

## **INFORMATIONAL HEARING**

### **FACES OF AGING: Role Reversals: When Men Become the Caregivers September 16, 2014**

California's demographics are changing quickly in terms of age, gender and diversity. The "Faces of Aging" hearing series focuses on specific population groups whose care into the future will require a wide range of cultural competencies. "Role Reversals: When Men Become the Caregivers" is the sixth installment of the "Faces of Aging" series, and explores the specific experiences, and changing roles of men.

California has the largest population of people age 65 and older of any other state, currently hovering near 5 million, out of a total population of 38.3 million. California's 65+ population is projected to continue to grow rapidly, reaching 8.37 million people in 2030, then 10 million in 2040. The 75-84 age group, also known as "mature retirees," will increase to 2.81 million, while "young retirees," those 65-74 years of age, will nearly double (96 percent), and "seniors," those 85 years of age and older, will grow by over 50 percent from 606,333 to 993,496, by 2040, according to recent updates from the California Department of Finance's Demographic Research Unit.<sup>i</sup> In 2020, just under 15 percent of the population will be over 65. By 2030, that number spikes to about 19 percent. In 2040, population projections place the 65+ population at roughly one-in-five of the 47 million people expected to be living, working, learning, and otherwise calling California "home." With longevity increasing, the greatest growth will be among those 85 and older.

As California's population ages, it is becoming more racially and ethnically diverse. More than 40 percent of today's baby boomers (those born 1946 – 1964) are African American, Latino, or Asian, and one-third were born outside of the United States.

According to the Demographic Research Unit within the Department of Finance, California's population will reach 38.8 million people in 2015. If past estimates by the State Data Center (SDC)<sup>ii</sup> hold firm, the gender breakdown is nearly perfectly balanced at 49.7 percent men and 50.3 percent women. However, when the male/female split is measured of those who are age 65 and older, an estimated 5,000,000 people in California, women

make up 57 percent of the population and men 43 percent; of people aged 85 and above, 64 percent are female.

## **Mortality**

For every 100 female births there are 105 male births. However, men have historically had shorter life spans. The difference in mortality between the sexes is not purely biological; there are intervening social factors. Women tend to engage in fewer behaviors that are bad for health than men do. Estrogen helps the body eliminate bad cholesterol and may offer some protection against heart disease. Testosterone, on the other hand, has been linked to violence and risk taking. According to the World Fact Book<sup>iii</sup>, a man in the US will live on average to 77.1 (down from 77.4) years of age and a woman will likely reach 81.9 (down from 82.2), for an average of 79.5 (down from 79.8; 42nd of 222 nations measured, down from 35<sup>th</sup> last year).

Why are fewer men than women showing-up in the older age groups? Mortality data provided by the California Department of Public health reveals that of the 233,143 deaths in California in 2010, 117,584 were male, and 115,289 were female. The top two causes of death; diseases of the heart and cancer, occur at generally the same rates for men and women causing 58,859 male deaths and 55,299 female deaths. Accidents rate number three for men with 6,567 deaths and 6<sup>th</sup> for women with 3,541 deaths, possibly reflecting the role testosterone plays in men's lives, as alluded to earlier. Lung disease, stroke, diabetes, Alzheimer's disease, suicide, liver disease and flu accounts for the remainder of the top-ten causes of death for men. Comparatively, stroke, Alzheimer's disease, lung disease, diabetes, flu and hypertension accounts for the top ten causes of death for women. Violence in men's lives is demonstrated in additional data scrutiny. Intentional self-harm (suicide) and assault accounted for 2,972 and 1,556 male deaths in California in 2010, compared to 863 deaths by suicide amongst women. Comparable assault related deaths were not available because it is not one of the 13 leading causes of death for women.

