INTEGRATED BENEFITS INSTITUTE

BALANCING WORK AND CAREGIVING RESPONSIBILITIES

HEALTH AND PRODUCTIVITY IMPLICATIONS

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

As the U.S. population ages, the number of employees who must balance work with informal caregiving is also on the rise. This trend could have health and productivity implications for employers given that caregivers experience more stress, physical and emotional strain, which in turn contributes to more absences and work performance impairments.

To help employers recognize how caregiving impacts employees' abilities to contribute on the job—and make informed decisions when considering the value of caregiver benefits—we analyzed two nationally representative surveys focusing on caregiving activities, stress, work impacts, and work policies. Our main research findings include:

- **About one in five employees reported providing unpaid care to an aging adult**. Compared to employees who do not provide care, caregiving employees were more likely to take leave; they were also more likely to need leave but not take it.

- **Caregivers who performed more instrumental activities of daily living (IADLs) such as giving medicines and managing finances reported more physical strain, emotional stress, and financial strain**. Hours of care were associated with physical strain, emotional stress, financial strain, and poor health status. Performing more activities of daily living (ADLs) such feeding, bathing, and dressing family members was associated with physical strain and emotional stress. Providing care within the caregiver's home increased financial strain.

- Intensity of care and well-being have a complicated relationship to work outcomes. **Performing more IADLs increased the likelihood of incidental absence and turning down a promotion**. More hours of care were related to increased leave, while providing care in a nursing home or assisted living facility increased having incidental absences. Financial stress and poor health status increased the likelihood that an employee received warnings about performance or attendance.

- **Work policies such as paid leave and flexible work were associated with work outcomes such as more incidental absences, more leaves, and turning down a promotion**. Incidental absences were driven by a flexible work schedule policy, while leaves were driven by paid leave. While hours of care may have diminished, policies may not fully decrease the link between the burden of caregiving—especially performing IADLs— and lost productivity.

Experts from IBI's community of employee benefits and absence management professionals provided guidance to help employers develop policies to address the caregiving burden. Recommendations address topics such as:

- Incorporating paid leave, flexible scheduling, and targeted assistance programs as part of a comprehensive caregiving benefits strategy;
- Developing proactive communications about available caregiving benefits;
- Asking employees about their caregiving needs—and listening to what they say; and
- Making advance preparations to support caregiving under pandemic and other emergency conditions.

BACKGROUND

As the U.S. population ages, the number of employees who must balance work with informal caregiving is also increasing. The physical and emotional strain of caregiving,[1-4] and the difficulties of managing their own healthcare needs[5] may help explain why many employed caregivers experience absences from work and diminished work productivity compared to non-caregiving peers.[3,6-8]

Work policies such as flexibility work schedules and paid leave may help employees balance the competing demands of work and caregiving.[9] Yet many employers' leave benefits do not address the full extent of employees' caregiving responsibilities.[10] IBI's survey of employer leave policies found that while 40% of employers offered parental leave, only 15% specifically provided leave to care for an elderly relative.[11] Employees with access to caregiving leave may not be able to use them fully due to work burdens or staffing issues.[12] Additionally, how these policies assist with alleviating the burden of caregiving on employee well-being and productivity are not well-known.

To help employers recognize how caregiving impacts employees' abilities to contribute on the job—and make informed decisions when considering the value of caregiver benefits—IBI analyzed two nationally representative surveys focusing on caregiving activities, stress, work impacts, and work policies. Our main research questions include:

1. How widespread is caregiving in the workforce, and who provides care?
2. How does caregiving affect stress and in turn, work outcomes?
3. How do work policies mitigate the burden of caregiving?

DATA

For this research, we used two different but complementary population-based surveys to identify employees who provided care and the impact of caregiving on work. Those included the following:

American Time Use Survey (ATUS)

The US Census Bureau and the Bureau of Labor Statistics administers the ATUS * to a nationally representative sample of Americans aged 15 years and older. Data is collected on different activities, including working and caregiving.

We identify employed persons and caregivers based on responses to questions about time spent working and caregiving (i.e., provided any care or assistance for an adult who needed help because of a condition related to aging at least once in the previous three months). The ATUS Leave and Job Flexibilities Module added to the 2017-2018 surveys also provides information on the availability and use of paid and unpaid leave, and employees' ability to accommodate their work location and schedule. Data from ATUS and the Leave Module were pooled through the University of Minnesota's Integrated Public Use Microdata Series (IPUMS). The final ATUS sample consisted of 9,418 adult employees aged 18 to 65 years.

American Association of Retired Persons (AARP) Caregiving in the US, 2015

As a general time-use survey, the ATUS does not include items that can be used to assess the impact of caregiving on work outcomes. To examine the effects of caregiving activities on employees' health and productivity, we analyzed data from AARP Caregiving in the US, 2015 survey. † The AARP survey provides a baseline for analyzing a nationally representative sample of caregivers on their stress, the care they provide, and the impacts of caregiving on their work. Caregiving in the AARP was defined as providing unpaid care to an adult to help them take care of themselves at any time in the last 12 months. We included individuals between 18 and 65 years old who were employed at any time while caregiving, resulting in a final sample of 672 employed caregivers.

Intensity of Caregiving

We measure the intensity of caregiving in four dimensions:

1. The **setting** in which an employee provides care (in the caregiver's home, the recipient's home, in an institutional setting, or in another setting);

2. The number of **hours** of care provided per week;

3. The types of basic activities of daily living (**ADLs**) a caregiver performs for a recipient, including getting in and out of beds and chairs; getting dressed; getting to and from the toilet, bathing or showering; dealing with incontinence or diapers; and feeding; and

4. The types of instrumental activities of daily living (**IADLs**) a caregiver performs for a recipient, including giving medicines such as pills, eye drops, or injections; managing finances (e.g., paying bills

* https://www.atusdata.org/atus/

† In partnership with the National Alliance on Caregiving: https://www.caregiving.org/open-data-downloads/

or filling out insurance claims); grocery or other shopping; housework such as doing dishes, laundry, or straightening up; preparing meals; providing or arranging transportation; and arranging outside services, such as nurses, home care aids, or meals-on-wheels.

For this study, the intensity of both ADLs and IADLs is assessed as the number of activities performed.

Well-Being

We measure the physical strain, emotional stress, and financial strain of providing care based on responses to three questions. Caregivers reported their physical and financial strain on a 1 to 5 scale, indicating that caregiving was "not a strain at all" (a score of 1) to "very much a strain" (a score of 5). Emotional stress was also measured on a 1 to 5 scale from "not at all stressful" (a score of 1) to "very stressful" (a score of 5). Caregivers also were asked to describe their own health status as "poor," "fair," "good," "very good," or "excellent."

Work Impacts

All employed caregivers were asked "As a result of caregiving, did you experience any of these things at work?"

1. Went in late, left early, or took time off during the day to provide care (which we refer to as incidental absence).
2. Took a leave of absence.
3. Turned down a promotion (which could indicate that person feels they do not have the capacity to take on new work responsibilities—crowding out).
4. Received a warning about your performance or attendance at work.

Work Policies

Employed caregivers were asked if their employer offered the following benefits or programs that may reduce the burdens of providing care:

1. Flexible work hours;
2. Telecommuting or working from home;
3. Programs like information referrals, counseling, or an employee assistance program;
4. Paid leave to care for a family member for an extended period of time (several weeks); and/or
5. Paid sick days.

Demographic and Employment Variables

Our analyses adjust for several demographic, health and work characteristics that may be related to caregiving, well-being, and employment. Demographic characteristics included sex, age, race and Hispanic ethnicity, marital status, education, and presence of minor children in the household.

We measure work status as working full- (35 or more hours a week) or part-time (34 or less hours a week), and whether a person is either self-employed—including owning their own business—or not. Caregivers who were self-employed or owned their own business were not asked the work policy questions.

Statistical Analysis

Using ATUS data, we report the proportion of employees providing care and their demographic characteristics. We assess differences in leave use among caregiving and non-caregiving employees using the Pearson's Chi Square test.

We estimated several multivariate regression models using the AARP data. Separate linear regression models estimated the association between the intensity of caregiving and physical strain, emotional stress, financial strain, and health status, controlling for demographic and employment variables. Separate logistic regression models estimated work impacts as a function of well-being and intensity of caregiving, controlling for demographic and employment variables. These models were repeated with the addition of work policies as a count and as individual policies to determine the role of work policies on work impacts. All models were repeated with individual IADLs instead of a count of IADLs to determine which IADLs, if any, contributed to stress and work impacts.

