

Caregiving: What's health got to do with it?

Caregiving: What's health got to do with it? If we approach this question from the perspective of the care recipient, then health usually has a lot to do with one's need for assistance. However, when we look at it from the perspective of the caregiver, the answer is not quite as apparent. Studies have shown that caregiving can be associated with adverse effects on one's health. The current health profiles of caregivers in Nova Scotia, and the ways in which these profiles may differ between men and women, is of particular importance to the Healthy Balance Research Program, and will be the focus of this document.

For many, caregiving presents unique challenges in the best of situations. Add the caregiver's own health issues to this, and even greater challenges may present. Health issues can affect caregivers' availability, their ability to carry out activities, and the length of time they themselves are able to provide care. Health can have numerous effects on caregiving relationships.

Caregiving: What's health got to do with it? is a gender-based health comparison of 369 Nova Scotians caring for one or more individuals, on average, at least once a week. As part of the Healthy Balance Research Program, a telephone survey of Nova Scotians involved in caring relations was undertaken in 2005. Particular emphasis in this report will be placed on providing a profile of caregivers' health status, behaviours (nutrition, exercise, sleep, alcohol and tobacco use), health limitations, and health care utilization. Text boxes highlighting findings among the general Nova Scotia population are used throughout this document to provide further context.

This is one in a series of three reports documenting findings from the Healthy Balance Survey. The first, *Unpaid Care in Nova Scotia*, documents the prevalence of unpaid caregiving in Nova Scotia, the impacts of caregiving, and the implications of these findings for policy makers. The other provides a gender-based analysis of the impact employment and occupational status has on caregivers (aged 19 to 64) in relation to caregiving responsibilities, stress, job-related costs, and work/family conflict. For more information on this and other components of the research, please visit the Healthy Balance Research Program website at <http://www.healthyb.dal.ca>.

In 2005, approximately 36% of Nova Scotians provided assistance to someone because of a long-term health problem, mental illness, or a temporary difficult time. These caregivers represent a diverse group of individuals: slightly over half live in rural areas, are female, and are between the ages of 45 and 65.
(Keefe et al., 2006)

Global Health & Stress

- Most men and women caregivers perceive their health status positively, with over half reporting their health to be in excellent to very good condition (Table 1). While most caregivers feel they are in good health, almost 30% of both men and women caregivers feel their life is quite-a-bit or extremely stressed.

Table 1. Self-perceived health status and stress of Nova Scotian caregivers by gender.

	Men <i>n=156</i> %	Women <i>n=213</i> %	Chi-Square χ^2
Self-perceived health			
Excellent/very good	56.4	61.5	1.0
Good	25.6	22.1	
Fair/Poor	17.9	16.4	
Self-perceived stress			
Not at all/not very stressed	33.3	26.4	2.3
A bit stressed	38.5	44.8	
Quite a bit/extremely stressed	28.2	28.8	

Comparison to NS population:
58% of Nova Scotians aged 12+ report excellent/very good health (NS Department of Health, 2004).

Nutrition & Exercise

- Nutrition and exercise play a large role in shaping one's overall health status. Maintaining a healthy lifestyle, which includes good nutrition and exercise, however, can be challenging as caregivers try to balance caregiving duties with family and/or employment responsibilities.
- A large portion of caregivers feel they have enough time to eat properly, which is interesting since almost half of both men and women caregivers consider themselves overweight.
- We do not know for certain why, but 45% of men and 59% of women caregivers feel they get too little physical activity (Table 2).
- With 47% of men and 56% of women caregivers saying they have 5 or less hours a week for leisure activities, it seems as though Nova Scotian caregivers have difficulty finding enough time to maintain physically active lifestyles (Table 2).

Comparison to NS population:
54% of Nova Scotians aged 18+ report being overweight or obese (NS Department of Health, 2004).

Table 2. Caregiver's participation in activities by gender.