Suicide and assault deserve additional attention when studying men. "Intentional self-harm" begins to show-up in mortality data tables in the 10-14 age group for males, as the 3<sup>rd</sup> leading cause of death, and remains in the top-5 causes of male deaths through the 40-45 age cohort when diseases of the body begin to crowd out other causes of death. High cancer risk and poor cardio-vascular health cloak the growing recognition of suicide among men. Policy makers have responded recently as celebrated personalities have drawn media attention to their tragedies. Of even greater growing concern, however, is the rates at which men of color succumb to violence through assault. Of the 1,556 homicides of men in 2010, only 240 were not men of color. Almost half (754) were Latino men and over 25 percent were African American men, far outpacing the current representation of either race in the general population.<sup>iv</sup>

## **Role Changes**

The White House was recently confronted with the emergence of a growing awareness of changing perceptions of men and boys. The President was asked to establish a council to

begin addressing institutional and social disparities which could be mitigated by focusing upon evidence related to changing roles and perceptions of men, including those which men have of themselves. The proposal cites educational disparities where school-aged boys are more often on prescription drugs, and less educated. Boys are behind girls in reading, writing, motivation, grades, and test scores. Boys are more likely to drop-out of school, or to be disciplined and removed from the school environment. In higher education, males have gone from 61 percent of graduates to a projected 39 percent since 1960, while women have gone from earning about 39 percent of the total number of degrees, to a projected 61 percent in 2020.

The proposal also cites health and environmental factors contributing to disparities between men and women including that boys' suicide rate goes from equal-to-girls' prior to adolescence to five times girls' between ages 20 and 24. Among the elderly, men over 85 have a suicide rate 1300 percent higher than their female peers. Other factors of male emotional challenges range from the prevalence of ADHD, violence, crime, depression, and substance abuse.

Employment has been a vexing issue for policy makers recently. Adding to the complexity of effort to respond is the changing perceptions of male roles in - and out of - the workplace. One of every five men aged 25 to 54 is not working. Half of African-American young men ages 20- 24 are jobless. The areas of future job growth (e.g., health; education) are areas of employment in which women are preparing, while those areas for which uneducated men have typically found jobs (manufacturing, agriculture, construction) are declining as employment options. Adequate employment is strongly associated with healthy aging, and provides a foundation to withstand the economic impact of aging.

Citing success from focused attention upon the specific health and emotional needs of women, a strong case exists for assessing societal benefits of mitigating the ramifications of changing roles, and existing evidence that disparities appearing in data can be overcome.

### **Caregiving**

The Family Caregiver Alliance in San Francisco (FCA) is "...first and foremost a public voice" for caregivers. Since 1970, the organization has addressed the needs of families and friends providing long-term care at home. FCA partners with or sponsors a range caregiver supports and services, including the National Center on Caregiving, Family Care Navigator, Link2Care, the Bay Area Caregiver Resource Center, as well as the state supported system of Caregiver Resource Centers. According to FCA, the National Alliance for Caregiving, and the AARP in a 2009 report entitled "Caregiving in the US," the gender balance in caregiving is close in the 18-49 age group (47 percent men), but becomes imbalanced in the 50+ age category with women being the caregiver 68 percent of the time (one-third of whom care for two or more loved ones). Ongoing demographic changes increase structural pressures on men and women to share elder care. Except for very recently, people are living longer and elders are more likely to have spouses or siblings still living than in the past. At the same time, rising divorce rates and independent living push up the numbers of elders who are living alone without spouses to care for them. These changes result in more adults with

living spouses, parents, children and kin, and also friends and neighbors, who may need care and who may provide care. Additional research suggests that the number of male caregivers may be increasing due to a range of socio-economic factors,<sup>v</sup> including previously mentioned decreases in mortality, increases in women's employment, and smaller families. As antiquated ideas about male-female roles modernize, masculine roles more and more include caregiving.

A review of literature indicates that in the eighties it was believed that women were predominantly caregivers, and that somewhere between 1 in 5 and 1 in 3 caregivers were men.<sup>vi</sup> By the nineties, data suggested even greater gender parity among midlife caregivers with men constituting 3 out of 7 caregivers. Other national studies in the nineties also estimate that men constitute nearly half of in-home primary caregivers, and of caregivers to the elderly, chronically ill, and disabled. A Canadian study from 2004<sup>vii</sup> found that men were just as likely as women to be involved in caring for and helping seniors, though women spend more time doing so.