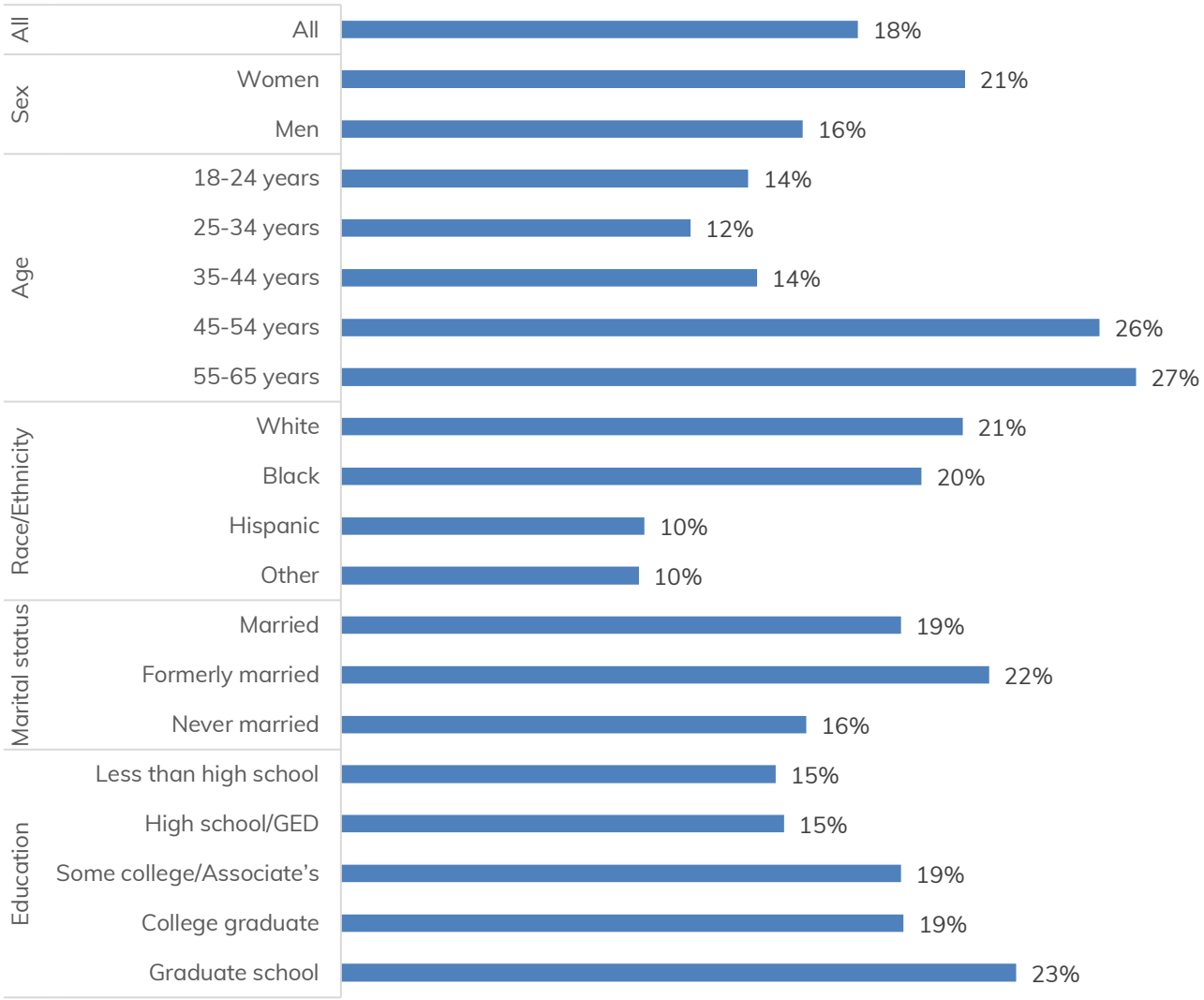
All analyses were weighted to account for complex sampling designs and to represent the US population of employees in ATUS and caregivers in AARP.

RESULTS

WHO PROVIDES CARE?

Figure 1 shows the proportion of U.S. employees who provide care, overall and by different demographic characteristics. About one in five employees provided care to an aging adult. Generally, caregiving is most common among employees who are women, aged 45 and older, white or Black (compared to members of other ethnic groups), married or formerly married (compared to never married), and have an education beyond college.

Figure 1: Proportion of employees providing care, by demographic characteristics

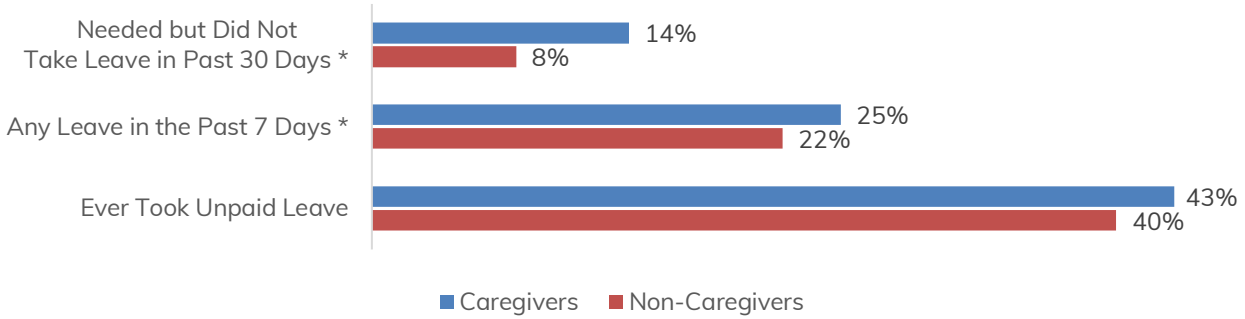


Source: ATUS

LEAVE USE BY CAREGIVING STATUS

Figure 2 shows that caregivers were more likely than non-caregivers to have taken any leave in the past seven days and to need but not take leave in the past 30 days. There were no differences in having ever used unpaid leave. These differences in leave outcomes do not reflect access to paid or unpaid leave, which were roughly equal for both groups (paid and unpaid leave was available to about 70% and nearly 80% of all employees, respectively).

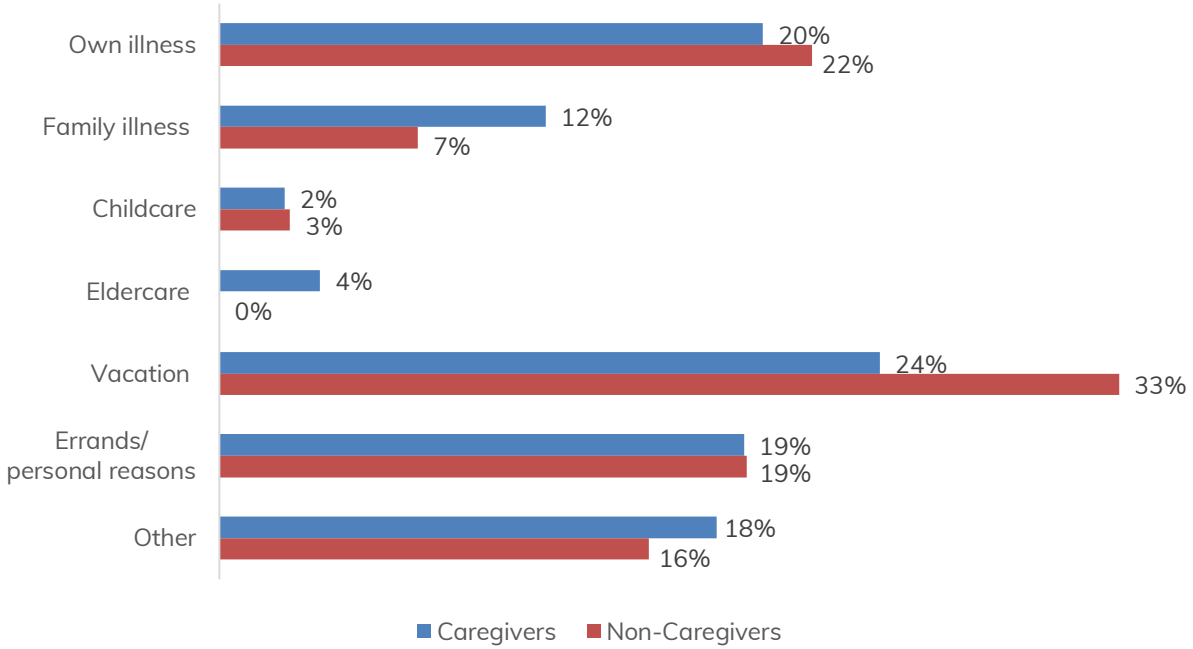
Figure 2: Caregivers were more likely to use and need leave



Source: ATUS. Note: * = differences were statistically significant

Figure 3 shows that caregivers and non-caregivers took leave for different reasons. Among the main reasons for leaves taken over a seven-day period, caregivers took more leave for family illness and eldercare, while non-caregivers took more leave for vacation.

