



Annual Report on NIH Child Care

2014-2015





TO: Francis S. Collins, M.D., Ph.D., NIH Director
Lawrence A. Tabak, D.S.S., Ph.D., NIH Principal Deputy Director

FROM: Sheri D. Schully, Ph.D., Chair, NIH Child Care Board 2014-2015

SUBJECT: Annual Report on NIH Child Care

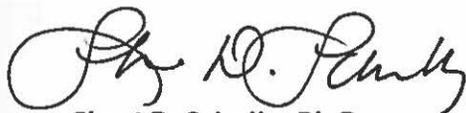
I am pleased to present to you the 2014-2015 NIH Child Care Board Annual Report on Child Care. This report reflects the activities and accomplishments of the NIH Child Care Board for the past year and includes five specific recommendations to improve the current Child Care Program services and policies at the NIH.

The Board looks forward to your continued support for the construction of the Northwest Child Care Center in 2016. The child care center continues to be a high priority for the Board due to the expansive need for NIH-sponsored child care spaces. This project has hit many road blocks and needs the active support of leadership to become a reality.

We also look forward to the continued support of the child and dependent care back-up program as the NIH Child Care Board continues to monitor its effectiveness and value to the NIH community.

The NIH Child Care Board is committed to supporting the NIH mission by advising the NIH leadership on child care programs and services to enable work-life balance for the unique needs of the NIH workforce. We sincerely appreciate your consideration of our presented recommendations. We look forward to another successful year in our role supporting the scientific efforts of the NIH as a resource and advocate for accessible, affordable, and high-quality child care services that can facilitate in the recruitment, productivity, and retention for the entire NIH community.

Sincerely,



Sheri D. Schully, Ph.D.
Chair, NIH Child Care Board

Attachment: Annual report on childcare

cc:
Ms. Colleen Barros
Dr. Alfred Johnson
Mr. Tim Tosten
Ms. Susan Cook



Table of Contents

	Page
NIH Child Care Board Mission	4
NIH Child Care Board Membership	5
NIH Child Care Subsidy Program	6
NIH Child Care Waitlist	9
NIH Child Care Strategic Planning	11
Aging and Adult Dependent Care	14
NIH Child Care Board Recommendations	16
2015-2016 NIH Child Care Board Work Plan	17
Appendix A: NIH CCB Strategic Communications Plan	18
Appendix B: Full Aging and Adult Dependent Care Report	20



NIH Child Care Board Mission

Throughout its existence, the mission of the National Institutes of Health (NIH) Child Care Board has been to promote affordable, accessible, and high-quality child care and related services for the NIH community. The NIH Child Care Board advises the NIH Director and leadership regarding child care programs, services, and issues in support of the NIH mission. The NIH Child Care Board recognizes that the quality of scientific research at the NIH and the NIH's capability to support research nationwide is a direct result of the quality of the workforce. The productivity and performance of parents and guardians in the workforce are enhanced when their children are in high-quality care. Employer-sponsored child care and related support programs are critical to organizations that wish to attract and maintain a highly efficient and increasingly diverse workforce. The Board notes that the entire NIH workforce benefits from the stable child care arrangements of working parents and guardians.

On June 23, 2014, President Barack Obama issued a Presidential Memorandum on ["Enhancing Workplace Flexibilities and Work-Life Programs."](#) The purpose of the memorandum is to assist in attracting, empowering, and retaining a talented and productive federal workforce into the 21st century by enabling federal employees to meet their responsibilities at work and home. Specifically, Section 3 of the memorandum calls for the expansion of the availability of, and the encouragement to use, Work-Life programs in the federal workforce. In addition, the President urged agency heads to increase the availability and use of dependent care programs, including the availability of on-site child care, child care subsidies, emergency child care, and elder care. The NIH Child Care Board welcomes the opportunity to support NIH leadership in reaching the goals set forth in the memorandum.

The Board has used this memorandum as a guiding principle while executing its mission during the 2014-2015 year.

NIH Child Care Board Membership

The NIH Child Care Board Membership is comprised of voting members, emeritus member, ex-officio members and liaisons from the NIH child care centers. The voting members are NIH Federal employees appointed to the Board by NIH leadership. The Board members are carefully chosen to represent a full range of careers and experience of the NIH community. This diverse group leverages their combined talents to address, research, and evaluate the child care and related needs of the NIH workforce.