	Men <i>n=156</i> %	Women <i>n=213</i> %	Chi-Square χ^2
Physical activity			
Too much	3.9	3.3	6.4*
The right amount	51.0	38.2	
Too little	45.2	58.5	
Leisure activity/week			
Less than 1 hr	7.7	13.6	5.4
1 to 5 hrs	39.1	42.7	
6 to 14 hrs	39.7	30.5	
More than 15 hrs	13.5	13.1	

Comparison to NS population:
Over 40% of Nova Scotians aged 12+ report being regularly/moderately active (NS Department of Health, 2002).

*p < .05.

Sleep Patterns

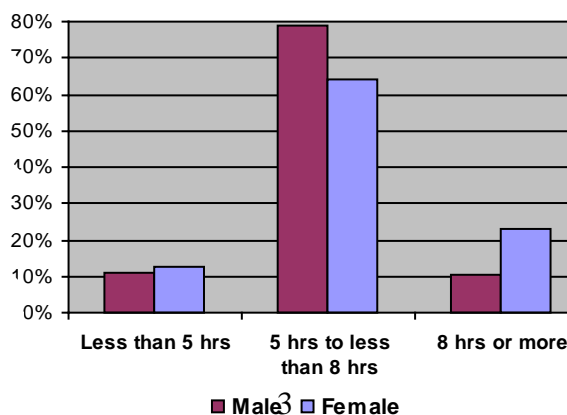
- Caregiving responsibilities are often time-consuming and tiring. The amount of sleep caregivers get will be affected by the amount of time needed to fulfill caregiving demands. Equally, their sleep patterns will be affected by the care recipients' sleep habits and/or schedules if they reside together.

Comparison to Canadian population:
On average, Canadians aged 15+ are receiving 8.1 hours of sleep per day (Statistics Canada, 2005).

- Approximately 10% of Nova Scotian caregivers are getting less than five hours of sleep per night. This is troubling - the effects of sleep deprivation can be extensive, and over time jeopardize the caregivers' own health and ability to continue in the caregiving role.

- A greater proportion of women caregivers report getting 8 or more hours of sleep than men caregivers (Figure 1). Interestingly, it appears that women caregivers have more trouble getting to sleep at night compared to men, with over a quarter of women reporting that they have trouble falling asleep most of the time, compared to a fifth of men. Under 14% of both men and women caregivers deal with sleep problems by using medication to help them sleep at night.

Figure 1. Sleep patterns among Nova Scotian caregivers by gender.



Alcohol & Tobacco Use

- Over three quarters of both men and women caregivers do not smoke at all (Table 3), while just under 20% of both smoke daily.
- Men are more likely to consume alcohol than women, with nearly a quarter of men caregivers consuming 5 or more alcoholic drinks two to three times a month or more, compared to only 5% of women caregivers (Table 3).
- Unfortunately, because the survey was administered at one point in time, we cannot determine whether changes in substance use (smoking or alcohol) occurred during the course of the caregiving.

Comparison to NS population:
23% of Nova Scotians aged 12+ report smoking daily or occasionally (NS Department of Health, 2004).

Table 3. Substance use among Nova Scotian caregivers by gender.

	Male n=156 %	Female n=213 %	Chi- Square χ^2
Smokes			
Daily	17.9	16.0	.41
Occasionally	4.5	3.8	
Not at all	77.6	80.3	
Has 5 or more drinks			
Never	48.4	67.5	29.0***
Less than once a month	19.0	20.3	
Once a month	10.5	7.5	
2 to 3 times a month to more than once a week	22.2	4.7	

Comparison to NS population:
Approximately 20% of those who drink, regularly consume 12 or more drinks per week (NS Department of Health, 2002).

***p < .001.

Health Limitations

- Many factors have contributed to the increased need for family and friend caregivers over the last few decades, most notably population aging and a decline in health which may accompany the aging process. Additional challenges arise when caregivers themselves have health problems, whether influenced by the aging process, caregiving responsibilities, or other factors.
- In Nova Scotia, over a third of both men and women caregivers are limited in their daily activities due to problems associated with long-term health conditions, health problems, or disabilities and yet are still providing care (Table 4). It is important to note, however, that a large proportion of both men and women caregivers do not associate their health problems with unpaid work responsibilities.

