

THE MILLENNIAL GENERATION'S EXPERIENCES AND
PERCEPTIONS OF CARING FOR AGING FAMILY

by

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ABSTRACT

Current research data suggests an increase in the number of caregivers providing care for family members over the last 10 years (NAC, 2009). As the need for family caregivers increase, many in the millennial generation will need to provide care for aging family members. With a small number of millennials involved in the process of direct care for aging family members, questions remain on how this demographic is prepared to work with an aging America. The purpose of this study was to identify the millennial generation's experiences of family caregiving and what they perceive their caregiving role will be as their family member's age. Specific research questions include: What are the experiences of caregiving for aging family of individuals born in the millennial generation? What are the perceptions of those born in the millennial generation on providing care to an aging family member? The experiences and perceptions of caring for aging family members for five millennial college-aged students were explored using Van Manen's phenomenological methodology. Data collection and analysis revealed that millennials have an understanding of caregiving activities and have witnessed or participated in caregiving activities. Furthermore, millennials perceive their future role as their responsibility or obligation to provide care, however they have not communicated a plan with their family members.

CHAPTER ONE

THE MILLENNIAL GENERATION'S EXPERIENCES AND
PERCEPTIONS OF CARING FOR AGING FAMILYIntroduction

Current research data suggests an increase in the number of caregivers providing care for family members over the last 10 years, indicating the pace will only continue to grow as baby boomers retire (National Alliance for Caregiving, 2009). The Baby Boom generation has entered their retirement years and 10,000 people reach the age of 65 every day (Pewresearch.org, 2010). Furthermore an increase in life expectancy has reached an average age of 84 years old (Oshansky et al., 2005) and the elderly population is becoming a growing segment of the U.S. Population. With an expanding aging population, there is an increase for the need for caregivers, particularly family caregivers. Currently 19% of all adults in the United States are providing care to an aging family member with an average length of care of 4 years (NAC, 2009). The data represents the need for approximately 2 million additional caregivers to provide some form of care for an aging family member (NAC, 2009). The numbers are staggering and will only increase over the next decade as the Baby Boom Generation continues to age. Of the identified caregivers only 18% are between the ages of 18-30, and this age group is defined as the Millennial Generation (Howe & Strauss, 2003). With a small number of millennials involved in the process of direct care for aging family members, questions remain on how this demographic is prepared to work with an aging America.

Additionally, there is lack of information regarding the Millennial Generation's perception of providing care to aging family. Consequently, more elderly may be relegated to staying in their homes or persuaded to reside with adult children. These adult children will likely be from the Millennial Generation. Given the scarcity of literature it is unclear how prepared Millennials will be able to handle the social, financial and emotional challenges of caregiving.

Purpose Statement and Research Questions

The purpose of this study was to identify the millennial generation's experiences of family caregiving and what they perceive their caregiving role will be as their family member's age; therefore a qualitative phenomenological study was conducted. Specific research questions include: What are the experiences of caregiving for aging family members for those born in the millennial generation? What are the perceptions of those born in the millennial generation on providing care to an aging family member?

Significance of the Problem

Adding to the complexity of the aging population growth, life expectancy increased due to the modernization of health care (Oshansky et al., 2005). Americans are living longer and more assistance while navigating life at an older age. Millennials are emerging as the next generation to be called upon to provide care for aging family members. Their parents are getting to the age where health begins to deteriorate and assistance will be needed. It is vitally important to gain as much information about Millennials to make it available to health care professionals and public policy makers.

Furthermore, it is important to discover what the youngest generation perceives caregiving to be from their own experiences and how they feel about this complex issue. Exploration of this phenomenon of study adds depth to the base of literature emerging about the experiences of the Millennial Generation as family member's age and begin to need assistance over the next several years.