VOTING MEMBERS 2014-2015

Dr. Sheri Schully, NCI (Chair)
Ms. Andria M. Cimino, NINR (Vice-Chair)
Ms. Julie Berko, OD/OHR
Ms. Deborah Coelho, OHR
Mr. Eric Cole, CC
Dr. Jason Levine, NCI
Ms. Caroline Lewis, NINDS
Ms. Christine Moretto Wishnoff, NCCIH
Ms. Sybil Philip, NICHD
Ms. Reaya Reuss, NIAMS
Dr. Suzanne Ryan, CSR
Ms. Erin Williams, NIA
Dr. Richard Wyatt, OIR



2014-2015 NIH Child Care Board Members and Liaisons

EMERITUS MEMBER

Ms. Heather Rogers, NIDDK

EX-OFFICIO MEMBERS

Dr. Kristin Dupre, FELCOM
Dr. Jennifer Boylston, FELCOM
Ms. Eva Chen, OD/EAP
Mr. Ivan Locke, OD/ORF
Dr. Jennifer Plank, NIH Working Group on
Women in Biomedical Careers
Ms. Joanna Bergmann, OGC
Ms. Mary Ellen Savarese, OD/ORS
Ms. Tonya Lee, OD/ORS

NIH CHILD CARE CENTER LIAISONS

Ms. Jaydah Wilson, Director, ChildKind, Inc.
Ms. Christina Segura, Director, Parents of
Preschoolers, Inc.
Ms. Anne Schmitz, Director, Executive Child
Development Center, Inc.
Mr. Ed Kang, NIEHS, First Environments Early
Learning Center

NIH Child Care Subsidy Program

The Subsidy Committee convened in 2013 to evaluate the FY2012 data for the child care subsidy program to determine if it was being utilized effectively to meet the goal of assisting eligible lower income NIH employees with child care costs.

After reviewing the data, the Committee recommended that the Office of Research Services (ORS) increase the eligibility level from \$70,000 total adjusted household income to \$75,000, and the reimbursement rates increase from 20%, 40% and 50% to 30%, 50%, and 60%, depending upon the total adjusted household income. These recommendations were adopted and on July 1, 2013, the changes went into effect.

The current levels of tuition assistance are:

Current Subsidy Percentages	
NIH Employee's Total Adjusted Household Income *	Percentage of the Participant's Child Care Expenses the Plan will Pay**
More than \$75,000	0%
\$65,001 - \$75,000	30%
\$50,001 - \$65,000	50%
\$50,000 or less	60%

The Subsidy Committee met on December 2, 2014 to determine the impact of the changes on utilization of the program.

Impact of the program changes

In FY 2012, 122 NIH Federal Employees enrolled in the program and 162 children received tuition assistance. In FY2014, 142 NIH Federal Employees enrolled in the program and 180 children received tuition assistance. In addition, eight more families received the maximum tuition assistance benefit of \$5,000 in 2014 than in 2012. Single family homes were predominantly the type of household served by the program (Figure 1a) and center based care was the primary source of care (Figure 1b). Finally, due to the increased total adjusted household income maximum of \$75,000, employees across a broader range of GS levels qualified for the program (Figure 1c). The



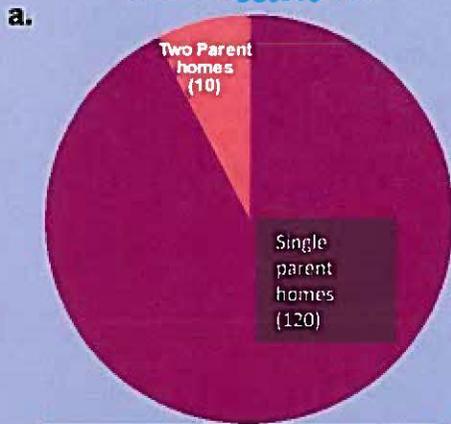
Committee concluded that the changes have expanded the utilization of the program and provided an overall positive impact.

Current Status

Despite increased participation, the funds available through the subsidy program are not fully utilized. In order to maximize utilization of the program, the Subsidy Committee will:

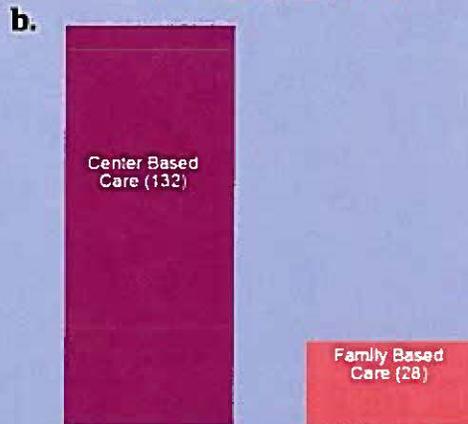
1. Continue to evaluate participation in this program.
2. Identify gaps in awareness about the program and implement effective marketing strategies for this program.
3. Recommend that ORS revise the Child Care Subsidy Manual Chapter to include Title 42 scientists as eligible program participants.

