

Caregiving Concerns

Niche Market Underutilized

The numbers are surprising. Nearly half of all U.S. workers have provided care for aging relatives or friends during the past five years. At any given time, 15-20% of the workforce is providing elder care, according to the Bureau of Labor Statistics. Both of these statistics are climbing and will continue to do so for the foreseeable future.

The following is even more disturbing: the combined cost of absenteeism, job turnover, work day interruptions, and supervisor time is calculated at \$2,100 per caregiving employee annually – with an estimated total lost productivity cost of **\$33.6 billion**.

Growing Awareness...

With so many employees affected and with such a high cost to productivity, employers are well aware of the need to provide some type of assistance for caregivers. EAPs, too, are increasingly aware of the need to offer resources to working caregivers.

Typically, EAPs offer these resources either directly or in cooperation (e.g. by subcontract) with a specialty care resource vendor.

EAPs vary in the extent of the assessments they perform in-house and in terms of how specific the referrals are. Some services are provided in-house through the EAP's standard assessment and referral process; other services are immediately outsourced to a specialty firm that does its own assessment when it receives the client.

... And a Problem

With such a widespread need and significant cost to employers, one might expect that offering elder care services would be a growing and potentially lucrative

market for EAPs. But there's a problem: Most EAPs providing these services have experienced much lower utilization than might be predicted.

What to do? To learn more about why EAPs see such low utilization despite this need, the authors of an article that appeared in the *Journal of Employee Assistance* conducted in-depth focus sessions with EA professionals and caregivers. Insights that emerged included:

❖ **Employee perception of what EAPs are about seldom includes assistance for caregivers.** If they are aware of EAP at all, they tend to think of it as a service for mental health or substance use issues.

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Meeting Employees' Needs

Many EA professionals rely on geriatric care managers and others when making referrals for elder care services. However it is helpful for them to understand some of the basics. For starters, the EA professional needs to consider the range of caregiving options:

- ❖ **Home care** – non-medical support in the home for activities of daily living (bathing, toileting, dressing, etc.);
- ❖ **Home health care** – medical care services, like skilled nursing care, physical therapy, occupational therapy, and speech therapy, provided in the home;
- ❖ **Assisted living** – residential facility and limited care for those who need some assistance with daily activities but do not require care in a nursing home; and
- ❖ **Nursing home** – residential facility and a high level of long-term personal or nursing care for persons (such as the aged or the chronically ill) who are unable to care for themselves properly.

The emotional aspect of care is crucial on numerous fronts. Elderly individuals who report feelings of loneliness tend to attribute their mental state to illness, loss of spouse, and lack of friends. Poor health and functional status are also associated with greater feelings of loneliness. Home care offers companionship for isolated individuals.

Due to the stress involved in juggling work and home schedules to care for aging parents, employee caregivers also need emotional support – assistance the EAP can help provide.

Understanding home care is key, as EA professionals are ideally positioned to serve as a conduit to these often-needed but frequently misunderstood services. Many health plans are increasingly using non-medical home care as part of the post-acute care continuum to alleviate cost pressures and prevent relapse or re-hospitalization.

Because caregiving itself can lead to greater feelings of loneliness and isolation, *employees also need emotional support.* Any working caregiver contacting the EAP should be told of the full scope of EAP services that may not only assist their loved one but themselves as well. All too often working caregivers minimize the impact that caregiving has on them emotionally and physically. ■

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Caregiving Concerns

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When employees experience concerns related to caregiving, EAP does not come to mind as a potential resource.

❖ **EAPs are not offering the services caregivers most need and want.** Most caregivers' needs fall somewhere between simply a need for information and a full assessment and referral process. They want more than just access to articles and general information, but they don't want to talk to a counselor, go through an assessment, and receive a referral to another resource. *Instead*, they are usually looking for very *specific*, practical answers on a self-help basis.

Typical Examples

Most employees are not going to call their EAP with the types of caregiving questions they most often have. For example, an employee's concern might be something like, *"My mother's body odor is bad and*

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getting worse. How do I talk with her about it?" Or perhaps, "My father's driving is getting dangerous. When do we need to take away the keys, and how should we do it?"

Talking about issues like these that are being experienced by an elder loved one, especially a parent, tends to carry even more stigma than talking about one's own or a spouse's mental health or substance use. Therefore, many caregivers look for self-help answers rather than calling someone.

At the same time, these are specific, practical concerns that may not be answered well by the kind of general purpose articles found in most resource libraries.

According to the authors' focus sessions, most caregivers' priorities for their loved ones are focused primarily on just a few main topics:

- Maximizing the elder's health;
- Helping them maintain independence; and
- Making sure they're safe at home so they can age in place.

