

Health Policy Brief

Informal Caregiver Assistance among Adults with Cardiovascular Disease in Ohio

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Cardiovascular disease (CVD) is the leading cause of death and a major cause of morbidity and disability in Ohio and the United States. Adults with CVD require more informal caregiver assistance (in some cases long-term) than adults without CVD. Informal caregiver assistance may have adverse effects on the caregiver, the health care system, and employers. To plan long-term informal care needs related to CVD, state insurers and policymakers need information on the amount and cost of informal caregiver assistance for adults with CVD in Ohio. Using the 2008 Ohio Family Health Survey, a population-based survey of 51,000 community-dwelling adults, we assessed the amount and cost of informal caregiver assistance reported by adults with CVD in Ohio. This policy brief summarizes the full report which is available at <http://grc.osu.edu/ofhs>.

Prevalence of CVD in Ohio

- In 2008, 890,000 (10%) adults aged 18 years or older reported a history of CVD, defined as a history of heart attack, coronary heart disease, stroke or congestive heart failure (CHF).

Prevalence of Informal Caregiver Assistance among Adults with CVD in Ohio

- Approximately half of adults with CVD in Ohio (47%) reported informal caregiver assistance representing 352,000 adults.
- Adults aged 65 or older account for half of the adults with CVD reporting informal care.

Percentage of Adults with Cardiovascular Disease (CVD) Reporting Informal Caregiver Assistance in Ohio, Overall and by Age, 2008

Age Group	Weighted Percentage	Population Estimate
Age ≥18 years (overall)	47%	352,000
Age 18-44 years	49%	34,000
Age 45-64 years	45%	140,000
Age ≥65 years	48%	178,000

- Women with CVD more frequently reported informal caregiver assistance than men with CVD (55% versus 40%).
- The following priority CVD populations reported more informal care:
 - Non-hispanic blacks
 - Hispanics
 - Appalachians
 - Adults living in poverty
- Adults with both stroke and CHF had the highest rates of informal caregiver assistance.

Hours of Informal Caregiver Assistance Attributable to CVD in Ohio

- Adults with CVD reported 5.8 additional hours of informal caregiver assistance per person, per month, compared to adults without CVD, after adjusting for socio-demographic and economic factors, co-morbidity, and health status.

Costs of Informal Caregiver Assistance Attributable to CVD in Ohio

The average cost of informal caregiver assistance attributable to CVD is:

- \$53 per person per month
- \$632 per person per year
- The annual estimated cost of informal caregiver assistance attributable to CVD is \$563 million.

Amount and Costs of Informal Caregiver Assistance Attributable to CVD in Ohio for Adults with Medicaid

- Approximately 120,000 adults with CVD are recipients of Medicaid of whom 65% report informal caregiver assistance.
- The average yearly cost of informal caregiver assistance attributable to CVD was \$694 per person.
- Approximately 71,000 adults with CVD are recipients of Medicaid and Medicare of whom 65% report informal caregiver assistance.
- The average yearly cost of informal caregiver assistance attributable to CVD was \$1471 per person.

Conclusion: Informal caregiver assistance for adults with CVD in Ohio is substantial and costly.

Policy Implications

These data demonstrate the need for Ohio policymakers, employers, and insurers to consider the amount and cost of informal caregiver assistance in planning for the long-term needs of this large CVD population. The data suggest specific policy interventions for adults with CVD:

- Expand, or more efficiently allocate, resources to provide home and community-based care
- Assess availability and quality of current resources and programs to provide home and community-based care, particularly for the elderly
- Develop and implement programs to identify care needs
- Focus on vulnerable populations (non-Hispanic blacks, Hispanics, those living in Appalachia, those living in poverty, the elderly) who may require ancillary health care and social services
- Coordinate home-based and community resources across agencies
- Streamline the applications for services by patients and their caregivers

To address caregiver burden:

- Ensure adequate availability and duration of family medical leave for employed caregivers
- Increase the availability and health insurance coverage of respite care
- Ensure the availability and health insurance coverage of counseling and support services