Figure 3: Caregivers took leave more to provide care for family, while non-caregivers took leave more for vacation

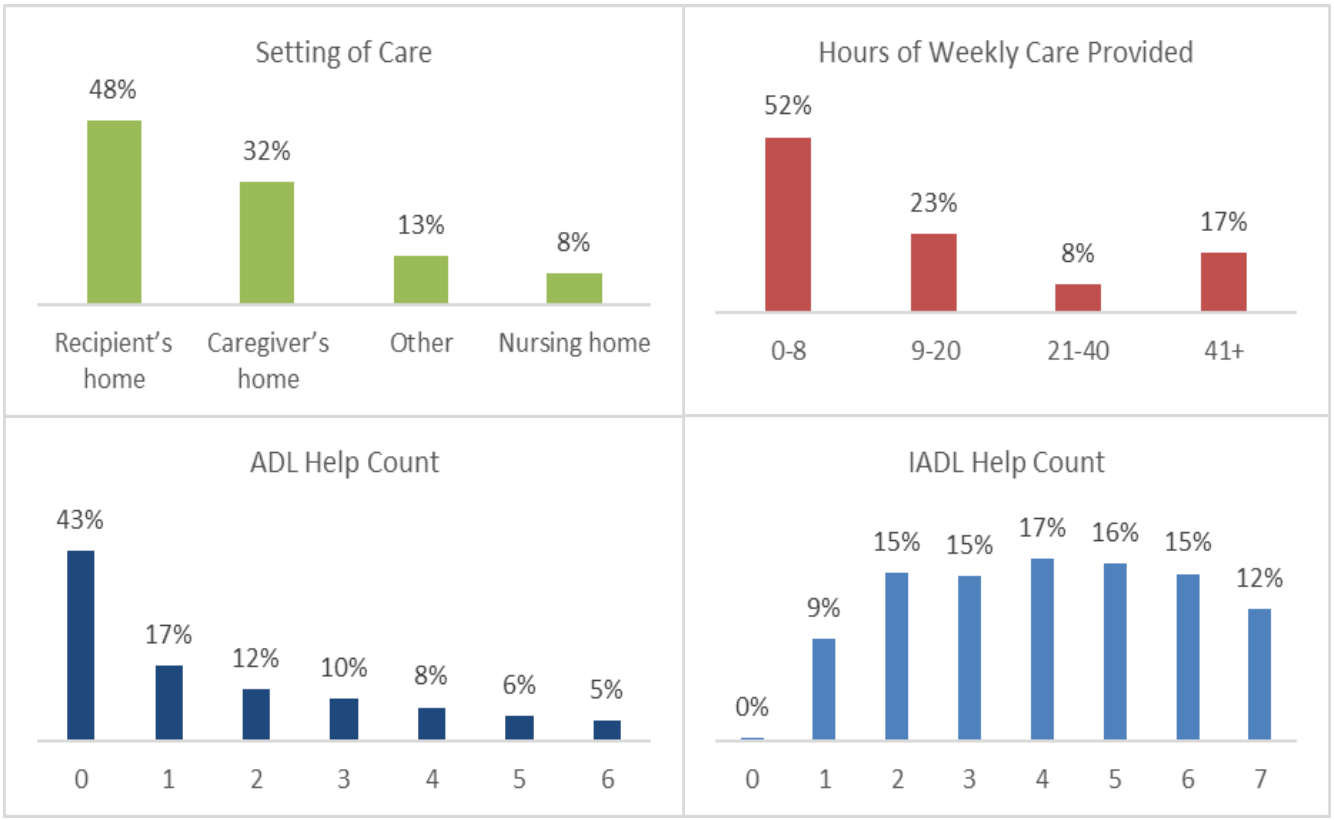


Intensity of Caregiving among Employed Caregivers

Figure 4 shows the intensity of caregiving across four dimensions. More than two out of three caregivers provided care outside of their own home. While a majority provided eight hours or less of weekly care, nearly one in five caregivers provided 40 hours or more of care in a week, more than the equivalent of a full-time job. While not shown in Figure 4, two out of three caregivers are employed full time. The only difference in intensity of caregiving among employment status was in hours of weekly care; part-time employees were more likely to provide more than 40 hours of care than full-time employees (25% vs 14%, respectively).

Nearly half (43%) of caregivers did not perform any ADLs such as bathing or feeding; those who did assisted with 1.6 ADLs on average. Most caregivers assisted with at least one IADL such as shopping or managing finances, performing 4.1 IADLs on average.

Figure 4: Intensity of caregiving

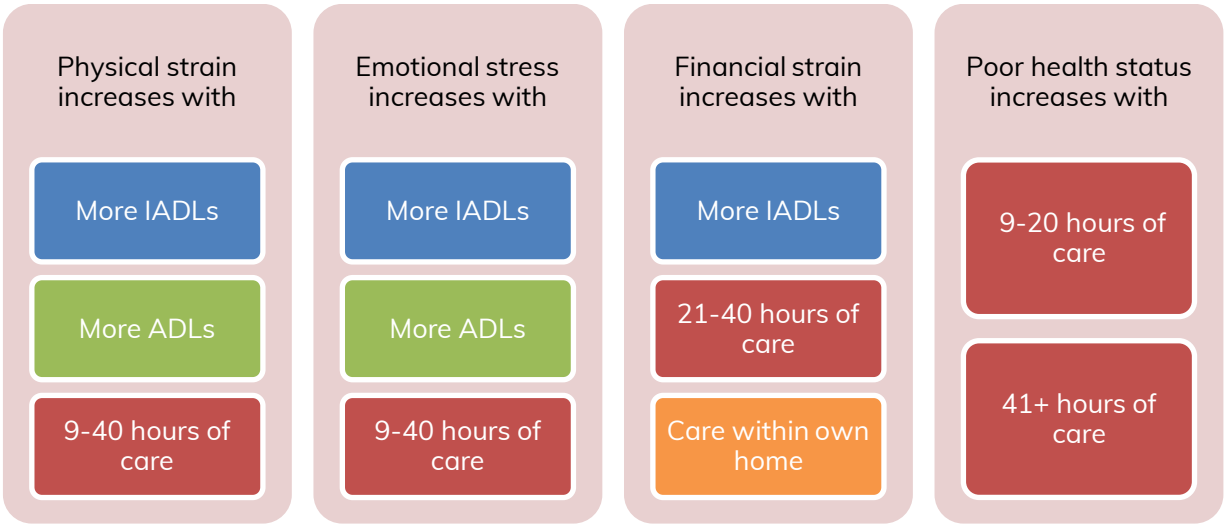


Source: AARP. *Note:* ADL=activities of daily living; IADL=instrumental activities of daily living

The Impact of Intensity of Caregiving on Well-Being Varies

Figure 5 summarizes the links between the intensity of caregiving and employees' physical strain, emotional stress, financial strain, and health status (full regression results are reported in the Appendix). On average, the more IADLs that a caregiver performed, the more physical strain, emotional stress, and financial strain they reported. Assisting with ADLs and an increase in weekly caregiving hours (9-40 hours compared to 0-8 hours) was associated with more physical strain and emotional stress. Providing more than 20 hours of care and providing care within the caregiver's own home is associated with an increase in financial stress. Hours of weekly care between 9-20 hours and for more than 40 hours is associated with increased poor health status.

Figure 5: IADLs and health status affect well-being in multiple ways



The Relationship between Intensity of Care and Work Outcomes

More than half of caregiving employees experienced at least one negative work outcome in the prior 12 months due to caregiving responsibilities. Figure 6 shows that nearly half of caregiving employees experienced incidental absence (e.g., missing work, coming in late or leaving early). One in seven took a leave of absence.