CHAPTER TWO

LITERATURE REVIEW

Research has clearly established the need for and duties associated with family caregiving as well as future need for family caregivers (NAC, 2009). In order to fully understand the role of the Millennial Generation in caring for an aging population, five areas of literature have been explored; characteristics of the Millennial Generation, the definition of the caregiving role and responsibilities, caregiving issues, demographics of caregiving and a theoretical framework by which to posit the study. The theoretical framework utilized for this research was the social ecological system model created by Urie Bronfenbrenner (1979). It provides a sound theoretical framework that articulate how Millennials have experiences and perceptions on family caregiving. Millennials are emerging as the next generation to be called upon to provide care for aging family members. Therefore, it is important to gain information about the Millennial Generation, to discover their perceptions, experiences and feelings associated with the complex nature of caregiving.

The Millennial Generation

The most widely cited research in studying caregiving to elderly age 50 and older was produced by the National Alliance for Caregiving (NAC, 2009). This is the only research data about Millennials that could be located in a thorough literature review. The data regarding the age of the caregiver provided in the NAC, 2009 study highlighted the

smallest segment of the population providing 18% of family care of all caregivers are between the ages of 18-34 and this group can be classified as the Millennial Generation (Howe & Strauss, 2003). It is anticipated with parents having children at an older age, the average age of those providing care will shift to an age lower than the NAC data of 49.9 years old. Specifically, the Millennial Generation will need to be prepared to take on the responsibility of providing care at a younger age for their parents as they need assistance. In order to fully understand who Millennials are, a review of available literature was explored on this premise.

Millennials have distinct characteristics that define their generational cohort, they have similar values as Baby Boomers. Millennial's are hardworking and have been socialized by parents who support them to be successful in all they do in life. Additionally, Millennials value being helpful and are service oriented towards others (Howe & Strause, 2003, Elam, Stratton, & Gibson, 2007, Smith & Koltz, 2012) and may be most likely to volunteer to be a family caregiver. Millennials were raised in a technologically advanced period of time where information flowed quickly and continuously. Having grown up in era of advanced technology, Millennials have learned to multi-task and complete a plethora of activities at once. The attitude of "I can do anything I want" mentality assists this generation in applying those principles of being successful. Parents of Millennials provide a strong support system, as a result, Millennials are not as independent as previous generations. Additionally, the Millennial Generation believe in following rules and value defined parameters within their environment (Elam, Stratton, & Gibson, 2007, Smith & Koltz, 2012)

While this is a short list of the traits of Millennials, these characteristics provide a basic understanding of how they are motivated and function within their own environmental system. Some researchers fear that some of these traits can have detrimental impacts on Millennials as they navigate life. For instance, Millennials are not learning the necessary inter-personal and critical thinking skills that past generations exhibit. Primarily a reflection on their use of social media and social interaction through technological devices (Elam et al., 2007, Smith & Koltz, 2012). Furthermore, “the I can do anything” mentality may inhibit their ability to ask for help from outside sources especially after having their parents involved in everything they do (Murray, 1997). Millennials may also have short attention spans and because they are accustomed to the quick flow of information they receive, they may not be able to sustain long term commitments to a particular issue (Elam et al., 2007). Lastly Millennials are moving away from home, creating a long distance care scenario when their family may need them to provide care (Cohen, 2014).

Over the next 20 years approximately 88 million people over the age of 65 will be residing in the U.S. with a majority not having a long term care plan in place (Miller, 2012). A gap in knowledge about what the millennial generation’s experiences and perceptions on providing care is clearly presented. Will the Millennial generation have an understanding of the long-term commitment and resources that will be needed to provide care for aging family? Moreover, it is important to identify the millennial generation’s experiences of family caregiving and what they perceive their caregiving role will be as their family member’s age.