According to the AARP, men face different challenges than women when caregiving is at issue. Some observations drawn from AARP data include that male caregivers are less likely to be the sole or primary caregiver but are just as dedicated to their role. Men are less likely to provide personal care; 24 percent of male caregivers help a loved one get dressed, compared to 28 percent of female caregivers; and 16 percent help with bathing, versus 30 percent of females. Men tend to live farther away, and as a result they have to travel farther or spend more time organizing the care from a distance, and men are more likely to use an outside service to provide for the transportation needs of their loved one. Men are more "plugged-in" and have an advantage in their comfort level with technology. They're more likely to use the Internet as a caregiving resource. More male caregivers work full-time. Though men and women devote the same amount of time (an average of 19 hours a week) to caregiving, 82 percent of male caregivers have full-time jobs, compared to 70 percent of female caregivers.<sup>viii</sup> The average age of a male caregiver is 49. The average age of the person he assists is 77. He usually cares for an aging parent, usually his mom. Aging and Alzheimer's or other types of dementia are the typical reasons the person needs care.

### **Recent Legislation**

AB 1744: Brown

Establishes the California Caregiver Act of 2014 which directs the California Department of Aging to convene a task force and make recommendations relating to the needs of unpaid family caregivers.

According to the author, families are the major provider of long-term care, but research has shown that caregiving exacts a heavy emotional, physical and financial toll. Many caregivers who work and provide care experience conflicts between their responsibilities. Almost half of all caregivers are over age 50, making them more vulnerable to a decline in their own health, and one-third describe their own health as just "fair-to-poor." Women make up the majority of the unpaid caregiver workforce, often interrupting work careers to take on the burden of caring for a relative. Caregiving women face uncertain economic

futures due to breaks from employment and the corresponding reductions to retirement plans and the social security system.

Status: Pending consideration by Governor Brown

AB 2198: Levine

AB 2198 would require licensed psychologists, educational psychologists, marriage and family therapists, clinical social workers, and professional clinical counselors (mental health professionals) to receive suicide prevention training in suicide assessment, treatment, and management. The author contends that AB 2198 will lead to lives being saved through mental health professionals having the skills to identify suicidal intentions before they become life threatening. This step has been recommended in the National and State strategies on suicide prevention. Though there are currently numerous requirements in California Business and Professions Code governing graduate and continuing education requirements for mental health workers, there is no specific law in California that requires graduate training or continuing education in suicide assessment. AB 2198 will lead to lives being saved through mental health professionals identifying suicidal intentions before they become life threatening.

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<sup>i</sup> <http://www.dof.ca.gov/research/demographic/reports/projections/P-1/>

<sup>ii</sup> The State Data Center (SDC) was established on January 1, 1979 to serve as the central point for the dissemination of census data in California. The SDC program was instituted by the U.S. Census Bureau to increase and improve public access to census data products.

The SDC provides services to state and local government agencies and to the general public. The Center processes machine-readable data files; prepares customized reports; and provides user consultation, data analysis, mapping, and training workshops upon request. The SDC library houses publications and maps from the decennial censuses, the American Community Survey, the Economic Censuses, the Current Population Survey, and other special and periodic surveys.

<sup>iii</sup> Central Intelligence Agency Internet resource at <https://www.cia.gov/library/publications/the-world-factbook/geos/us.html>

<sup>iv</sup> LEADING CAUSES OF MALE DEATHS BY AGE AND RACE/ETHNIC GROUP AND RATES FOR ALL RACES COMBINED, CALIFORNIA, 2010, California Department of Public Health, Death Statistical Data Tables.

<sup>v</sup> Kramer, B. J. & E. H. Thompson, (eds.), "Men as Caregivers," (New York: Prometheus Books, 2002).

<sup>vi</sup> "Men who Care" Chang & White-Means, 1991.

<sup>vii</sup> A Life in Balance?: Reopening the Family-Work Debate. Stobert: New Brunswick's (2004)

<sup>viii</sup> "Caregiving in the U.S. 2009" by: National Alliance for Caregiving in Collaboration with AARP; Funded by The MetLife Foundation