Type of Household



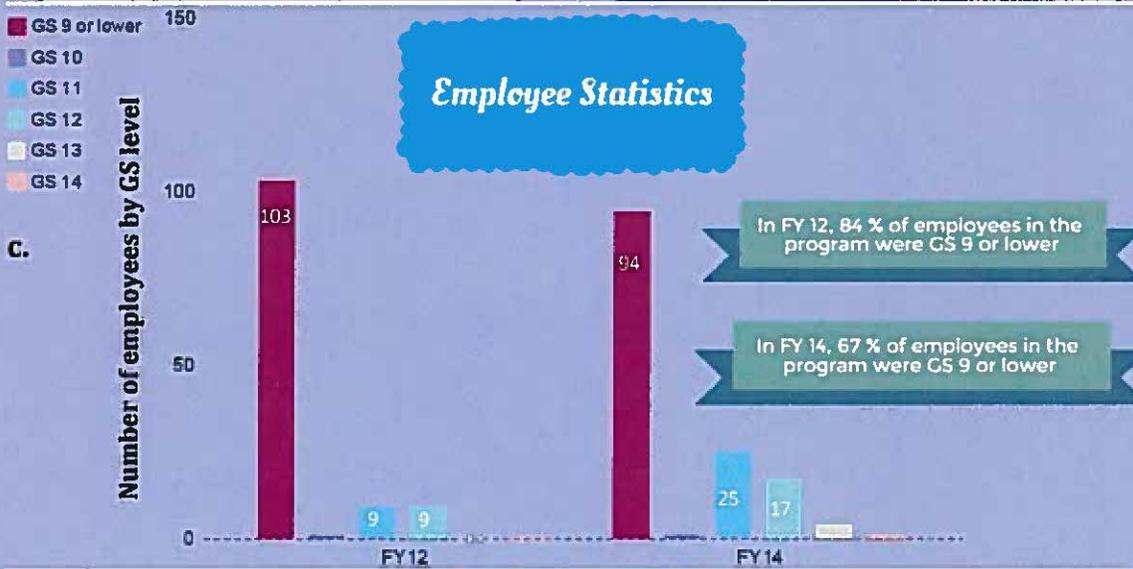
The majority of employees (88%) are single family house holds

Type of Care



The majority of children (82%) are receiving center based care.

Employee Statistics



In FY 12, 84 % of employees in the program were GS 9 or lower

In FY 14, 67 % of employees in the program were GS 9 or lower

Reimbursements

In FY 12, 40% of tuition was reimbursed at a rate of 50%

In FY 14, 56% of tuition was reimbursed at a rate of 60%

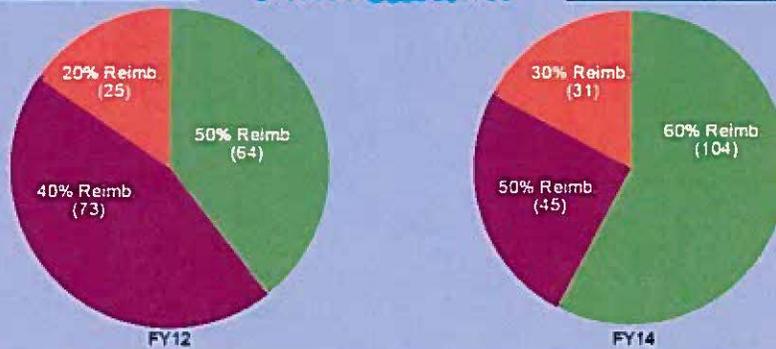


Figure 1 a-d. Statistics from the current enrollees of the childcare subsidy program. **Note: the numbers listed on the figures are absolute numbers.**



NIH Child Care Waitlist

One of the greatest child care concerns for NIH families is the limited availability of spaces in NIH sponsored child care centers. ORS has contracted with LifeWork Strategies to maintain a waiting list for the three child care centers located in Montgomery County, Maryland. In 2012, the waitlist contained over 1,100 children waiting for care at an NIH sponsored child care center. The NIH Child Care Board formed a Waitlist Committee to evaluate list policies and procedures and make recommendations.

In 2013, a “one decline” policy was implemented. The policy states that when parents/guardians are offered a space from any of the three child care centers and they either decline the space or do not respond within two business days, the child's waitlist profile will be given a new registration date — the date of the decline – essentially moving it to the “bottom” of the list. In the year following its implementation, the one-decline policy had a positive effect on the waitlist. From September 30, 2012, to September 30, 2013, the total number of children waiting for immediate enrollment (by center) decreased from 1,220 to 734. In addition, the average number of days spent waiting for immediate enrollment was decreased from 519 days to 350 days.

The major goals of the Committee for the 2014-2015 year were to:

- 1) Continue to evaluate the impact of the one-decline policy and
- 2) To integrate the Northwest Child Care Center (NWCCC) into the waitlist.

One-Decline Policy Impact:

The number of children on the waitlist has stabilized at numbers much lower than in early 2012 (prior to implementation of the one-decline policy). The number of children waiting for immediate enrollment and average number of days spent waiting for immediate enrollment has remained stable with numbers similar to the 2013-2014 year. The Waitlist currently has 884 children and the average wait time for enrollment is 407 days.