Figure 6: Proportion of employees with any negative work outcomes

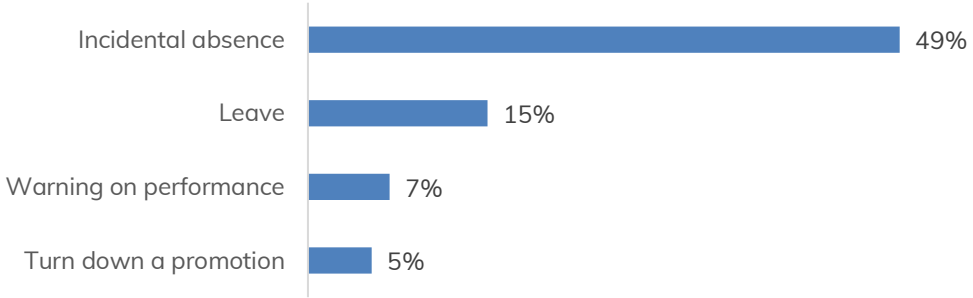
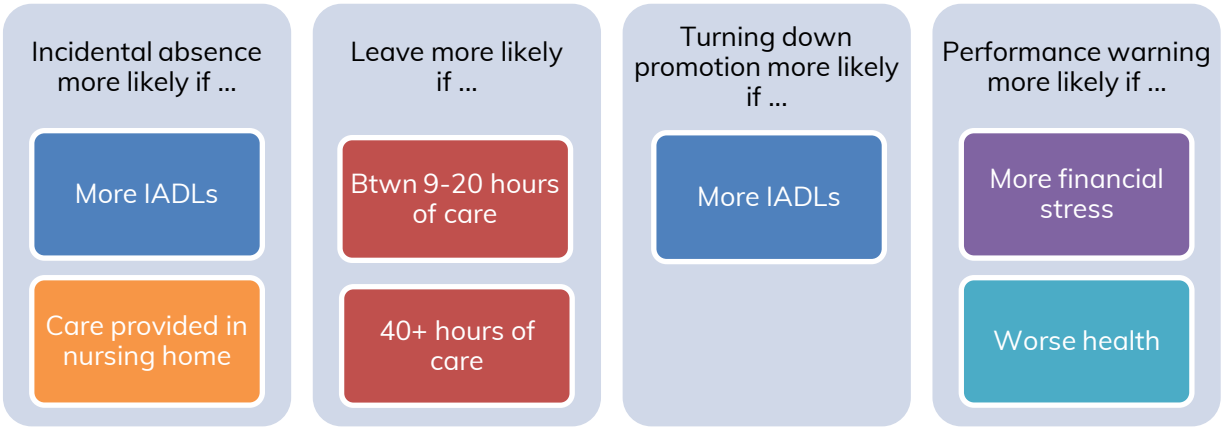


Figure 7 summarizes the contribution of intensity of care and stress to negative work outcomes. Hours of weekly care and the number of ADLs and IADLs performed were higher among caregivers who experienced incidental absence, leave, or turning down a promotion in comparison to those who did not experience these work outcomes. The more IADLS a caregiver performed, the more likely they were to experience incidental absence or turn down a promotion. Caregivers providing care to an adult in a nursing home or assisted living facility were more likely to experience incidental absence as well. Increased weekly hours of provided care (9-20 and more than 40 hours compared to 0-8 hours) increases leave. Caregivers who report more financial stress—which is partly associated with IADLs, providing care within caregivers' home, and hours of care (see Figure 5)—or worse health status were more likely to receive a warning about their performance or attendance.

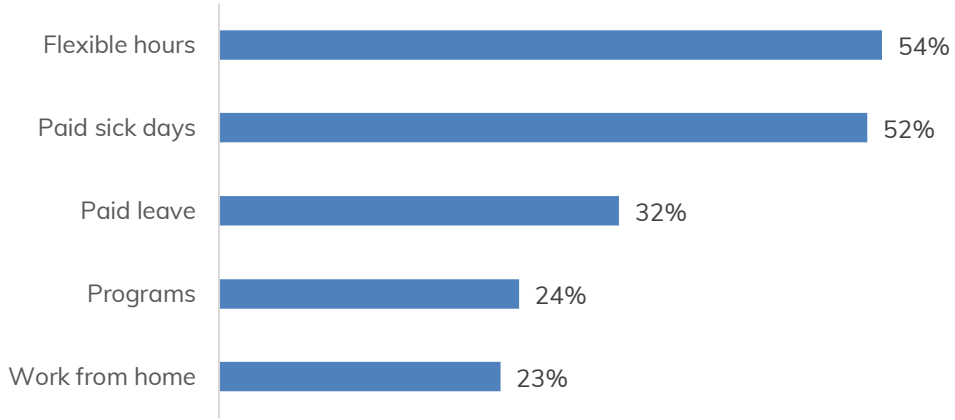
Figure 7: Intensity of care and worse well-being had distinct impacts on work outcomes



Existing Work Policies Do Not Fully Alleviate Intensity of Caregiving

Figure 8 shows that over half of employed caregivers were offered flexible hours or paid sick days. One in three had paid leave for an extended period, and nearly one in four had programs like employee assistance programs (EAPs) or work from home options. More than four in five employees were offered at least one of these work policies (not shown).

Figure 8: Percentage of employees with work policies



Regression models indicated that the more work policies available to an employed caregiver, the higher their likelihood of experiencing an incidental absence/ leave or turning down a promotion. Figure 9 shows that adjusting for the individual work policies (e.g., flexible scheduling) did not substantively reduce the observed associations with intensity of care—with the potential exception that work policies may lessen the link between hours of care and leave taking.

In other words, whether or not their employers offer generous time off and scheduling policies, employees who perform IADLs for an adult family, experience financial stress associated with caregiving, or reported worse health status are still more likely to experience incidental absences, turn down promotions, or receive performance warnings.

Figure 9: Work policies explain little about the relationship between caregiving intensity or well-being and negative work impacts.

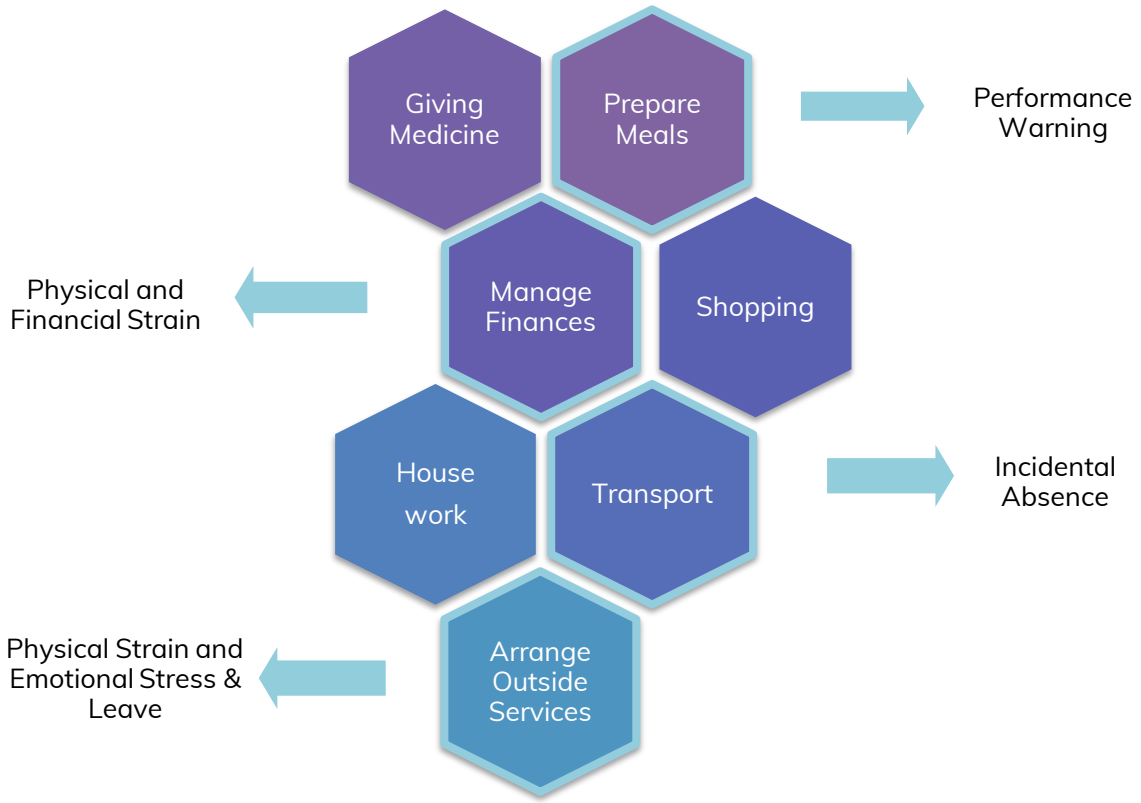
Source: AARP. The figure shows the relative odds – a measure of the likelihood of an event occurring (in this case, a negative work outcome) relative to it not occurring. Odds above 1.0 indicate a higher likelihood of an event; odds below 1.0 indicates a lower likelihood; odds of exactly 1.0 indicates that there is no difference between the likelihood of an event occurring or not occurring. See appendix for regression results. The intensity of care variables included in this figure were statistically significant in models without adjusting for work policies.

