spent the greatest amount of time with care recipients (35% are spending 30 hours or more per week). Caregivers who were 60 and older and caring for someone under 60 had the highest proportion of individuals experiencing financial burden as one of their main difficulties (37%). This group also had the largest proportion of individuals who reported that caregiving did not leave enough time for themselves (35%) or that it interfered with work (18%). Caregivers 60 and over have a proportionately higher amount of individuals living with care recipients (47% and 44%) than do caregivers under age 60 (34%). Finally, caregivers who were over age 60 had proportionately fewer individuals who were concerned about the memory or thinking ability of the care recipient (40% and 43%) than do caregivers who are under age 60 (56%).

### **Characteristics of Care Recipients**

The gender profiles for all caregiver/recipient categories were similar, and consisted of a proportionately higher amount of female care recipients. Caregivers age 60 and over who cared for a person age 60 or older most commonly provided care for a parent or parent-in-law (32%), a spouse (31%), or a friend or client (27%). Caregivers age 60 and over who cared for a person under 60 most frequently provided care for a child (44%), a friend or client (30%), or a spouse (7%). Caregivers under age 60 who cared for someone age 60 and over most often cared for a parent or parent-in-law (58%), a grandparent (19%), or a friend or client (16%).

Cancer was the most common health condition that necessitated care for recipients regardless of age (14% of care recipients age 60 and over and 15% of care recipients under age 60). Other common conditions among care recipients included arthritis (7% of recipients 60 and over whose caregivers were also 60 and over, 13% of recipients 60 and over whose caregivers were under 60, and 9% of recipients under 60) and heart disease (8% of recipients 60 and over whose caregivers were also 60 and over, 6% of recipients 60 and over whose caregivers were under 60, and 9% of recipients under 60). Alzheimer's disease was common among care recipients age 60 and older (13% of those with caregivers 60 or older and 10% of those with caregivers under age 60).

The needs of care recipients were similar across categories. Most often, care recipients needed assistance with moving around (41% of recipients 60 and over whose caregivers were also 60 and over, 48% of recipients 60 and over whose caregivers were under 60, and 39% of recipients under 60) or with self-care activities like eating, bathing, and dressing (40% of recipients 60 and over whose caregivers were also 60 and over, 30% of recipients 60 and over whose caregivers were under 60, and 40% of recipients under 60). Care recipients under age 60 were more likely to need assistance with feeling anxious or depressed (31%) while recipients age 60 and over more frequently needed assistance with learning, remembering, and confusion (23% of recipients 60 and over whose caregivers were also 60 and over and 20% of recipients 60 and over whose caregivers were under

60) and with seeing or hearing (10% of recipients 60 and over whose caregivers were also 60 and over and 13% of recipients 60 and over whose caregivers were under 60, compared to 4% of care recipients under age 60). The proportion of recipients reported as having memory or thinking problems that interfered with their quality of life was slightly lower among care recipients age 60 and over with caregivers age 60 and over (34%) than among other recipients (44% of care recipients age 60 and over with caregivers under age 60 and 46% of care recipients under age 60). The proportion of care recipients who were reported as having their memory or thinking evaluated by a physician was similar across all groups (56-58%).

## **Discussion**

There were many similarities and some notable differences among caregivers in Florida based on their ages and the age of their care recipients. Caregivers were similar in life satisfaction, emotional support, and the type of care provided. Differences existed in demographic variables and in some attributes of the caregiving experience. The difference in gender, race, and ethnicity between caregivers age 60 and older and caregivers under age 60 should be considered when designing and delivering services to caregivers of different ages. As the state becomes more diverse and more older adults require caregivers, it is likely that the profile of caregivers will increase in diversity as well. The higher prevalence of disability among caregivers, particularly older caregivers, is potentially a concern because individuals who may need assistance themselves are providing care to others. If the health or physical ability of these caregivers falter it is possible that two individuals would require assistance (the caregiver and the care recipient). Likewise, caregivers may need additional financial support to maintain their health; caregivers under age 60 and caregivers age 60 and older caring for someone under age 60 more frequently reported not being able to see a doctor because of cost. If caregivers neglect their own health it may be detrimental to the care recipient.