Family Caregiving

The 2009 NAC national study on family caregiving builds on previous studies conducted in 1997 and 2004. As a result of this in depth study, many conclusions have been drawn regarding the needs of current caregivers and the needs of future caregiving efforts. Additionally this study is the capstone research cited by a majority of the research conducted on Caregiving issues. The definition of caregiving used by researchers in the NAC study will be used for this research. According to the NAC, the definition of caregiving is to assist a person with one daily living activity (DLA) or one instrumental activity of daily living (IADL). DLA is described as assistance with personal care or help with a bodily need. DLA tasks include but are not limited to bathing, hair care, getting dressed or using the toilet. IADL tasks include but are not limited to assisting someone with household chores and providing some form of transportation for appointments or errands (NAC, 2009). It is not uncommon for aging family members to need assistance with any one DLA or IADL at an early age. The NAC has defined aging as a person having reached the age of 50 years of age or older. Some parents of Millennials and all of their grandparents fall within this demographic. As Millennials take on the caregiving role, it is important to identify the millennial generation's experiences of family caregiving and what they perceive their caregiving role will be as their family member's age.

Demographics of Caregiving

An exhaustive literature search produced very little information on Millennials

and caregiving and a gap is recognized in research regarding this demographic. During examination of the NAC (2009) study, demographics of the individuals providing care for aging family were reviewed. Of those surveyed 19% of the overall population provide care to an individual 50 years old and older and 67% of the caregivers are woman (NAC, 2009). Furthermore, only 18% of all caregivers have self-identified as being in their late 20's and provide care to an aging family member. The small percentage of Millennials that participated in the NAC 2009 study were not asked about their experiences and perceptions of providing care. Moreover, these statistics have remained relatively stable over the last 10 years. Questions remain on when this group will take over the caregiving responsibility and further validates the need to explore the millennial generation as an unrecognized and upcoming caregiver demographic. Other demographic statistics that were reported in the NAC 2009 study, indicated that 59% of all caregivers are married and provide 89% of the care for an elderly family member (NAC, 2009). This vital statistic represents the stress and burden placed on families while providing care to an elderly family member. Further complicating the stress on the family system, 55% of all caregivers are employed and provide care for a minimum of 4 hours per week (NAC 2009). With the lack of paid time off through federal mandates, the burden of family caregiving may take a toll on an individual's family. The mean age of those caregivers providing care according to the NAC study was reported to be 49.9 years of age. A majority of the research that could be identified regarding caregiving for aging family revolves around people age 40 and older, not taking into account the perceptions of the millennial generation (Koerin & Harrigan, 2008, Stuifbergen et al.,

2010, Willyard et al., 2008, Wallhagen and Mitani, 2006).

Additional research identified on caregiver demographics included a manuscript authored by Koerin and Harrigan, 2003. Koerin and Harrigan's research focused on long distance caregiving (LDC), which is defined as a caregiver living more than 1 hour or 50 miles away from the person needing care. Koerin and Harrigan (2003) gathered and analyzed the data provided from two separate qualitative studies. Data was compared from the NAC 1997 study and from the National Council on Aging (NCOA) and both studies revealed similar results on demographics concerning LDC (Koerin & Harrigan, 2003). Koerin and Harrigan focused specifically on distance to care as the premise to determine who was providing care to aging family. The NAC 1997 study revealed that of those surveyed who were providing LDC, 56% were women. The NCOA supported those results with their own claim that LDC was provided by woman in 54% of those that they surveyed (Koerin & Harrigan, 2003). Furthermore, the researchers explained LDC does impact who is providing the care and provides a rationale for the difference in the data from the NAC 1997 study. The primary difference can be attributed to LDC not being the same type of care as provided to an aging family member living in the same home or in a close vicinity. Incidentally, more men will participate from a distance and generally do not participate in caregiving at the same rate as woman when the care is geographically close (Koerin & Harrigan, 2003). The research presented in regard to LDC does not discuss how or if the Millennial generation has participated in caregiving activities and supports the premise that there is a gap in knowledge about this group. This is of particular importance given that one of the traits of the Millennial generation is they often

move away from home and may live in different geographical locations (Cohen, 2014), therefore creating a gap in the realities of providing hands on care for aging family.