NWCCC Integration:

The NIH Child Care Board approved a plan for integrating a waiting list for the NWCCC during the 2013-2014 Board year. These recommendations will be implemented at the appropriate time when an opening date for the NWCCC is available. The following steps will be followed:

- Children on the waitlist for on-campus centers (ChildKind and POPi) will be transferred to the NWCCC waitlist. Families will keep their original application date and can opt out of NWCCC.
- Children on the waitlist for the off-campus center (ECDC) will have a two-week “early bird” period to sign up for NWCCC. Families will receive a NEW application date if they opt for placement at the NWCCC (date of response).
- The broader NIH Community will be notified of the NWCCC option via global email/website.



NIH Child Care Strategic Planning

The Strategic Planning Committee was formed to address the remaining data and action items from the [Life@NIH](#) Survey conducted in FY2012, such as: the awareness gap of work-life balance programs between the employee and supervisor level, and review of over 1,000 comments received through the survey. The committee divided into two subcommittees: outreach and data.

Strategic Outreach and Marketing Subcommittee

Charge

The Outreach and Marketing Subcommittee was asked to address the awareness gap concerning work-life balance programs and services among the NIH workforce, and supervisors' knowledge of such services. The committee met several times to develop a communication plan (presented in Appendix A) and develop a marketing plan including all stakeholders.

Findings

The theme of the Marketing Plan is "Taking our own Best Advice: Being the Government's Example." In order to have the best biomedical workforce, we must invest in our employees, their careers, and their families.

The target audience is employees and supervisors/managers. In order to address the needs of each audience, a separate campaign will be developed for each audience. Employee populations will include intramural, extramural, and OD staff. The objective is to increase awareness of child care resources and integrate other supporting NIH work-life programs and policies.

Future Plans

The approach will be to secure buy-in from IC Directors and work through key stakeholder groups (Executive Officers, Administrative Officers, other NIH committees).

The following outreach channels will be used to promote the work-life programs:

- Large posters and smaller flyers online that are program specific
- Web and social media (Twitter and Facebook) – integrated with supporting program webpages (CCB, ORS Health and Wellness, OHR)
- Video testimonials



Data Subcommittee

Charge

The Data Subcommittee of the NIH Child Care Board Strategic Marketing and Outreach Committee was formed during the 2014-2015 Board year. The purpose of the Subcommittee was to identify data sources available to the NIH Child Care Board for evaluation of NIH workforce needs; to identify data gaps and suggest solutions to address them; and to provide input to the ORS Child Care Programs on the development of a benchmarking survey on workplace services through evaluation set-aside funds.

Subcommittee Actions

The Data Subcommittee met several times during the work year and reviewed the following data sources:

- [Life@NIH](#) survey data and comments – In particular, identify trends in dependent care needs
- Federal Employee Viewpoint Survey (FEVS) data
- Resource and Referral contract data

Findings

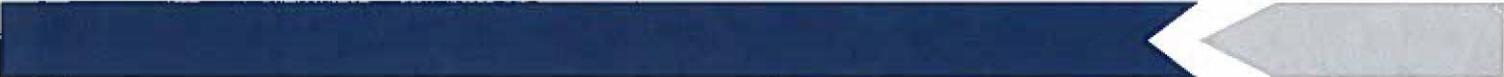
Based on the Subcommittee's review of the available data sources, the following findings and strategies were identified for future action by the NIH Child Care Board.

- Variable implementation of workplace flexibilities
 - Invite HR participation during NIH Child Care Programs outreach events
 - Co-host webinars with NIH Wellness Council on workplace flexibilities
- High anticipated need for enhanced dependent care
 - Enhance awareness of current services related to dependent care, especially EAP services
- Significant need for additional childcare services for the NIH community
 - Continue to advocate for the completion of the Northwest Childcare Center
- Current FEVS data is interesting and supports current positions and statements of NIH Child Care Board
 - Examine data trends between years
 - Suggest new or updated questions for future FEVS (could make tracking trends more difficult)

- 
- Current Resource and Referral contractor data appears sufficient to meet the needs of the NIH Child Care programs. The Subsidy and Waitlist Committees will identify any data gaps during their program evaluations and communicate those needs to the Child Care programs staff.
 - The Waitlist Committee may consider benchmarking the NIH waitlist with other federal-supported child care programs in the local area.
 - Expanded Resource and Referral services for legal and financial referrals should be considered in the next contract solicitation.
 - The Data Subcommittee will provide support to the NIH Child Care program managers as needed in the solicitation and conduct of a broad-focus benchmarking survey on workplace services.

Future Plans

The Data Subcommittee will remain in effect during the 2015-2016 NIH Child Care Board work year. However, the subcommittee will only convene upon request to address specific needs as identified by other Committees or the NIH Child Care Programs.