In our sample roughly 59% of Floridians who were caregivers also were employed at least part-time. However, among those who provided 20 or more hours of care per week, only 48% worked at least part-time. This is important to note because it has been reported that caregivers often have to make major work adjustments once their caregiving reaches 20 hours per week.<sup>8</sup> These work adjustments can result in increased stress and a decrease in annual income.

In this report, as respondents are subcategorized based on their characteristics, the small number of people who meet that criteria can lead to our providing descriptive percentage estimates based on small or undetectable frequencies. In cases where a “0” is reported in the table, the data should not be interpreted to mean that no one in the state of Florida experiences a health event we report on, but that the sample size was not sufficient to statistically detect or estimate the small frequencies. As such, the estimates provided in this report should be interpreted with some caution, since the precision of each statistic varies by the size of the group of respondents. This is particularly true of the column for

caregivers age 60 and over providing care for someone under age 60 since estimates are based on information collected from only 90 respondents.

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**Table 1. Weighted demographic and health behavior characteristics for caregivers and non-caregivers, Florida Behavioral Risk Factor Surveillance System (BRFSS), 2008**

	Caregivers Overall (n=1,461)	Non-Caregivers Overall (n=8,756)	Caregivers 60+ Recipients 60+ (n=532)	Caregivers 60+ Recipients <60 (n=90)	Caregivers <60 Recipients 60+ (n=552)
<b>Demographic Characteristics</b>					
<b>Age (Mean Years)</b>	48.2	48.4	69.8	67.3	40.7
<b>Age categories (%)</b>					
18-30	18.4	17.6	-	-	24.4
30-39	14.5	19.3	-	-	16.3
40-49	18.2	17.5	-	-	27.8
50-59	20.5	16.7	-	-	31.5
60-69	16.1	12.6	55.4	63.9	-
70-79	8.9	10.2	30.4	35.7	-
80+	3.4	6.2	14.3	0.4	-
<b>Gender (%)</b>					
Male	42.1	49.6	36.4	40.5	51.0
Female	57.9	50.4	63.6	59.5	49.0
<b>Race / Ethnicity (%)</b>					
White, non-Hispanic	64.3	62.7	84.2	67.1	61.0
Black, non-Hispanic	13.4	11.3	7.5	19.0	11.1
Hispanic	14.34	19.3	2.5	4.0	21.5
Other racial groups, non-Hispanic	7.9	6.7	5.8	9.9	6.4
<b>Education status (%)</b>					
Less than high school	9.3	10.4	6.8	23.0	3.8
High school graduate	24.6	27.5	32.0	24.5	20.6
Some college	30.7	29.7	23.0	29.7	36.3
College graduate	35.5	32.4	38.2	22.8	39.3
<b>Household income (%)</b>					
\$19,999 or less	15.3	13.9	12.0	25.5	10.6
\$20,000 to \$24,999	9.6	10.3	15.1	18.8	6.3
\$25,000 to \$34,999	9.5	10.9	14.0	2.3	9.3
\$35,000 to \$49,999	16.2	13.2	15.3	16.4	15.4
\$50,000 to \$74,999	15.1	16.0	13.4	10.9	16.5
\$75,000 or more	25.5	24.8	19.3	14.6	33.1
Missing	8.8	10.9	11.0	11.7	8.8
<b>Employment status (%)</b>					
Employed for wages	58.6	57.8	25.8	32.4	74.8
Unemployed	22.1	20.9	10.4	15.9	23.0
Retired	19.3	21.3	63.8	51.8	2.2