Table 4: Health limitations of Nova Scotian caregivers by gender.

	Men <i>n=156</i> %	Women <i>n=213</i> %	Chi-Square χ^2
Health problem which limits daily activities	37.8	35.7	1.8

- Men and women caregivers report similar health problems, namely those associated with disease or illness. The top three health problems cited were arthritis, back problems, and heart disease.
- Serious health problems, such as the ones experienced by some Nova Scotian caregivers, can have detrimental effects on their ability to perform caregiving duties. In fact, 87% of women caregivers with health limitations found that their health problems limited their activities within the home.

Health Utilization

- Health utilization can serve as an informative indicator of health status, but can also be misleading. Under 20% of both men and women caregivers have not seen or talked to a doctor in the last year (Figure 3), and over half have not seen or talked with any other health care practitioner (e.g., a physiotherapist, dentist, optometrist) in the last year (Figure 2). What do these findings mean? Is it that caregivers are healthy and therefore do not need to see health care professionals, or are they unable to see professionals because they do not have time due to family and/or work responsibilities? Our data do not explain exactly why, but 30% and 37% of men and women caregivers, respectively, feel they lack time to see a health care professional.

Comparison to NS population:
 Approximately 19.4% of all Nova Scotians aged 12+ saw a general or family practitioner in the last 12 months (NS Department of Health, 2002).

Figure 2: Number of times caregivers have seen or talked to a health care practitioner in the last 12 months.

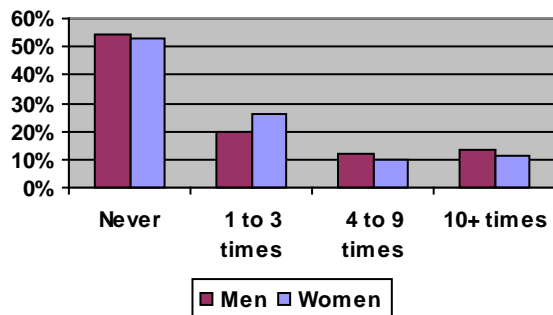
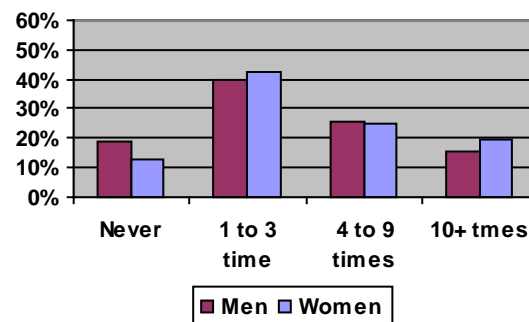


Figure 3: Number of times caregivers have seen or talked on the phone to their doctor in the last 12 months.



Summary

In general, both men and women caregivers in Nova Scotia perceived their health status as quite high, even though around 40% report having a health problem that limits their ability to carry out activities.

In comparison to the Nova Scotia population, similarities emerge indicating that caregivers have similar health status, weight, physical activity, and smoking levels. Differences emerged in the utilization of health care services, in particular, visits to a family practitioner or doctor. According to data from the Canadian Community Health Survey (NS Department of Health, 2002) approximately 19.4% of Nova Scotians visited their family doctors in 2000/01, compared to roughly 80% of Nova Scotia caregivers in 2004/05. This discrepancy may be explained by the more inclusive question provided in the Healthy Balance survey.

Gender differences are most apparent when examining health behaviors. Although men are more likely to get the right amount of exercise, they sleep less and consume alcoholic beverages more frequently. Surprisingly, the utilization of health care services did not differ by gender.

The analyses in this document were based on questions regarding health problems and behaviors reported by caregivers at the time of the survey. Given the cross-sectional nature of the study, we cannot comment on what impact changes in the caring relationship may have on the health of the caregiver over time.

Given the importance of caregivers' health to maintaining the caregiving relationship, policies and programs that help Nova Scotians improve their health status and behaviours and remove barriers for accessing health care professionals will only serve to improve the health of caregivers and sustain caregiving relations.

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