Research on who is providing care and how far they live away from family is important to determine especially given the possibility that Millennials are moving farther away from home. Furthermore, it is important to identify the millennial generation's experiences of family caregiving and what they perceive their caregiving role will be as their family member's age.

Caregiving Issues

The next major theme in the review of available literature details caregiver issues that arise from providing long term care. In reviewing the literature, the question of whom and why a person was selected in providing care for an aging parent were the predominant topics of research identified. In one study, themes emerged as to the motivation of why a particular child or sibling was chosen as the primary caregiver for aging parents. Participants were questioned on why they chose to be the caregiver and the two major reasons for deciding to provide care were out of obligation or reciprocity (Stuifbergen et al., 2010). The word obligation was used to convey that the participant was the only person available and the family expressed a need for care. For other participants the choice to provide care was due to the quality of their relationship with a parent or the belief that they were the best qualified to handle the type of care that was needed (Stuifbergen et al. 2010). In a second qualitative study by Willyard, et al., the researchers explored why a particular sibling was chosen over another to perform

caregiving duties. In this particular study it was cited that a majority of their participants were women who provided the care for aging parents over male siblings (Willyard et al., 2008). While those results align with outcomes from the NAC 2009 study, several differences are apparent in the type and style of research conducted. The Willyard et al. (2008) study was a qualitative study that focused on caregiver's perceptions on why they were chosen as the primary caregiver. In a majority of the caregiver's responses, the focus of the responses was on providing excuses for why siblings did not provide care rather than providing insight on why the caregivers volunteered to provide care. The participants also expressed that they were unaware how difficult it would be to provide care on an ongoing basis without assistance from siblings (Willyard et al., 2008). One last study compared caregivers in Japan and the United States and identified caregiver's selection as the provider of care (Wallhagen and Mitani, 2006). Japanese caregivers used the word obligation to explain their participation as a primary caregiver to aging family. The culture in Japan required the wives of husbands to provide care for his parents. In essence, the caregiving role is mandated through their culture (Wallhagen and Mitani, 2006). This differs slightly from US caregivers in the study who explained that they performed care out of obligation to their aging family. When asked what they meant by obligation, the participants stated that they did not want to place their family member in a home and they were the only person available to assist. Obligation was the same word used by both U.S. and Japanese caregiver's; however, both had different definitions and meaning of the word (Wallhagen and Mitani, 2006). In the studies associated with caregiving issues and selection as providers of care, not one of these studies included

participants from the millennial generation, further demonstrating the gap in caregiving research on this population group.

Stress and the burden of providing care are additional issues that have been addressed in research. Many caregivers experience higher levels of stress trying to balance their own lives and personal needs while providing care for an aging family member (Fredman et al., 2010). Caregivers need to balance their own careers, children, and family obligations and when adding in the additional time it takes to provide care, it may become overwhelming. Furthermore with the added stress of providing long term care, caregivers have a greater chance of becoming ill themselves (Fredman et al., 2010). The burden of caring for aging parents becomes so overwhelming that in some situations care becomes inadequate and relationships with family members become strained or tense (Almberg et al., 1997). The NAC 2009 shared that a majority of those providing care have spouses and families and the stress and burden that places on the family can be detrimental to the whole family system. Research focused on stress and burnout did not include a component evaluating the Millennial Generation to determine if this generation face the same stress and burdens that Baby Boomers and Generation Xers face. This gap in the literature further supports the premise of this research as it attempts to identify the Millennial Generation's experiences of family caregiving and what they perceive their caregiving role will be as their family member's age. The outcomes of this study may have planning and policy implications as Millennials take on the caregiving role.