IADLs May Be Driving Stress and Work Impacts

Considering that existing work policies did little to alleviate the work impact of intense caregiving, and that IADLs have extensive associations with both well-being and negative work outcomes (as shown in Figure 5 and Figure 7), focusing on specific IADLs may shed light on the kinds of assistance that employees need to remain on the job and productive.

Figure 10 summarizes the link between specific IADLs with well-being and negative work outcomes. For example, helping adult relatives manage finances (such as paying bills) increased caregivers' financial stress. Arranging outside services, such as nurses or home care aids, were related to more physical and emotional stress, and a higher likelihood of leave. Performing tasks such as preparing meals were associated with performance issues, while providing transportation increased the likelihood of incidental absences.

Figure 10: Several IADLs could be targeted to support caregiving employees' productivity



DISCUSSION

Our analysis shows that caregiving is common and that its impact on work outcomes depends on the type, intensity, and amount of care provided. Helping employees alleviate some of their caregiving burdens has the potential to improve health and well-being while also improving work outcomes.

Caregivers have to provide care whether or not they have the time off from work. This could indicate that they may neglect their own health and needs, including using paid leave to provide care rather than take vacation. In order to best balance providing care and working, caregivers need tools that allow them to make their own health a priority. Improved caregiver well-being is likely to assist with their ability to show up and perform on the job.

While flexibility and leave policies for caregiving may increase employee retention,[13] our findings suggest that these policies may not fully alleviate the physical, emotional, and financial implications of caregiving. Caregivers take more leave when allowed, although this time off only alleviates the burden of hours of care. Having to arrange outside services for family members not only increased physical and emotional stress, but also leave taking. This is of particular concern for employers, as taking a leave of absence for at least two weeks can burden other colleagues with increased stress and time spent at work.[14] Different benefits approaches to addressing caregivers' burdens could both reduce absenteeism and enhance team performance.

GUIDANCE FOR EMPLOYERS

To help employers develop policies that can help employees establish a more productive balance between work and caregiver responsibilities, IBI sought input from experts at leading healthcare, benefits, and absence management firms. A summary of their guidance follows.

POLICIES SHOULD EXTEND BEYOND PAID LEAVE TO INCORPORATE TARGETED ASSISTANCE PROGRAMS

Time off from work and flexible schedules to provide care are important components of a comprehensive caregiving benefits strategy. But they mainly address the time needed to provide care rather than directly targeting well-being. A broader caregiving option that delivers comprehensive, long-term solutions addressing the care needs of a multi-generational workforce could provide substantial benefits to caregiving employees. Certain options can even relieve caregivers from IADLs and thus reduce caregiving burden.

- Employers should consider concierge-based solutions that can provide caregiving services and resources such as financial planning, in-home care, and medical care—or even develop a customized caregiving plan using an online platform all family members can access.
- Partner with workforce expert suppliers to provide onsite childcare and in-home back-up care for elder relatives. Suppliers may be able to provide alternative services such as infant care, college coaching, special needs, and global assistance for family members in other countries.
- Enhance work/life balance EAPs to help manage stressors away from the workplace by offering caregiving support, counseling, and financial and legal advice. These programs may also offer support to immediate family members including parents and in-laws at any time.
- Provide direct services for care. For example, use of a prescription home delivery service that separates medicines into pre-packaged doses could reduce the need for a caregiver to administer them.

IBI THANKS THE FOLLOWING INDIVIDUALS AND FIRMS FOR PROVIDING INPUT FOR EMPLOYER GUIDANCE.

The views expressed are those of the commentators alone. They do not necessarily reflect those of their employers and clients, nor of IBI, its members or its Board of Directors.

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- Sponsor employee support or resource groups that can connect employees with other caregivers. These groups can offer a safe and confidential community of people with shared experiences who can provide advice and information on resources.

- Be mindful of programs that introduce disparities in different leave benefits targeted to the needs of different generations of workers. Paid parental leave and caregiver benefits rarely provide the same amount of time off and pay. As today's workforce is multi-generational and caregiving demands are likely to increase, effective total benefits packages also will emphasize flexibility such as the ability to take leave and work remotely.

Caregivers can struggle with balancing work with caregiving duties. Ultimately, this is reflected in caregivers' own health as they neglect to care for themselves. Wellness benefits that prioritize preventive care—such as providing health screenings or flu shots at the worksite—can make it easier for caregiving employees to manage their own health. Additionally, employers should consider integrating healthcare plans with leave benefits by providing designated time off for chronic condition and behavioral health support.

Ask and listen to your employees to understand their needs

One of the best ways to understand employee needs is to ask them directly using an anonymous employee survey such as pulse surveys or focus groups. Results from these surveys can help employers understand what benefits would be of most value while considering affordability, implementation, and long-term sustainability. Make sure to listen to employees.

Develop proactive communications about benefits

Navigating employer benefits and program options can be intimidating for employees. In many instances, the caregiver is not aware of the availability of programs and policies and can easily be connected with resources if awareness is raised. Employers should have well-planned communications and a strong culture of belonging to support a broad set of benefits that considers the needs of the workforce.

- Develop communications that package together all the caregiving benefits offered. Use various scenarios in communications methods that display a range of needs in the caregiving community.

- Facilitate a supportive culture through programs such as manager training to diminish negative perceptions of using caregiving benefits. Supervisors may be in the best position to recognize when employees are struggling with work and caregiving and can help them navigate to the right benefits.

- Use routine digital communications and social media to highlight available benefits and programs.

- Where possible and appropriate, consider directly reaching out to employees who could benefit from caregiving assistance rather than waiting for them to inquire on their own.

Prepare ahead for emergency conditions

During the COVID-19 global pandemic, many caregivers have not been allowed to be with or near their at-risk elderly family members, changing how they would normally provide care. Employees may be taking on new caregiving roles as schools are closed and/or family members become sick. Further changes to employment status and work location may also impact caregiving.

- Have a plan and equally apply it to all employees. Mandated job protections can encourage employees to use leave, yet some may still be concerned about how their tasks are allocated and the impact on team performance. Consider pairing up colleagues when possible to share work when leave is needed.

- Consider establishing uniform policies for tracking and managing both scheduled and unscheduled time of, whether these are incidental absences or longer-term leaves.

- Have at-the-ready agencies or temporary staffing help on standby, if appropriate. Depending on the industry, investing in temporary employees can decrease the burden of work on the existing staff and ultimately provide a return on investment to your employees and customers.

- Increase level of empathy and support from bosses to managers to ensure that employees are supported and able to approach their employers with emergency requests.

- Set up a dedicated email or phone number to connect with HR.

- Take advantage of newly offered, or emergency tailored solutions. For example, many vendors—especially in digital behavioral health – are offering free access to their programs for six-month contracts and can be flexible during the COVID-19 pandemic. These solutions are an easy way to offer additional assistance and address caregiving employees' well-being.

- Proactively assess EAPs and other benefits regarding caregiving and keep information available to ensure employees can access and use programs that have been available prior to an emergency.