Aging and Adult Dependent Care

In May 2013, the NIH Child Care Board delivered a presentation on the findings of the [Life@NIH](#) survey. The survey, conducted in fall of 2012, identified many issues related to children, families and work life balance, including several regarding elder/adult dependent care. Based on the survey findings, the NIH Child Care Board made three recommendations:

- (1) Create a virtual one-stop work-life resource page for employees,
- (2) Provide supervisory training on existing work-life supports available to the NIH Community, and
- (3) Form an NIH-wide adult dependent care committee to advise the NIH director.

During the discussion concerning the third recommendation, Ms. Colleen Barros requested the Child Care Board explore and research the elder/adult dependent care needs at NIH.

The Board sought out other stakeholders from the NIH community who have an interest in dependent care, including the National Institute on Aging, Office of Research Services (ORS), Health and Wellness Council, Office of Human Resources (OHR), Employee Assistance Program (EAP) and the NIH Child Care Program. The Board convened a joint committee with these stakeholders to examine currently available NIH resources related to elder/adult dependent care, identify current needs, and make recommendations for future action.

Over the last 18 months, the Aging and Adult Dependent Care Committee made great strides in identifying the growing demand for elder/adult dependent care resources, linking existing resources, assessing the need for additional resources, and providing outreach and educational information about this complex and multi-faceted issue.

Each new connection and appointment of representatives from dependent care stakeholders expanded the opportunities for collaboration and partnerships. Each outreach event brought opportunities for direct contact with a wide range of NIH employees, including listening to their many stories about balancing elder/adult dependent care responsibilities and work responsibilities.



Based on the findings of this committee, the NIH Child Care Board supports the following recommendations:

- 1) Specify within the Office of Research Services a dedicated resource independent of the child care programs to provide focused attention on aging, adult dependent and elder care programs, including enhancing awareness of existing programs among the NIH population and coordinating the expansion of programs to meet identified needs.

- 2) Establish an ongoing trans-NIH Aging and Adult Dependent/Elder Care Committee that will operate independently from the NIH Child Care Board and is supported by the Office of Research Services.

- 3) Expand existing aging, adult dependent and elder care resources to meet the needs identified by the NIH workforce.

To review the complete Aging and Adult Dependent Care Report and Recommendations, please see Appendix B.



NIH Child Care Board Recommendations

Based on all of the Boards' efforts during 2014-2015, the NIH Child Care Board makes the following recommendations to NIH leadership:

- NIH should continue to advocate for the timely construction and opening of the Northwest Child Care Center.
- NIH should continue to support the resources of child care tuition subsidy for lower income working parents, as it demonstrably relates to employee productivity and morale.
- NIH should advise ORS to revise the Child Care Subsidy Manual Chapter to include Title 42 scientists as eligible for the tuition subsidy program.
- NIH should continue to support the child and dependent care back-up program as the NIH Child Care Board continues to monitor its effectiveness and value to the NIH community.
- NIH should support the recommendation that the Office of Research Services dedicate resources independent of the child care programs to provide focused attention on aging, adult dependent and elder care programs, and expand existing aging, adult dependent and elder care resources to meet the needs identified by the NIH workforce.



2015-2016 NIH Child Care Board Work Plan

Strategic Marketing and Communication

- Advise and assist ORS with a branding and marketing campaign
- Review and revise information materials for NIH outreach efforts
- Identify additional populations for targeted outreach
- Create PR articles and messages for NIH community
- Conduct presentations to NIH Leadership, Executive Officers, etc.

Aging and Adult Dependent Care Issues

- Advise ORS on strategies for enhancing awareness of existing programs among the NIH population and coordinating the expansion of programs to meet identified needs
- Work to initiate an ongoing trans-NIH Aging and Adult Dependent Care Committee that will operate independently from the NIH Child Care Board and is supported by the ORS

NIH Child Care Subsidy Program

- Identify eligible population and evaluate participation
- Identify gaps in awareness and identify effective marketing strategies
- Collaborate with Strategic Planning Committee on marketing and communication initiatives

Legislative Options

- Explore legal opportunities for expanding access to NIH Child Care Programs

Northwest Child Care Center

- Educate the NIH Community on the progress of the project
- Compose and submit NIH Record Articles as needed to inform the NIH community regarding this project
- Continue to work with ORS to oversee project

NIH Back-up Care Program

- Evaluate and report the utilization of the program
- Advise and assist with establishing a marketing plan with the Strategic Planning Committee

Benchmark Study

- Support ORS efforts to successfully conduct a child and adult dependent care resource benchmark study similar to the 2008 Benchmarking survey
- Assist with analyzing, reporting, and presenting data to NIH stakeholders

Board Charter

- Review, revise and submit request to approve the Board Charter for FY 2016-2021



Appendix A:

NIH Child Care Board
Strategic Communications Plan
2015-2016

Purpose:

To maximize the impact of outreach efforts conducted by the Board and its liaisons through the next ~18 months, beginning on approval of this plan by the Board. To increase awareness and usage of the ORS's Child Care programs and services. To increase participation on the Board such that it is as representative of the NIH community as possible. To serve the overall NIH mission by ensuring NIH employees know about and feel free to access the ORS Child Care programs and services. To increase recruitment, retention, and productivity of the NIH workforce by ensuring adequate work-life flexibilities.