Social Ecological Systems Theory

A social ecological systems perspective will guide the information gathering of Millennial experiences and perceptions of family caregiving for aging family. The social ecological systems theory created by Bronfenbrenner (1979), provided the ideological framework to bridge the Millennial Generation with their own experiences and perceptions of working with aging family. Bronfenbrenner's systems theory (1979) states that individuals are influenced by four primary environments. The first and closest environment that influences an individual is their microsystem, which includes the experiences they have with family members and work groups. The second level of an individual's environment is the mesosystem, which includes the communication patterns with those in their family, school and work settings. The exosystem is the third environment that exists within an individual's behavioral environment, and includes the larger social system of politics, culture and economics that shape an individual's life experiences. Lastly, the macrosystem is the entirety of all of the systems that work together in an individual's environment (Bronfenbrenner, 1979, Glanz et al., 2008).

Although a small percentage of the Millennial Generation is engaged in providing direct care to aging family members (NAC, 2009), using an ecological approach to discover Millennials experiences of caregiving and how they perceive themselves providing care to aging family is important. People of all ages share experiences within their family microsystem, therefore Millennials should be able to articulate their own experiences from their microsystem. Additionally, parents or siblings of Millennials have experienced providing care to aging family (NAC, 2009) and have provided a

context or direct experience that would have been shared within their family system.

Millennials have character traits such as having a strong support system from parents that have influenced their behaviors and experiences (Elam, Stratton & Gibson, 2007). Lastly, the communication patterns that exist in those close relationships may reveal shared lived experiences between Millennials and their aging family (Bronfenbrenner, 1979). It will be important to explore with the participant all aspects of their social system in order to understand what their lived experiences are and their perceptions on providing care to their aging family.

Literature Review Conclusion

Millennials caregivers are a population group that has not been researched in regard to their experiences and perceptions of providing care to aging family. Furthermore, there is a lack of research on how the Millennial Generation will be able to handle and provide the necessary care for aging family. Less than 1% of the total U.S. population has purchased long term care insurance or have a plan ready to pay for their own long term care (Miller, 2012). The Class Act, a national insurance program to that assists people save money for caregiving activities was permanently placed on hold for implementation in 2012, which increases the need for caregiving activities provided by younger family members. Given the current increase in the number of older adults living in the United States, the availability of caregivers is necessary to the health and independence of older adults. Family caregivers provide most care; however, the availability of family caregivers may be in jeopardy as a multitude of factors are impacting the ability of and opportunity to take care of aging relatives. The burdens

placed on caregivers may have an effect on Millennial family systems such as stress and the ability to handle long distance care. The purpose of this study is to identify the millennial generation's experiences of family caregiving and what they perceive their caregiving role will be as their family member's age. Data collected from the study will be useful to inform public health officials and public policy makers for future planning.

CHAPTER THREE

METHOD

To capture the lived experience and perceptions of Millennials on caregiving for aging family, a qualitative study was conducted. The researcher used Van Manen's (1990) approach to phenomenological research to conduct interviews with Millennials. According to Creswell (2009) 2 separate methods should be used to verify the findings of the research. In order to confirm or triangulate the themes from the data collected in the interviews, a qualitative survey was incorporated using the same interview questions from the interviews. Themes were developed from the transcripts of the interviews and cross checked with the data from the survey. The third part of the research consisted of theme verification by 2 independent expert qualitative researchers. This phenomenological approach is inductive in nature and differs from the qualitative approach that was used in the NAC 2009 study, to better understand the meaning of an individual's lived experience as it relates to caregiving for an aging family (Creswell, 2007). The use of Phenomenological research will bring a rich description of Millennials lived experience and perceptions of providing care for aging family.

Phenomenology

The researcher sought to explore the Millennial Generation's experiences and perceptions related to caregiving; therefore a phenomenological method was incorporated and used to capture these lived experiences (Creswell, 2007; Van Manen, 1990). The

phenomenon or “lived experience” of this study is the Millennial Generation’s experiences of caregiving. Specifically, the research questions this study sought to understand were; What are the experiences of caregiving for aging family of individuals born in the Millennial generation?, and What are the perceptions of those born in the Millennial generation on providing care to an aging family member? Exploration of this phenomenon adds depth to the base of literature emerging about the experiences of the millennial generation as family member’s age and begin to need assistance over the next several years.