	Caregivers Overall (n=1,461)	Non-Caregivers Overall (n=8,756)	Caregivers 60+ Recipients 60+ (n=532)	Caregivers 60+ Recipients <60 (n=90)	Caregivers <60 Recipients 60+ (n=552)
<b>Marital status (%)</b>					
Married or coupled	61.7	63.7	71.0	50.3	60.0
Divorced, widowed, or separated	20.4	20.3	26.9	49.3	11.4
Never married	17.9	16.0	2.1	0.4	28.7
<b>Veteran (%)</b>	10.8	16.1	19.1	30.3	8.8
<b>Health Indicators and Health Behaviors</b>					
<b>Has disability (%)</b>	27.4	20.1	34.2	37.1	23.3
<b>Very satisfied or satisfied with life (%)</b>	92.3	95.1	97.0	88.2	89.3
<b>Always or usually receive the emotional support needed (%)</b>	79.5	79.5	78.8	86.5	81.7
<b>Excellent, very good, or good general health (%)</b>	82.7	84.9	77.7	77.5	89.3
<b>Engage in physical activity outside of work (%)</b>	76.5	74.1	76.1	73.6	79.0
<b>Body Mass Index (%)</b>					
Neither overweight nor obese	40.9	39.4	37.3	27.5	44.5
Overweight	31.3	35.5	38.8	40.9	28.8
Obese	27.8	25.1	23.8	31.6	26.7
<b>Smoking status (%)</b>					
Current smoker	21.2	17.0	9.2	30.1	21.0
Former smoker	24.3	26.2	41.1	25.2	21.3
Never smoked	54.5	56.8	49.7	44.7	57.7
<b>Heavy drinker (%)<sup>1</sup></b>	3.5	5.5	4.2	2.1	2.5
<b>Binge drinker (%)<sup>2</sup></b>	14.5	12.9	5.9	11.9	17.2
<b>Had flu vaccine (%)</b>	34.4	31.8	63.8	46.9	23.6
<b>Had fall (%)</b>	12.8	12.7	16.4	14.7	9.7
<b>Injured from fall (%)<sup>3</sup></b>	34.0	35.6	32.3	38.9	30.0
<b>Could not see doctor because of cost in past year (%)</b>	21.0	14.5	4.5	28.7	23.1

	Caregivers Overall (n=1,461)	Non-Caregivers Overall (n=8,756)	Caregivers 60+ Recipients 60+ (n=532)	Caregivers 60+ Recipients <60 (n=90)	Caregivers <60 Recipients 60+ (n=552)
<b>Caregiving Duration (%)</b>					
1 month or less	8.6	-	8.8	9.3	10.0
1 -12 months	26.9	-	19.7	16.6	31.0
1 year	12.6	-	10.7	6.3	11.4
2 years	8.3	-	10.1	15.1	8.9
3 – 5 years	12.2	-	14.1	6.1	11.5
5 years	31.4	-	36.6	46.5	27.3
<b>Weekly time spent on caregiving (%)</b>					
0 – 9 hours	47.5	-	48.8	41.7	50.3
10 – 20 hours	21.6	-	18.2	8.7	24.8
21 – 29 hours	10.1	-	13.9	14.7	5.7
30 hours or more	20.7	-	19.2	34.9	19.2
<b>Caregiver difficulty (%)<sup>4</sup></b>					
Financial burden	23.7	-	12.9	37.2	17.2
Not enough time for self	24.3	-	29.4	35.3	18.9
Not enough time for family	14.7	-	11.6	5.1	18.7
Interferes with work	12.8	-	6.6	17.9	11.2
Creates or aggravates health problems	4.2	-	7.4	1.0	2.5
Affects family relationships	5.6	-	6.7	2.8	7.5
Creates stress	55.0	-	63.0	40.1	58.0
Other	9.6	-	11.9	1.9	11.0
<b>Distance from care recipient (%)</b>					
In same house	41.4	-	46.9	43.6	33.9
< 20 minutes away	40.0	-	36.2	36.0	43.8
20 – 60 minutes away	10.4	-	9.8	3.3	11.6
1 – 2 hours away	1.6	-	1.1	2.4	2.3
More than 2 hours	6.6	-	6.1	14.7	8.4
<b>Concerns about care recipient's memory or thinking (%)</b>	47.3	-	40.1	43.0	56.1

1. Heavy drinkers: Adult men having more than two drinks per day and adult women having more than one drink per day.

2. Binge drinkers: Adult men having five or more drinks on one occasion and adult women having four or more drinks on one occasion.