Target Audiences:

Analyze comments from the Life@NIH survey and FEVS to identify ICs that could benefit from targeted messaging in the next 18 months. Additional special audiences to consider for targeting include:

- NIH fathers
- AOs at various ICs.
- EOs (with a different focus from last time)
- *NIH Record* readers
- Women in Science members
- ORS and NIH HR Twitter followers

Objectives:

1. Increase downloads of promoted Board materials.
2. Increase inquiries about promoted Board programs/services.
3. Increase applications for promoted Board programs/services.
4. Increase users of promoted Board programs/services.
5. Increase attendees at outreach events.
6. Increase viewers of online seminars.
7. Increase articles in the *NIH Record* about the Board's programs/services.
8. Increase partners/ambassadors who will help promote Board's programs/services.

Materials/Channels

1. **Evaluate/revise/synthesize current materials**—name each, noting needed updates/decisions

- 
2. **Website**—develop new short URL; make other identified updates
 3. **Infographic/Poster**—brand all Child Care Board programs and service with similar graphics and taglines on webpages; drive readers to one place; identify locations for materials to be posted (e.g., by elevator in Bldg 31, in Directors Lectures boxes)
 4. **Mini Poster**—same as #3 but letter size to pass out as flyer, download from website
 5. **Weekly tweets**—highlighting a different program or service, can use quotes from Life@NIH Survey Comments
 6. **Monthly newsletter or report**
 7. **3-4 NIH Record articles, such as:**
 - a. New One-Stop Shop Child Care Website Makes It Easy to for NIH Parents to Find Answers, Help
 - b. Child Care Board Helps NIH Parents Connect with Summer Camps
 - c. Child Care Board Looking for New Members (mention opportunities to help shape services and programs)
 - d. New Contractor Found for NW Child Care Center (also mention resource/referral, back-up care, etc....)
 - e. NIH Back-Up Care Program Approved as Permanent Benefit for NIH Employees
 - f. Did You Know? NIH Offers Child Care Subsidy Program

Evaluation

- Monthly Google Analysis statistics of Child Care Board website traffic trends (e.g., by page, by download) to correlate with dates of outreach events to determine if the events are generating web traffic? Which events to what audience about which program/service seem most effective?
- Number of handouts taken
- Number of calls generated
- Number of program applications
- Number of users of programs/services

Full Aging and Adult Dependent Care Report

Introduction

In May 2013, the NIH Child Care Board delivered a presentation on the findings of the [Life@NIH](#) survey. The survey, conducted in fall of 2012, identified many issues related to children, families and work-life balance, including several regarding elder/adult dependent care. Based on the survey findings, the NIH Child Care Board made three recommendations:

- (1) Create a virtual one-stop work-life resource page for employees,
- (2) Provide supervisory training on existing work-life supports available to the NIH Community, and
- (3) Form an NIH-wide adult dependent care committee to advise the NIH director.

During the discussion concerning the third recommendation, Ms. Colleen Barros requested the Child Care Board explore and research the elder/adult dependent care needs at NIH.

The Board sought out other stakeholders from the NIH community who have an interest in dependent care, including the National Institute on Aging, Office of Research Services (ORS), Health and Wellness Council, Office of Human Resources (OHR), Employee Assistance Program (EAP) and the NIH Child Care Program. The Board convened a joint committee with these stakeholders to examine currently available NIH resources related to elder/adult dependent care, identify current needs, and make recommendations for future action.

Based on the findings of this committee, the NIH Child Care Board supports the following recommendations:

- 1) Specify within the Office of Research Services a dedicated resource independent of the child care programs to provide focused attention on aging, adult dependent and elder care programs, including enhancing awareness of existing programs among the NIH population and coordinating the expansion of programs to meet identified needs.
- 2) Establish an ongoing trans-NIH Aging and Adult Dependent/Elder Care Committee that will operate independently from the NIH Child Care Board and is supported by the Office of Research Services.



3) Expand existing aging, adult dependent and elder care resources to meet the needs identified by the NIH workforce.

Work of the Aging and Adult Dependent Care Committee

Over the last 18 months, the Aging and Adult Dependent Care Committee made great strides in identifying the growing demand for elder/adult dependent care resources, linking existing resources, assessing the need for additional resources, and providing outreach and educational information about this complex and multi-faceted issue.