APPENDIX

Table 1: Weighted Characteristics of the ATUS Sample by Caregiving and Non-Caregiving Employees

	Caregiving Employees n=1,751 (17.8%)		Non-Caregiving Employees n=7,667 (81.2%)	
	%	95% CI	%	95% CI
Paid Leave Available	70.2	66.9–73.3	67.8	66.2–69.4
Unpaid Leave Available	79.5	76.8–82.0	77.8	76.5–79.1
Ever took unpaid leave	42.8	39.0–46.6	39.7	37.8–41.5
Any Leave in Past 7 Days	25.0	22.2–28.0	21.9	20.5–23.3
Main reason for leave				
Own illness	20.0	15.5–25.4	21.8	19.2–24.8
Family illness	12.0	7.2–19.3	7.3	5.8–9.2
Childcare	2.4	1.3–4.6	2.6	1.9–3.5
Eldercare	3.7	2.0–6.6	0.0	0.0–0.0
Vacation	24.3	19.5–29.9	33.1	29.8–36.6
Errands or personal reasons	19.3	14.5–25.1	19.4	16.7–22.3
Other	18.3	13.7–23.9	15.8	13.3–18.7
Needed Leave in Past Month but Did Not Take Leave	13.7	11.5–16.2	7.7	6.8–8.6
Reason for need				
Own illness	39.5	30.4–49.4	35.1	29.7–41.0
Family illness	16.5	11.3–23.5	18.5	14.6–23.1
Childcare	8.8	5.3–14.1	7.9	5.8–10.8
Eldercare	5.7	2.8–11.2	0.1	0.0–0.8
Errands or personal reasons	28.3	21.1–36.7	31.9	26.6–37.7
Vacation	2.3	1.0–5.0	3.4	2.0–5.8
Other	1.6	0.6–4.1	4.6	1.4–13.5
Reason for not taking leave				
Needed the income	19.2	10.9–31.7	16.5	11.3–23.3
No one to cover shift	7.1	4.3–11.6	7.6	5.2–10.9
Denied leave	10.5	6.2–17.2	12.9	9.4–17.4
Alternate arrangement	8.1	4.7–13.7	6.3	4.0–9.8
Fear of job loss	10.8	6.5–17.3	10.0	6.8–14.4
Not enough leave	4.2	1.9–8.9	8.7	5.2–14.1
Save leave time	5.1	2.4–10.7	4.5	2.4–8.3
Too much work	27.9	20.6–36.5	24.5	20.0–29.7
Other	8.7	5.0–14.6	10.0	7.3–13.7
Flexible work start/end times	58.7	55.4–61.9	55.3	53.7–56.9

Ability to Work from Home	32.5	29.6–35.5	29.0	27.7–30.4
Work Status				
Full time	82.0	78.8–84.8	84.7	83.4–85.9
Part time	18.0	15.2–21.2	15.3	14.1–16.6
Paid Hourly	54.0	50.7–57.2	59.2	57.7–60.8
Demographics				
35–44 years	17.2	15.1–19.5	23.5	22.3–24.7
45–54 years	30.8	27.8–33.9	19.9	18.7–21.2
55–65 years	25.9	23.3–28.7	15.7	14.6–16.8
Race/Ethnicity				
White	73.8	71.0–76.5	61.9	60.3–63.5
Black	12.8	10.9–14.9	11.7	10.7–12.7
Hispanic	9.6	7.9–11.6	18.8	17.5–20.2
Other	3.8	2.9–5.0	7.6	6.8–8.6
Marital Status				
Married	55.1	51.7–58.5	52.7	51.1–54.4
Divorced/Separated/ Widowed	16.1	14.1–18.4	12.8	11.8–13.7
Single	28.8	25.5–32.2	34.5	32.9–36.2
Education				
Less than high school	4.7	3.4–6.4	6.1	5.3–6.9
High school/GED	21.9	19.0–25.0	27.8	26.3–29.4
Some college/ Associate's	27.5	24.5–30.7	26.3	24.9–27.7
College graduate	26.4	23.8–29.2	25.1	23.8–26.5
Graduate school	19.5	17.2–22.1	14.7	13.7–15.7

Bold Category indicates significant difference between caregiving and non–caregiving employees using Pearson chi square test ($p<0.05$).

Table 2: Weighted Characteristics of Employed Caregivers in the AARP "Caregiving in the US", 2015 Survey

	%	95% confidence interval
Setting of Caregiving		
Caregiver's home	31.6	28.1–35.3
Recipient's home	47.6	43.7–51.4
Nursing home/Assisted living	8.1	6.3–10.4
Other	12.7	10.4–15.5
Hours of Weekly Care Provided		
0–8 hours	51.6	47.7–55.4
9–20 hours	23.0	19.9–26.4
21–40 hours	8.0	6.2–10.4
More than 40 hours	17.4	14.7–20.4
ADLs Help Count, mean (SD)	1.6	1.8
IADLs Help Count, mean (SD)	4.1	1.9
Giving medicines	55.9	52.1–59.7
Managing finances	55.2	51.4–59.0
Grocery/Shopping	73.3	69.7–76.6
Housework	70.8	67.3–74.2
Preparing meals	55.9	52.1–59.7
Transportation	77.5	74.2–80.6
Arrange care services	31.2	27.8–34.9
Stress Outcomes		
Physical Strain – mean (SD)	2.3	1.2
Emotional Stress – mean (SD)	3.0	1.3
Financial Strain – mean (SD)	2.3	1.3
Work Outcomes		
Incidental absence	49.1	45.2–52.9
Leave	14.9	12.3–17.8
Turn down a promotion	5.3	3.8–7.3
Warning on performance	6.8	5.1–9.0
Benefits/Policies		– – —
Flexible hours	53.5	49.2–57.8
Work from home	22.7	19.3–26.4
Programs	24.2	20.7–28.0
Paid leave	32.3	28.4–36.4
Paid sick days	52.3	48.1–56.6
Policy Count, mean (SD)	1.8	1.4
Demographics		
Sex		
Female	55.5	51.6–59.2
Male	44.5	40.8–48.4
Age		
18–24 years	9.9	7.3–13.2
25–34 years	21.4	18.3–24.9
35–44 years	17.9	15.1–21.1
45–54 years	27.9	24.5–31.7

	%	95% confidence interval
55–65 years	22.9	20.0–26.0
Race/Ethnicity		
White	57.9	54.1–61.6
Black	13.0	10.7–15.6
Hispanic	19.1	16.3–22.4
Other	10.0	8.1–12.2
Any Children in HH	32.2	28.6–35.9
Marital Status		
Married/Living with partner	65.9	62.1–69.6
Single	20.3	17.2–23.7
Divorced/Separated/Widowed	13.8	11.4–16.6
Education		
Less than high school	6.0	4.4–8.2
High school/GED	23.8	20.7–27.3
Some college/Technical school	30.4	26.9–34.0
College graduate	23.9	20.8–27.3
Graduate school	15.9	13.3–18.8
Health Status, mean (SD)	3.6	0.9
Work Status		
Full time	65.5	61.7–69.1
Part time	34.5	30.9–38.2
Self–employed/Own business	17.9	15.2–21.0

Table 3a. Regression coefficients (β) and confidence intervals (CI) from multivariate linear regression models estimating well–being among employed caregivers in the AARP Caregiving in the US, 2015 Survey

	Physical Strain		Emotional Stress		Financial Strain		Health Status	
	β	95% CI	β	95% CI	β	95% CI	β	95% CI
Setting of Caregiving								
Caregiver's home	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Recipient's home	0.02	–0.20–0.24	–0.08	–0.34–0.18	**–0.45**	**–0.69—0.20**	0.14	–0.05–0.33
Nursing home	–0.22	–0.58–0.14	0.07	–0.34–0.49	–0.29	–0.70–0.13	0.20	–0.12–0.52
Other	0.02	–0.30–0.34	–0.12	–0.50–0.25	–0.14	–0.48–0.21	–0.00	–0.29–0.29
Hours of Weekly Care								
0–8 hours	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
9–20 hours	**0.28**	**0.04–0.52**	**0.43**	**0.17–0.70**	0.05	–0.21–0.31	**–0.28**	**–0.47—0.08**
21–40 hours	**0.38**	**0.00–0.76**	**0.42**	**0.00–0.83**	**0.66**	**0.27–1.05**	–0.25	–0.56–0.07
More than 40 hours	0.19	–0.13–0.50	0.02	–0.33–0.36	0.30	–0.03–0.62	**–0.47**	**–0.73—0.21**