Above all, caregivers want to find and be able to use these solutions easily and with minimal cost, if possible.

The aforementioned EAP focus sessions reinforced all these points, and especially highlighted the importance of providing easy-to-find practical, actionable, and personalized low- or no-cost solutions.

But as long as EAPs continue to limit elder care resources to general information or to a process starting with person-to-person assessment, utilization is unlikely to increase much, even with better promotion.

The Pricing Barrier

All that being said, pricing remains a barrier. Most EAP decision-makers in our focus sessions felt that the employer market was not ready to pay for additional services to working caregivers, especially given the low-utilization track record.

To explore the accuracy of that concern, we looked at another trend in this market: An increasing number of caregiver specialty companies have started selling elder care and caregiver assistance directly to employers, i.e. without going through EAP, work-life, or health care vendors.

Many of these companies are well-funded; their number is increasing exponentially; and employers are buying their services.

The *lesson* from this is that if there weren't a real market for these services, these funders and these

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Editor's Notebook

You're at the office when your sister calls. "Mom fell and broke her hip. I'm at the hospital now. Come when you can." Or, "Dad walked away again. He was found in the woods, and he doesn't know how he got there." Disturbing calls sure, but eldercare concerns don't spill over into the workplace very much. Do they? The truth is, nearly HALF of all U.S. workers have provided care for aging relatives or friends during the past five years.

EAPs are increasingly aware of the need to offer resources to employee caregivers. *But how?*

As explained in this month's cover story, working caregivers are often looking for very *specific*, practical answers. While addressing problems is not easy, doing the "same old thing": limiting elder care resources to general information or to starting an assessment process clearly isn't enough.

Here's an idea in the EA professional's wheelhouse: Because caregiving can lead to greater feelings of loneliness and isolation, *employees also need emotional support* – help the EAP is well-equipped to provide. One thing is for sure: The need for elder caregiving services will continue to grow. Will the EAP be there to address this need?

With numerous articles on workplace trends, news, and benefits, *EAR* is positioned as a valuable resource not only for EA professionals, but also for an underutilized audience – Human Resources. While EAP will always remain our primary focus, *EAR* will be increasingly reaching out to **HR professionals** in the New Year. (*You can expect to see HR Corner in each issue.*) Besides, what other resource can present articles and suggestions on how EAP and HR can work **together** for employees' benefit? Contact me to learn more.

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Painless Financial Checkup: Part I

By Gary Foreman

What's the quickest way to check your financial health? If you don't like accounting, math, and bank statements, you've probably never really taken your financial temperature. But is there a fast and painless way to get a feel for whether you're in financial trouble?

Yes, there are a couple of techniques that you can use. Obviously, they're not going to give you as much information as if you took the time to do a personal balance sheet and budget. But they will let you know if you're heading for serious financial trouble.

Bank Account History

One technique is to take a look at your bank record. One biographer said that when he started to do research on a person, the first thing he wanted to know was how that person spent their money. He felt that if he looked at their bank record, he'd learn more about that person than if he interviewed their friends and relatives.

We can learn a lot about ourselves in the same way. What's the biggest lump sum you paid out last month? If you still have a mortgage that should be it. If the biggest payout went somewhere else, you might want to ask yourself 'why?' It might be OK. Paying for college is expensive. But if your car payment is that high, you could be heading for money trouble.

What Else?

Maybe you don't have a mortgage payment. Perhaps you're a little older and have already paid it off. If so, the biggest sum could have gone to your retirement savings account. Or are you taking that money and using it to pay for a boat or other luxury instead?

Then take a look at the other big transactions. How many of them are to pay monthly bills for things you bought long ago? Are you still paying for the furniture that's been in your living room for three years? What about TVs, stereos, and electronics? Making monthly payments on those types of items is a danger sign. You could be heading for financial trouble.

A Closer Look

Now let's do a little rough math. Take a look at your deposits for the month. Then compare those big unavoidable monthly bills. You know, for your mortgage, car payments, and utilities. Do those payments consume more than two thirds of your deposits? You're in dangerous territory. A closer look is in order.

Don't forget about the little transactions either. Are you making a lot of little payments to credit card companies? Maybe you're spending too much time in the mall. What about ATM transactions? Are you always just a little short of cash? Time to take a look at some of that 'miscellaneous' spending. Those five and ten dollar lunches can add up over time. ■

NEXT MONTH: Credit card statements, how you look at money.

Gary Foreman is the editor of The Dollar Stretcher (www.stretcher.com), which has been helping people live better, for less since 1996. Editor's note: Money Matters provides EAR readers with practical tips to share with their employee clients who may be having personal finance problems.

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**EMPLOYEE
ASSISTANCE
REPORT**

Employee Trends for 2020: Part I

By Chris McReynolds

Prediction 1: More dollars will be spent on personalization.