In addition to research and discussion, the NIH Child Care Board and the Aging and Adult Dependent Care Committee's work included these accomplishments:

- Appointed a voting Board member representing the National Institute on Aging (NIA)
- Identified a permanent liaison to the Board from the Employee Assistance Program (EAP)
- Increased the visibility of elder/adult dependent care resources on the ORS and OHR websites: [NIH Child Care Programs](#) and [Work/Life at NIH](#)
- Assisted in the development of the Elder and Adult Dependent Care Resource pages on the [Wellness@NIH](#) website
- Spotlighted elder/adult dependent care resources at the Fall Benefits Fair sponsored by the Office of Human Resources (over 100 contacts)
- Partnered with ORS to coordinate the Elder/Adult Dependent Care Information Outreach Fair at the NIH Safety Health & Wellness Expo 2014 (over 200 contacts)
- Assisted with the coordination of 11 outreach events highlighting elder/adult dependent care resources including off site locations: NCI Shady Grove, NCI Fredrick, and Bayview
- Co-sponsored "How to Find the Right Place for Your Aging Parent/Adult Dependent;" due to high interest an encore presentation was provided (over 500 registered)

Each new connection and appointment of representatives from dependent care stakeholders expanded the opportunities for collaboration and partnerships. Each outreach event brought opportunities for direct contact with a wide range of NIH employees, including listening to their many stories about balancing elder/adult dependent care responsibilities and work responsibilities.



Trends

The Aging and Adult Dependent Care Committee has reviewed a variety of data sources and the current state can be summed up by a quote by Former First Lady Rosalynn Carter, “There are four kinds of people in the world - those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers.” The [National Alliance for Caregivers \(2009\)](#) has reported 65.7 million people in the U.S. are caregivers. In 2010, there were 40.3 million people aged 65 and older, 12 times the number in 1900 (United States Census). One in six Americans working full or part time are caregivers.

The report [65+ in the United States: 2010](#) reported the percentage of the population aged 65 and over increased from 4.1 percent in 1900 to 13.0 percent in 2010, and is projected to reach 20.9 percent by 2050. From 2010 onwards, the older dependency ratio—the number of people aged 65 and over per 100 people aged 20-64—is expected to rise sharply as the baby boomers age. In 2030, when all baby boomers will have passed age 65, the older dependency ratio is expected to be 37, which translates into fewer than three people of working age (20 to 64) to support every older person.

Federal employees 51 years and above make up a staggering 52 percent of the NIH workforce. Almost all of these employees will be retirement eligible in approximately five years, and many already are. At the NIH, however, we know that many of our employees choose to continue working beyond their initial retirement eligibility.

The [Life@NIH](#) survey identified that 28 percent of respondents are currently caring for an adult dependent and 8 percent of those are also caring for children under the age of 12. Sixty-eight percent of respondents anticipate having to care for an adult dependent during their employment at NIH. Within this group, 43 percent either currently have children under the age of 12 or anticipate having children. These results identify a growing “sandwich generation” within the NIH workforce. The sandwich generation includes families that are caring for both young children and adult dependents, such as an aging parent. Between FY 2011 to FY 2013, 10 percent of NIH Employee Assistance Program (EAP) clients identified caregiving stress as their reason for seeking assistance.



It has been long-standing policy of NIH leadership that a strong workforce support program allows NIH to effectively pursue its mission with the most qualified and productive workforce. These programs make NIH a desirable place to work and allow us to recruit the brightest talent in a competitive set of fields; retain highly qualified, trained and experienced personnel across all NIH job categories; increase the gender and ethnic diversity of NIH employees in all job categories, especially the scientific fields; and reduce the knowledge and experience losses incurred when employees leave. The [Life@NIH](#) survey asked respondents to rate the importance of providing child and dependent care resources and their ability to access these resources. On a scale of 1 to 5, 1 being strongly disagree and 5 being strongly agreed, the following statements were rated:

- **Providing child and adult dependent care resources has a positive impact on the entire NIH workforce.** Rated: 4.22
- **Providing child and adult dependent care resources is crucial to NIH ability to retain highly qualified employees.** Rated: 4.11
- **Providing child and adult dependent care resources is crucial to NIH's ability to recruit highly qualified employees.** Rated: 4.07
- **I know how to access information about work/life integration services/programs when I need them.** Rated: 3.19

Resources

The Aging and Adult Dependent Care Committee identified existing NIH resources that are available to assist employees with dependent care needs, including:

National Institute on Aging

- **NIA** provides education about caring for individuals affected by Alzheimer's disease and other age-related health care concerns.

Office of Research Services

- **Adult/Elder Care Resource and Referral Service** provides nationwide unlimited access to a Work-Life Specialist who provides a range of adult/elder care resources and referrals.
- **Adult/Elder Care Back-up Care** provides nationwide short-term emergency back-up care when regular care is not available. This service also includes self-care: when the employee needs assistance due to a minor illness, accident or surgery.