Role of the Researcher

According to Van Manen (1990) the researcher plays an integral role in phenomenological research, specifically in the direct interaction during the data collection. This perspective reflects a postmodern view of research that does not embrace the idea that a researcher can bracket his experience completely from the participants. Rather, Van Manen (1990) proposed that the researcher should be intimately connected to the phenomenon of study.

For this study, the researcher has a genuine interest in understanding the “lived experience” of the participants as it relates to caregiving for aging family because of his own experience with parents who need assistance with daily activities. During this personal experience of caretaking, questions have emerged regarding the type of assistance that he or his own Millennial children will be able to provide as he ages. The researcher lived his entire growing up years with a mother who was disabled and is on the verge of needing professional full time care. Complicating this circumstance, the

researcher's mother lives in a different state and he is unable to attend to her personal care. Creating a situation that raised questions about her ability to function without him if his dad should pass before her. Additionally, the researcher also experienced the failing health of his father-in-law who lives 400 miles away. Difficulties arose as a result of the distance and the type of assistance that his aging family member needed to maintain his household. The researcher and his spouse were burdened by the stress of caring for their family member and the question of how does a family care for multiple aging family members at one time. Are Millennials able to and willing to assist the aging?

It would be impossible to bracket this personal experience of caregiving. However, from a postmodern phenomenological perspective, this experience provides rich information to the study and does not bias the experiences, but enhances it (Van Manen, 1990). Van Manen's philosophy of phenomenological research asserts it is essential for the researcher and the topic of research be connected to bring a rich interpretation of the verbal and written experiences of the participants.

Data Collection

Before data collection began, IRB approval was obtained. Data collection consisted of interviews in a conference room on the campus of a land grant university in the Rocky Mountain Region. The use of this conference room was easily accessible for the participants because of its close proximity to classes they were enrolled in. The land grant university has approximately 14,000 students enrolled in classes and provided a

large pool of potential participants that fall within the demographic of the Millennial Generation. According to the NAC (2009) study, 72% of all caregivers in the U.S. have at least 1 year of college education, solidifying that using a college student sample for participants was an optimal choice to further understand the phenomenon under study.

Participants.

In order to capture Millennials lived experience as part of the research, convenience sampling was used to identify participants for in person interviews at the selected university because it is the same location of the researcher (Leedy & Ormond, 2013). Data collection began by selecting between 3-6 participants who were invited to participate in an interview on a voluntary basis. Saturation using a small number of participants can capture a phenomenon or lived experience according to Dahl & Boss (2005). Additionally, Van Manen (1990) a phenomenon can be captured using a small participant group. The lived experience of a particular group is accurate for those in that particular moment in time (Van Manen, 1990). The goal of phenomenological research is to capture a lived experience of a research participants that can tell a story of a shared experience (Creswell, 2009). While the responses cannot be generalized for an entire population, it can be categorized into themes for the research participants lived experience. For this study a phenomenological method with the use of Van Manen's perspective was used to capture the participant's experiences on family caregiving.

The invitation to participate was announced in a community health theory class on the selected university campus on a first to sign up basis. Five individuals volunteered for the study and were asked about a convenient time to participate in a qualitative

interview. Selection criteria for participants was limited to one primary requirement, they needed to be born after 1982 to confirm that they were from the millennial generation (Howe & Strause, 2003). The five participants were four females and one male between the ages of 22-29 and all were Caucasian (white). One of the participants was working on a Master's degree in Family and Community Health and four participants were working toward a Master's degree in Nutrition.

Data Collection Method.