Twenty years ago employee health, by definition, had to be broad in its focus. However, with the advent of today's technology, we live in an extraordinary time in which we can cast a broad net while simultaneously providing highly personalized experiences.

Every other area of the consumer experience is personalized – social media feeds, online shopping, and home entertainment. As a result, company leaders in 2020 will begin to realize that their employees expect to be individually catered to, not just be spoon fed a generic approach that leaves them feeling like their specific needs are not understood or being considered. Program engagement and efficacy can substantially increase when an approach is personalized.

Prediction 2: Workplace culture will finally be recognized for its importance in employee health.

Asking employees to engage in a wellness program can create understandable anxiety. Questions about the company's motivations, individual privacy, and how



supportive middle and upper management really is can all lead to a reluctance to participate.

The culture of the workplace is the context in which the employees are going to evaluate whether it is “safe” to participate. Additionally, you can't expect a healthy, robust wellness program to flourish in an unhealthy work environment. CEOs will need to step up and participate in healthy activities, snacking, and various wellness check-ups. ■

NEXT MONTH: Program design and cybersecurity.

Chris McReynolds is chief executive officer of Wellsorce, a premier provider of evidenced-based, NCQA-certified HRA and self-management tools. He joined the Wellsorce team in 2012 as Chief Operating Officer, and by 2016 had risen to Chief Executive Officer.

Washington Beat

Legislation would Address Opioid Epidemic

Senators Maggie Hassan (D-NH) and Susan Collins (R-ME) have introduced legislation to address the opioid epidemic through a bipartisan bill, the *Opioid Workforce Act of 2019* (S.2892).

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that approximately 21 million people require treatment for a substance use disorder, but only 11% actually receive the treatment they need.

They found that one barrier to treatment across the US was a shortage of physicians trained in addiction

medicine, addiction psychiatry, or pain medicine. In response they began drafting the Opioid Workforce Act, which they introduced in the Senate in November 2019.

The bill aims to “provide Medicare support for an additional 1,000 graduate medical education (GME) positions over five years in hospitals that have, or are in the process of establishing, accredited residency programs in addiction medicine, addiction psychiatry, or pain medicine.”

Read more here <https://bit.ly/38JQBFj>. ■

Common Questions about Health Risk Assessments

By Chris McReynolds

Health risk assessment (HRA) data helps wellness managers focus on factors that will most positively impact their specific employee population (and their company's bottom line). In 2018, the Kaiser Family Foundation reported 62 percent of large companies provided workers with the opportunity to complete a health risk assessment.

But then what? Many corporations are still unsure about the most effective use of HRAs in the workforce. Here are the most common questions I receive regarding using HRAs with employee populations.

1. Why should we implement an HRA?

As we often explain to colleagues and customers, health and lifestyle data collected in a corporate-level health risk assessment is the only way companies can get a glimpse into the many behaviors or feelings that simply go unnoticed in the workplace—such as stress or depression. And it is these behaviors where companies can intervene and ward off long-term costs.

2. Can HRAs really help prompt changes in healthy behaviors?

Most people think they are doing “fine.” But after reviewing a personalized health assessment report – tailored to their responses and health habits – many will realize they may need to start taking better care of themselves. A quality HRA will generate a personalized report for each employee that helps them identify the aspects of their lifestyle that increase their risk for chronic disease.

This is where the “readiness to change” comes into play. Behavior change takes individual effort. In addition to basic health questions, an HRA should assesses which stage of the change journey an individual is in for habits linked to increased health risk, prompting the user with change readiness questions where appropriate.

3. What should the company do to help prompt new behaviors?

The data that a comprehensive HRA captures helps wellness program coordinators identify and predict

specific group-level risks for preventable chronic disease. Wellness and health professionals can confidently use self-reported data to design programs and messaging that will resonate with their employees.

4. Should companies administer the HRA themselves or hire someone?

While it is permissible, under certain guidelines and with the proper disclosures ahead of time, for an appropriate individual within an organization to view employees' results, employers often prefer to engage with insurance brokers and wellness companies to administer the HRA.

5. Will an employee's results impact their benefits or insurance eligibility?

Because of federal regulations such as the Americans with Disabilities Act (ADA) and the Health Insurance Portability and Accountability Act (HIPAA), it's illegal for employers and health plans to discriminate against an employee on the basis of HRA results.

6. Is it worth the cost?

Well-designed wellness programs that include an HRA with feedback, combined with follow-up health intervention and education programs, improve habits and health. However, an employer won't experience cost-savings overnight. According to the RAND Workplace Wellness Programs Study, employers start to see lower healthcare costs at about the fifth year.