- 
- **Adult/Elder Care webinars** are webcast live and are archived for future viewing. The webinars address topics and concerns related to caring for an aging parent or an adult with special needs.
 - **Employee Assistance Program (EAP)** is a gateway for resources of NIH and the surrounding communities. EAP provides supervisory/personalized consultation, support, education, short-term counseling, referral and follow-up services including adult dependent and aging concerns.
 - **[Wellness@NIH](#)** website is designed to help NIH employees support their individual health while at work. The Adult Dependent and Elder Care Resources page covers a wide range of needs from a young adult with special needs to an aging parent who needs extensive care.

Office of Human Resources

- **Telework** has multiple purposes: to support a mobile workforce, employee's work-life balance, retain a top notch biomedical workforce, maintain operations during emergency situations, and address federal and agency sustainability goals.
- **Alternative Work Schedules** at NIH, include both Compressed and Flexible Work Schedules, allow employees to have more flexibility for their personal and family responsibilities and enjoy shorter commutes while continuing to meet the needs of the agency. They also support the non-traditional hours in which scientific work is often conducted.
- **Family Leave Policy** support NIH employees and their families to the fullest extent possible. Leave flexibilities available to employees are highlighted in the user-friendly [NIH Leave Guide for Civilian Employees](#), as well as the more detailed [Manual Chapter 2300-630-5 on Family Leave Policies and Programs](#).
- **Family Medical Leave Act** is an employee's entitlement to take up to 12 weeks of unpaid leave in a 12 month period for their own serious health condition or for that of a family member, without worrying about the security of their job. Employees may choose to substitute paid leave for leave without pay.
- **[OHR Work-Life](#)** website provides NIH employees with quick access to a variety of programs and resources available to help them achieve their work-life balance goals.



To determine if there are additional dependent care resource needed among the NIH workforce, the Aging and Adult Dependent Care Committee reviewed comments from the [Life@NIH](#) survey. In addition, a series of questions to determine program gaps was developed and distributed during outreach events and seminars. The responses identified a significant need for enhanced awareness and education about the EAP, and their role to connect employees to the existing resources in the community. Several dependent care support needs were identified as missing from current programs, including:

- Legal and Financial Consultation and Referral
- Caregiver Networking

Recommendations

Based on these findings, the NIH Child Care Board supports the following recommendations:

1) Specify within the ORS a dedicated resource independent of the child care programs to provide focused attention on aging, adult dependent and elder care programs, including enhancing awareness of existing programs among the NIH population and coordinating the expansion of programs to meet identified needs.

Dependent care is a complex and growing concern of the NIH workforce. While NIH currently has several dependent care resources and supports available, they are provided by many different organizations. In order to ensure optimal awareness and utilization of the current programs, a single resource should be designated to coordinate the existing programs and facilitate implementation of additional programs as necessary. Child care continues to be a foundational need for NIH workforce, therefore the newly-identified ORS resource should supplement, not supplant, the child care programs.

2) Establish an ongoing trans-NIH Aging and Adult Dependent/Elder Care Committee that will operate independently from the NIH Child Care Board and is supported by the ORS. The Child Care Board has completed our review of current and emerging trends in dependent care, and sought to identify current resources and gaps, as requested. The Board's mission is to promote affordable, accessible, and quality child care and related services for the NIH community, and to advise the NIH Director regarding child care



programs and issues in support of the NIH Mission. Elder/Adult Dependent care has unique needs that are outside the scope and expertise of the NIH Child Care Board. However, there is a great need for focused attention on adult dependent and elder care. A new trans-NIH Aging and Adult Dependent/Elder Care Committee focused on these issues, supported by the ORS, should be established. The Aging and Adult Dependent Care Committee of the NIH Child Care Board will work within the NIH community to initiate this trans-NIH committee, and will continue to have representation on it in order to bring recommendations forward to the ORS and NIH leadership.

3) Expand existing aging, adult dependent and elder care resources to meet the needs identified by the NIH workforce. The following items have been identified by the NIH workforce through several mechanisms as potentially valuable additions to existing programs in addressing their dependent care needs:

- Expand existing NIH Dependent Care Resource & Referral Service to include legal and financial consultation and referral services
- Enhance awareness of current dependent care programs through targeted outreach events
- Provide education about existing EAP programs that provide dependent care support, including:
 - Work-life stress management and emotional support for individuals, couples and families in the NIH community
 - Caregiver stress peer support group
 - Supervisory consultation to address work-related difficulties of employees who are caregivers
- Initiate a new listserv to focus on adult dependent and elder care issues, following the model of the successful NIH Parenting listserv.
- Host webinars and speakers on adult dependent and elder care topics, such as long-distance caregiving, aging in place, adult day care, and affording care
- Educate the NIH community about the Wellness@NIH website as a resource to easily find existing dependent care resources