According to Creswell (2007) and Van Manen (1990) the purpose of collecting data regarding a lived experience is to explore a phenomenon at a given moment in time as the participant is experiencing life. Data was collected through individual interviews. Prior to the interviews, an informed consent was read verbally and presented in writing. Privacy issues were addressed with the participants and they were informed of their rights and the process of the study. The interviews were conducted in a semi-structured format using six pre-formulated open ended questions to frame the interviews. The following six questions were asked of all participants: How would you define what caregiving is? What is your experience of caregiving for aging family? Name some tasks that you believe are associated with caregiving for an aging family member? As you get older, how does it feel to observe your parent age? How do you feel about potentially having to engage in caregiving to an aging parent? What do you anticipate will be the most prevalent barrier in providing care to an aging family member?

The researcher was the primary instrument to collect data by asking the participant's questions in person. Additional follow-up questions were formulated during

the interview to confirm or incite further clarification of a participant's response. In phenomenological research the interviewer will enrich the data collection by using their own experience about a topic, to frame questions to illicit deeper responses from the participants (Van Manen, 1990). The interviews were recorded to allow the researcher to review the information shared by the participants and highlight themes developed from the experiences shared by the participants. The inductive nature of using a qualitative methodology was utilized to better understand the meaning of an individual's experience as it relates to caregiving for aging family (Creswell, 2007).

The interviews took place between March 1st and March 20th 2014, on the date and time arranged with the participants and lasted between 30 minutes and 1 hour. The names of the participants were held in strict confidentiality.

Data Analysis

At the conclusion of the interviews the recordings were transcribed and placed into a word document file. The transcripts were analyzed using Van Manen's approach to phenomenological data analysis. The selective approach was used to give meaning of the lived experiences and perceptions that had emerged from the participant's responses (Van Manen, 1990). Each transcript was reviewed and words and themes were highlighted as they were reoccurring across the transcripts. The interviewer also used their own interactions and recollections as a collection instrument to fully develop the themes that were evident because their own experience should not be discounted (Van Manen, 1990). Using the combination of the interviewer's interactions and the

transcripts from the study, it enabled the researcher to identify four themes on what are the millennial generation's experiences of family caregiving and what they perceive their caregiving role will be as their family member's age.

Trustworthiness

Trustworthiness is the qualitative equivalent to quantitative validity (Creswell, 2007). The researcher was the primary instrument in the study as the interviewer therefore, the researchers own personal knowledge about caregiving was instrumental in how follow up questions were formed. Unlike Moustokas (1994), who described that researchers should bracket themselves completely from the interview, it is difficult to bracket an experience and not integrate their own thoughts when interacting with the participants. The importance of gaining a full understanding of the participants response to questions and being able to translate the information into written language is important in capturing and giving meaning to a lived phenomenon of the issue being investigated (Van Manen, 1990). While it is understood that the interviewer will use their own personal experience to enrich the study (Van Manan, 1990), it was important to not lead the participants in their answers. The researcher does have personal experience and education in providing care to an aging parent who lives over an hour away. In order to control these potential validity issues, questions were pre-written to ask the same questions of each participant.

Validation Methods for Trustworthiness.

Creswell (2007) suggested that researchers should use at least two methods to

ensure trustworthiness in qualitative research. For this study the two methods were incorporated through the use of 2 peer reviewers and a qualitative survey used as a member check. According to Lincoln and Guba, (1985) the peer reviewer must be an impartial individual who will ask the “tough questions” about methods, meanings and interpretations. The researcher for this study had two peer reviewers, his thesis chair and an identified phenomenological researcher with 10 years of research experience.