	Physical Strain		Emotional Stress		Financial Strain		Health Status	
	β	95% CI	β	95% CI	β	95% CI	β	95% CI
ADL Help Count	**0.15**	**0.09–0.21**	**0.06**	**0.00–0.12**	0.04	–0.02–0.10	–0.03	–0.08–0.01
IADL Help Count	**0.09**	**0.03–0.15**	**0.09**	**0.03–0.15**	**0.06**	**0.00–0.13**	0.03	–0.02–0.07
Demographics								
Sex								
Female	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Male	–0.17	–0.35–0.01	0.12	–0.09–0.33	–0.13	–0.33–0.07	–0.03	–0.18–0.12
Age								
18–24 years	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
25–34 years	–0.25	–0.62–0.12	–0.27	–0.71–0.16	**–0.51**	**–0.97—0.04**	–0.07	–0.41–0.27
35–44 years	–0.26	–0.64–0.12	–0.27	–0.72–0.18	–0.31	–0.81–0.18	–0.17	–0.54–0.20
45–54 years	–0.13	–0.53–0.26	–0.13	–0.59–0.33	–0.39	–0.86–0.08	–0.09	–0.45–0.26
55–65 years	–0.04	–0.45–0.36	–0.27	–0.74–0.20	**–0.50**	**–1.00—0.01**	–0.12	–0.49–0.25
Race/Ethnicity								
White	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Black	0.10	–0.15–0.35	–0.25	–0.54–0.04	**0.32**	**0.02–0.62**	0.11	–0.11–0.33
Other	–0.12	–0.37–0.12	**–0.31**	**–0.61—0.01**	–0.26	–0.53–0.01	**0.22**	**0.00–0.43**
Hispanic	0.16	–0.12–0.45	–0.22	–0.52–0.08	–0.06	–0.35–0.23	0.09	–0.13–0.31
Any Children in HH	0.16	–0.04–0.36	**0.24**	**0.01–0.48**	0.00	–0.22–0.22	–0.02	–0.20–0.16
Marital Status								
Married/Live with partner	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Single	**–0.25**	**–0.49—0.01**	–0.25	–0.53–0.03	–0.16	–0.44–0.13	0.06	–0.15–0.27
Divorced/Separated /Widowed	0.04	–0.24–0.31	0.00	–0.32–0.30	0.04	–0.26–0.33	0.00	–0.21–0.22
Education								
Less than high school	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
High school/GED	–0.43	–0.91–0.06	0.17	–0.37–0.59	**–0.56**	**–1.03—0.09**	0.23	–0.13–0.59
Some college /Technical school	**–0.52**	**–0.99—0.04**	0.10	–0.42–0.53	**–0.58**	**–1.05—0.11**	0.15	–0.21–0.51
College graduate	–0.37	–0.86–0.11	0.14	–0.40–0.56	–0.43	–0.91–0.05	0.26	–0.11–0.63
Graduate school	**–**	**–1.06—**	0.41	–0.15–	–	–0.93–	0.23	–0.15–

	Physical Strain		Emotional Stress		Financial Strain		Health Status	
	β	95% CI	β	95% CI	β	95% CI	β	95% CI
	0.56	**0.06**		0.86	0.43	0.08		0.60
Work Status								
Full time	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Part time	–0.01	–0.21–0.20	–0.03	–0.26–0.21	**–0.23**	**–0.45—0.01**	–0.02	–0.20–0.17
Self–employed/Own business	0.08	–0.16–0.32	0.04	–0.22–0.30	**0.32**	**0.04–0.61**	0.04	–0.18–0.25

Table 3b. Regression coefficients (β) and confidence intervals (CI) from multivariate linear regression models estimating well–being outcomes as a function of individual IADLs while controlling for setting of caregiving, hours of weekly care, ADL help count, and demographic and employment variables

	Physical		Emotional		Financial		Health Status	
	β	95% CI	β	95% CI	β	95% CI	β	95% CI
Giving medicines	–0.14	–0.34–0.05	–0.16	–0.40–0.08	–0.17	–0.39–0.05	–0.06	–0.24–0.11
Managing finances	**0.19**	**0.00–0.38**	0.13	–0.09–0.35	**0.29**	**0.07–0.46**	–0.11	–0.28–0.05
Grocery/Shopping	0.10	–0.12–0.33	0.04	–0.24–0.32	–0.02	–0.27–0.24	–0.10	–0.28–0.09
Housework	–0.04	–0.25–0.18	–0.14	–0.41–0.13	–0.11	–0.37–0.15	–0.02	–0.21–0.17
Preparing meals	–0.03	–0.23–0.18	0.21	–0.04–0.46	–0.04	–0.28–0.20	0.14	–0.03–0.32
Transportation	–0.15	–0.38–0.08	–0.16	–0.44–0.12	0.05	–0.20–0.30	**0.23**	**0.04–0.42**
Arrange outside services	**0.35**	**0.14–0.57**	**0.31**	**0.07–0.54**	0.07	–0.16–0.30	0.02	–0.16–0.19

Table 4. Adjusted odds ratios (AOR) and confidence intervals (CI) from multivariate logistic regression models estimating work outcomes among employed caregivers in the AARP "Caregiving in the US", 2015 Survey

	Incidental Absence		Leave		Turn Down Promotion		Performance Warning	
	AOR	95% CI	AOR	95% CI	AOR	95% CI	AOR	95% CI
Well–being								
Physical Strain	1.08	0.89–1.32	1.14	0.87–1.48	1.56	0.99–2.46	0.84	0.56–1.24
Emotional Stress	1.17	0.98–1.40	1.18	0.93–1.51	0.81	0.52–1.25	1.39	0.94–2.05
Financial Strain	1.02	0.87–1.20	1.01	0.81–1.26	1.24	0.88–1.75	**2.12**	**1.55–2.89**
Health Status	0.89	0.73–1.09	0.86	0.65–1.14	0.79	0.55–1.11	**0.47**	**0.28–0.79**

	Incidental Absence		Leave		Turn Down Promotion		Performance Warning	
	AOR	95% CI	AOR	95% CI	AOR	95% CI	AOR	95% CI
Setting of Caregiving								
Caregiver's home	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Recipient's home	1.12	0.71–1.77	1.24	0.67–2.27	0.62	0.24–1.59	2.10	0.80–5.53
Nursing home	**2.22**	**1.02–4.85**	1.18	0.39–3.58	1.49	0.10–21.49	0.62	0.09–4.47
Other	0.78	0.41–1.48	1.33	0.56–3.19	1.29	0.43–3.86	0.47	0.06–3.95
Hours of Weekly Care								
0–8 hours	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
9–20 hours	1.44	0.89–2.33	**2.00**	**1.06–3.80**	0.52	0.12–2.18	0.95	0.30–3.03
21–40 hours	0.87	0.39–1.93	2.39	0.93–6.14	0.99	0.24–4.07	1.05	0.22–4.95
More than 40 hours	1.21	0.65–2.23	**2.39**	**1.12–5.10**	0.98	0.24–3.95	1.97	0.65–5.98
ADL Help Count	1.03	0.92–1.16	1.05	0.91–1.23	1.17	0.97–1.42	0.91	0.70–1.19
IADL Help Count	**1.21**	**1.07–1.38**	1.08	0.91–1.30	**1.45**	**1.11–1.91**	1.06	0.75–1.48
Demographics								
Sex								
Female	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Male	1.32	0.91–1.92	1.10	0.66–1.83	0.57	0.26–1.27	1.01	0.45–2.24
Age								
18–24 years	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
25–34 years	0.62	0.27–1.45	0.69	0.21–2.31	1.22	0.20–7.33	2.43	0.42–13.97
35–44 years	1.34	0.58–3.10	1.70	0.54–5.34	0.67	0.10–4.46	1.21	0.17–8.64
45–54 years	1.55	0.67–3.54	0.77	0.24–2.49	0.62	0.09–4.34	1.20	0.16–8.75
55–65 years	1.12	0.49–2.57	0.78	0.24–2.52	0.34	0.04–2.65	0.80	0.12–5.47
Race/Ethnicity								
White	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Black	0.86	0.50–1.49	1.29	0.60–2.78	**3.69**	**1.30–10.50**	1.61	0.54–4.77
Other	0.94	0.57–1.56	**2.79**	**1.44–5.41**	2.54	0.90–7.16	1.82	0.62–5.41
Hispanic	0.82	0.46–1.46	**2.33**	**1.16–4.67**	2.30	0.66–8.03	1.62	0.50–5.21
Any Children in HH	0.77	0.50–1.20	0.57	0.32–1.01	0.91	0.38–2.20	0.48	0.20–1.16

	Incidental Absence		Leave		Turn Down Promotion		Performance Warning	
	AOR	95% CI	AOR	95% CI	AOR	95% CI	AOR	95% CI
Marital Status								
Married/Living with partner	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Single	1.04	0.62–1.72	0.84	0.38–1.86	0.45	0.14–1.51	2.50	0.82–7.65
Divorced/Separated/Widowed	0.91	0.53–1.56	1.15	0.60–2.21	2.39	0.69–8.23	2.09	0.59–7.40
Education								
Less than high school	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
High school/GED	1.06	0.45–2.55	0.66	0.23–1.85	1.02	0.24–4.31	1.36	0.24–7.71
Some college/Technical school	1.44	0.61–3.40	0.77	0.27–2.24	1.36	0.27–6.79	2.21	0.38–12.91
College graduate	2.15	0.88–5.23	0.58	0.19–1.80	1.38	0.29–6.55	1.56	0.25–9.81
Graduate school	1.73	0.66–4.50	0.63	0.20–2.01	0.60	0.11–3.43	0.94	0.10–9.09
Health Status – mean (SD)	0.89	0.73–1.09	0.86	0.65–1.14	0.79	0.55–1.11	**0.47**	**0.28–0.79**
Work Status								
Full time	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Part time	**0.51**	**0.33–0.80**	1.11	0.60–2.06	1.08	0.41–2.83	1.34	0.52–3.45
Self–employed	1.06	0.63–1.77	1.05	0.56–1.98	0.51	0.15–1.77	0.14	0.02–1.02