7. Isn't there a level of bias in HRA data?

While self-reported data is subject to bias, research has shown that self-reported well-being and biometric data can have high reliability. To minimize bias in self-reported data:

- Use an NCQA-certified HRA that asks evidence-based questions.
- Ensure security and privacy.
- Adhere to health literacy and health equity standards. ■

Chris McReynolds is chief executive officer of Wellsource, a premier provider of evidenced-based, NCQA-certified HRA and self-management tools. He joined the Wellsource team in 2012 as Chief Operating Officer, and by 2016 had risen to Chief Executive Officer.

Goals More Important than Resolutions

Happy New Year! Many individuals are entering 2020 with optimism and are undertaking a resolution. The desire to improve is laudable and should be encouraged. But what is the best way to approach growth? While a resolution emphasizes your internal drive, a goal focuses on an external achievement.

Both are ultimately necessary for change, but framing something as a goal is a more positive approach. It helps you keep your eyes on the prize.

Prepare for success by measuring your goal by using these three guidelines:

❖ **Measurable.** Make your goal specific. How will you know when you've achieved your objective? Be concrete and write down your goal.

❖ **Reasonable.** Choose an incremental goal. It's probably not realistic that you'll become fluent in Mandarin this year, but perhaps you could use a language app twice per week to grow in your conversation skills with your overseas colleagues before the international symposium next year.



❖ **Iterative.** Set monthly reminders in your calendar to check in on your goal. Don't be afraid to adjust your expectations or redouble your efforts as the year moves on. The goal is progress, not perfection. ■

Source: Cheryl Hyatt and Hyatt-Fennell Executive Search. For more information, visit Hyatt-Fennell at <http://www.hyattfennell.com/>

In the News

EAPA Revamping CEAP Credential

Over the course of the next six months, the Employee Assistance Certification Commission (EACC), in conjunction with EAPA staff, will complete the development of a new and improved certification process, which will include standardized online coursework, a simpler user interface, and an opportunity for EA professionals with different levels of experience to become certified.

The new CEAP will also align better with 21st century employee assistance best practices, taking into account changes in technology and evidenced based instruments like the Workplace Outcomes Suite (WOS).

The EACC has drafted an outline of proposed revisions to the CEAP. Please feel free to forward your comments and questions about the draft to the chair of the EACC, David Nix (david.k.nix@conocophillips.com). ■

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Addressing Stressful Commutes

Are employees stressed out before they even arrive at the office? In a new survey from global staffing firm Robert Half, half of professionals (50%) said traveling to and from work is stressful.

Additional findings:

- ❖ Men and workers ages 25 to 40 have the highest levels of stress about traveling to work.
- ❖ More workers ages 25 to 40 (54%) and men (52%) described their trips as too lengthy.
- ❖ In a separate survey, senior managers said their company offers flexible scheduling to avoid peak traffic times (43%) and telecommuting (40%) to help alleviate employees' stressful trips.

“When workers have difficult commutes into the office, their engagement and productivity can suffer the rest of the day. This may affect staff satisfaction and retention in the long run,” said Paul McDonald, senior executive director for Robert Half. “With the current employment environment favoring job seekers, organizations can’t afford to ignore the issue and lose their best team members to other opportunities.”

McDonald added, “There’s a business case for helping employees maximize their time and minimize



stress by offering perks like flexible schedules and telecommuting options when possible. To stay competitive, some companies also provide creative resources for carpooling, public transportation, parking and fuel.”

For more tips on how to deal with a bad commute, visit the Robert Half blog at: <https://bit.ly/2r1qrN0>. ■

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companies would not be flocking to serve it. They are not giving their services away! The *irony* of this for EAPs is that EAPs are already positioned to serve this market, but they are at risk of losing it because they haven't been able to see or communicate its potential.

Summary

The opportunity to create a new EAP revenue source from services for working caregivers is there for the taking. EAPs are already positioned to serve this market, but they are at risk of losing their position to specialty vendors who are making their business case directly to employers.

To avoid this outcome, EAPs need to be offering the right mix of services, promoting them as a separate line of business (albeit one with significant synergies with other EA services), and charging for them.

The charge doesn't have to be high to be profitable, because the most in-demand services for this population can be automated and licensed by EAPs at very low cost.

The need for elder caregiving services will continue to grow. According to the U.S. Census Bureau, 10,000 more people are turning 65 every day. As they continue to age, caregiving responsibilities fall to their children and grandchildren still in the workplace.

EAPs cannot afford to abandon this market and its potential revenue stream. The opportunity won't wait. ■

Source: “Caregivers at Work: Are EAPs Missing an Opportunity?” *Journal of Employee Assistance*, 48(3), 2018: 18-20. Reused with permission from Employee Assistance Professionals Association (EAPA).