3. The denominator used to attain the proportion of those injured from falls, were caregivers who reported a falling incident, as opposed to all caregivers.
4. Caregivers were asked to identify the two greatest difficulties they experience as a result of caregiving. For example, 23.7% of caregivers overall said that the financial burden of caregiving was either their first or second biggest difficulty. This should not be interpreted to mean that the other 76.3% of caregivers overall experience no financial burden from caregiving.

**Table 2. Characteristics of Care Recipients, Florida Behavioral Risk Factor Surveillance System, 2008**

	Caregivers Overall (n=1,461)	Caregivers 60+ Recipients 60+ (n=532)	Caregivers 60+ Recipients <60 (n=90)	Caregivers <60 Recipients 60+ (n=552)
Age (Mean Years)	65.5	80.9	41.8	75.9
Age (%)				
<30	8.5	-	19.6	-
30-39	4.6	-	12.6	-
40-49	6.9	-	31.3	-
50-59	11.4	-	36.5	-
60-69	15.6	16.0	-	26.0
70-79	22.8	24.4	-	38.0
80+	30.3	59.6	-	35.9
Gender (%)				
Male	39.4	37.1	31.6	35.5
Female	60.6	62.9	68.4	64.5
Relationship to Caregiver (%)				
Grandparent	8.4	0	0.1	18.7
Parent or Parent-in-law	38.8	31.9	3.6	57.5
Spouse	14.1	30.7	7.0	2.5
Sibling	4.6	5.4	5.2	0.8
Child	5.5	0.1	43.7	0
Grandchild	1.1	0	4.3	0
Other Relative	6.3	5.2	6.6	4.1
Friend or Client	21.2	26.8	29.5	16.4



	Caregivers Overall (n=1,461)	Caregivers 60+ Recipients 60+ (n=532)	Caregivers 60+ Recipients <60 (n=90)	Caregivers <60 Recipients 60+ (n=552)
<b>Major health problem (%)<sup>1</sup></b>				
Alzheimer's disease	7.5	12.6	0	10.2
Arthritis	8.3	6.6	8.8	13.0
Cancer	19.0	14.4	15.2	14.0
Cerebral Palsy	2.3	0.6	6.9	0.5
Diabetes	6.8	5.8	3.0	7.3
Heart Disease	6.2	8.0	8.5	6.0
Stroke	3.8	4.3	4.7	3.1
Traumatic Brain Injury	0.6	0.4	7.0	0.1
<b>Care recipient needs help with (%)<sup>2</sup></b>				
Learning, remembering, & confusion	20.0	23.3	15.7	20.1
Seeing or hearing	10.2	10.0	3.5	13.4
-Self care (such as eating, bathing, dressing)	36.4	39.6	40.4	30.2
Communicating with others	10.4	10.8	14.9	9.2
Moving around	42.2	41.1	39.3	48.0
Getting along with people	6.5	4.2	1.8	7.3
Feeling anxious or depressed	19.0	13.2	31.4	14.7
<b>Memory or thinking interferes with quality of life (%)</b>	38.6	34.1	46.1	43.5
<b>Had memory or thinking problems evaluated by a physician (%)</b>	55.7	55.6	58.0	58.2

1. Only selected, frequently reported, health problems listed in this table; however, other health problems were reported by respondents.

2. Caregivers were asked to identify the two areas that the person they provide care for requires the most help with. For example, 20.0% of care recipients overall were reported as needing help with learning, remembering, and confusion; however, it is possible that if more than two selections were allowed the frequency would be higher.