Table 4b. Adjusted odds ratios (AOR) and confidence intervals (CI) from multivariate logistic regression models estimating work outcomes as a function of individual IADLs while controlling for well-being, setting of caregiving, hours of weekly care, ADL help count, and demographic and employment variables

	Incidental Absence		Leave		Turn Down Promotion		Performance Warning	
	AOR	95% CI	AOR	95% CI	AOR	95% CI	AOR	95% CI
Giving medicines	0.81	0.52–1.25	0.94	0.53–1.67	0.66	0.25–1.76	0.84	0.34–2.09
Managing finances	1.16	0.77–1.73	1.19	0.66–2.15	1.83	0.62–5.39	0.65	0.30–1.43
Grocery/Shopping	1.19	0.72–1.94	0.93	0.45–1.89	2.29	0.55–9.53	0.91	0.26–3.19
Housework	1.10	0.67–1.79	1.32	0.64–2.71	1.36	0.39–4.77	0.35	0.11–1.14
Preparing meals	0.74	0.46–1.19	0.56	0.30–1.08	1.44	0.50–4.17	**3.58**	**1.11–11.51**
Transportation	**2.33**	**1.43–3.78**	1.16	0.57–2.37	1.64	0.39–6.88	1.59	0.53–4.82
Arrange outside services	1.40	0.91–2.15	**1.86**	**1.07–3.23**	0.95	0.42–2.16	0.85	0.32–2.25

Table 5. Adjusted odds ratios (AOR) and confidence intervals (CI) from multivariate logistic regression models estimating work outcomes with the addition of work policy count among employed caregivers in the AARP "Caregiving in the US", 2015 Survey

	Incidental Absence		Leave		Turn Down Promotion		Performance Warning	
	AOR	95% CI	AOR	95% CI	AOR	95% CI	AOR	95% CI
Policy Count	**1.44**	**1.22–1.69**	**1.36**	**1.13–1.63**	**1.35**	**1.06–1.73**	0.93	0.71–1.23
Stress								
Physical Strain	1.15	0.91–1.45	1.15	0.85–1.56	1.65	0.91–2.99	0.76	0.49–1.16
Emotional Stress	1.14	0.92–1.40	1.18	0.89–1.56	0.73	0.40–1.36	1.47	0.96–2.26
Financial Strain	1.05	0.87–1.27	0.93	0.72–1.20	1.40	0.97–2.00	**2.22**	**1.59–3.10**
Health Status	0.84	0.66–1.07	0.83	0.59–1.14	0.72	0.46–1.11	**0.40**	**0.23–0.69**
Setting of Caregiving								
Caregiver's home	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Recipient's home	1.13	0.66–1.92	1.10	0.56–2.19	0.59	0.21–1.60	2.60	0.84–8.09
Nursing home	2.23	0.91–5.45	0.66	0.14–3.01	1.92	0.11–33.91	0.76	0.09–6.54
Other	0.71	0.35–	1.22	0.42–	1.28	0.40–4.07	0.44	0.05–3.69

		1.43		3.48				
Hours of Weekly Care								
0–8 hours	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
9–20 hours	1.23	0.70–2.14	1.37	0.60–3.10	0.55	0.09–3.23	0.60	0.21–1.73
21–40 hours	0.95	0.39–2.35	2.32	0.79–6.81	0.88	0.17–4.49	0.59	0.12–2.88
More than 40 hours	0.99	0.48–2.03	2.48	0.96–6.40	0.93	0.21–4.08	2.04	0.63–6.66
ADL Help Count	1.06	0.94–1.20	1.14	0.95–1.35	1.15	0.92–1.44	0.81	0.62–1.05
IADL Help Count	**1.26**	**1.10–1.45**	1.03	0.85–1.26	**1.48**	**1.06–2.06**	1.24	0.91–1.68
Demographics								
Sex								
Female	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Male	1.48	0.97–2.28	1.06	0.58–1.95	0.57	0.23–1.41	0.80	0.33–1.90
Age								
18–24 years	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
25–34 years	0.50	0.19–1.26	0.68	0.14–3.46	2.43	0.36–16.42	3.32	0.59–18.60
35–44 years	0.92	0.35–1.71	1.32	0.28–6.11	1.43	0.21–9.75	2.38	0.34–16.51
45–54 years	1.25	0.48–3.29	0.75	0.14–3.88	1.24	0.17–8.86	2.51	0.38–16.77
55–65 years	1.00	0.39–2.57	0.78	0.15–4.04	0.50	0.05–4.61	1.23	0.15–9.74
Race/Ethnicity								
White	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Black	0.74	0.40–1.37	1.25	0.49–3.17	2.67	0.79–8.97	1.62	0.52–5.03
Other	0.94	0.52–1.71	**2.78**	**1.28–6.01**	1.95	0.67–5.72	2.15	0.72–6.43
Hispanic	0.71	0.36–1.38	**2.88**	**1.34–6.20**	1.77	0.51–6.09	1.87	0.50–6.98
Any Children in HH	0.64	0.38–1.07	**0.46**	**0.24–0.91**	0.81	0.31–2.10	0.51	0.20–1.32
Marital Status								
Married/Living with partner	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Single	0.98	0.55–1.74	1.07	0.44–2.63	0.87	0.28–2.71	2.09	0.58–7.59
Divorced/Separated/Widowed	1.07	0.57–2.03	1.23	0.58–2.62	3.62	0.92–14.29	2.61	0.69–9.86
Education								
Less than high school	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
High school/GED	1.04	0.41–2.60	0.57	0.19–1.66	1.91	0.26–13.92	1.49	0.27–8.30

Some college/Technical school	1.19	0.48–2.99	0.47	0.15–1.46	1.55	0.15–16.48	2.96	0.50–17.42
College graduate	1.77	0.67–4.64	0.30	0.09–1.00	1.99	0.22–17.92	2.17	0.33–14.19
Graduate school	1.60	0.56–4.58	0.41	0.12–1.39	0.65	0.06–6.88	0.39	0.04–3.61
Work Status								
Full time	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Part time	0.61	0.36–1.02	0.86	0.39–1.88	0.96	0.26–3.63	1.26	0.44–3.62

Table 5b. Adjusted odds ratios (AOR) and confidence intervals (CI) from multivariate logistic regression models estimating work outcomes as a function of individual work policies and IADLs while controlling for well-being, setting of caregiving, hours of weekly care, ADL help count, and demographic and employment variables

	Incidental Absence		Leave		Turn Down Promotion*		Performance Warning	
	AOR	95% CI	AOR	95% CI	AOR	95% CI	AOR	95% CI
Benefits/Policies								
Flexible hours	**2.24**	**1.38–3.62**	0.84	0.45–1.57	0.95	0.38–2.39	1.07	0.39–2.89
Work from home	1.47	0.82–2.63	1.06	0.44–2.54	2.08	0.62–7.00	1.41	0.46–4.37
Programs	1.30	0.75–2.27	0.54	0.25–1.18	0.81	0.26–2.49	0.43	0.11–1.68
Paid leave	1.32	0.75–2.33	**8.43**	**3.49–20.38**	1.43	0.43–4.79	1.67	0.53–5.26
Paid sick days	1.16	0.69–1.94	0.62	0.27–1.40	2.15	0.60–7.69	0.67	0.28–1.58
IADLs								
Giving medicines	0.76	0.45–1.31	0.83	0.40–1.71	0.77	0.30–2.00	0.63	0.27–1.51
Managing finances	1.09	0.66–1.79	0.92	0.45–1.86	1.28	0.41–4.04	0.59	0.23–1.48
Grocery/Shopping	1.20	0.67–2.15	0.92	0.37–2.29	2.61	0.61–11.10	1.29	0.36–4.68
Housework	1.26	0.71–2.21	0.91	0.36–2.32	1.24	0.31–4.91	**0.22**	**0.08–0.62**
Preparing meals	0.79	0.45–1.38	0.86	0.36–2.09	1.82	0.65–5.12	**6.30**	**2.31–17.18**
Transportation	**2.98**	**1.67–5.31**	1.32	0.54–3.27	1.53	0.35–6.67	1.70	0.55–5.20
Arrange outside services	1.31	0.77–2.23	1.77	0.94–3.36	1.87	0.78–4.50	1.35	0.46–4.02

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