The second trustworthiness method used was a member check through the use of a qualitative survey to verify that the data collected during the in-person interviews was accurate. The qualitative survey was identified as the member check tool in order to independently verify the participants responses. The same six open ended questions used in the interviews were used to develop into a survey which was accessed by participants through an online survey tool known as Survey Monkey. Participants were asked to participate by accessing the survey through an open invitation extended to members of an introductory community health class at the same university as the original study. The window to participate in the online survey was open from September 3rd – October 4th, 2014. Thirteen Millennials volunteered and took the online survey. In order to access the survey, participants were asked to read the informed consent and acknowledge that they understood their rights under the terms of the study. After the participants gained access to the survey, participants were asked to verify that they are a Millennial by answering one yes or no question; were you born after 1982? Participant responses that did not meet the age criteria were excluded from this study. The results of the online survey data were printed and analyzed to determine if emergent themes were consistent

with the original themes from the qualitative interviews. The qualitative data findings did confirm the original themes that emerged from the interviews. Based on the peer review and member check, trustworthiness was triangulated and established for this study.

CHAPTER FOUR

RESULTS

Five interviews were conducted with millennial aged college students to identify lived experiences of family caregiving and what they perceive their caregiving role will be as their family member's age. During the data analysis of the five millennial interviews, four themes became evident and were confirmed through peer review and a member check. The first two themes from this study were associated with the first research question: what experiences do Millennials have in regard to caregiving activities. The two themes that emerged were understanding of caregiving activities and witnessing or participating in caregiving activities with aging family members. Two additional themes emerged which were associated with the second research question: Millennial perceptions of their caregiving role as family member's age. The two themes that emerged were responsibility and obligation for family and families had no caregiving plan.

Understanding of Caregiving Activities

The first theme to emerge from this study was an understanding of caregiving activities. Every individual who participated in the interviews shared a personal experience of what they thought caring for aging family is by defining caregiving activities. The participants understood caregiving to be assistance with a daily living activity (DLA) or an instrumental activity of daily living (IADL). All of the participants

listed off a series of activities they have assisted a grandparent with or witnessed a parent provide care to an aging family member. For instance, one participant stated:

“I believe that caregiving would be when I was helping my parents with taking care of my grandparents with things they need such as taking them to doctor’s appointments and doing daily activities....helping them take their medications, doing house hold chores and feeding them and using the restroom.”

Another participant stated:

“Caregiving is when I was helping my grandmother who was living with me to use the bathroom or when she needed a bath. She also needed help with managing her finances and driving her to get groceries or going to the doctor.”

In both of these responses the participants clearly defined what DLA’s and IADL’s were.

Furthermore, one other participant defined caregiving activities as:

“Giving my grandparents a sense of security that they will be taken care of, coordinating their schedules and getting what they need to survive.”

Participant responses suggested they have experienced or witnessed parents providing assistance with daily needs of aging family. Moreover it was apparent that most of the participants did not provided assistance with daily activities for an extended period of time but could clearly define caregiving activities.

Witnessing or Participating in Caregiving Activities

The second theme to be identified included the actual witnessing or participating in caregiving activities by participants. To determine the full extent of the participants experience in caring for aging family, the participants were asked direct questions regarding their own experiences. Most of the participants shared during the interview

they had witnessed their parents caring for their grandparents. They further explained that they watched their parents struggle with some aspects of caregiving while providing care willingly without complaint. However, none of the participants had a direct negative experience or struggle to share about caring for an aging family member. A couple of the participants also shared that they participated in caregiving activities for parents and grandparents. One participant stated:

“My parents had to go over every day and help my grandpa when he couldn’t take care of himself. I went with my mom to help. He had dementia and was not able to cook, or clean his house. At the end he had to move in with us until we put him in assisted living.”

An additional comment by a different participant explained:

“My parents had to drive my grandmother to her doctor’s appointments...I saw them help her take her medications and had to help feed her and use the restroom.”

A third participant stated:

“I was helping my grandma before I left to go to school here, she needed help with cooking, cleaning and her medical issues.”

Based on the responses during the interviews, all of the participants had their own lived experiences of watching their parents provide care to their grandparents or they themselves have participated in providing care to an aging family member. The data presents a rationale for stating that Millennial participants have a firm understanding of what caregiving activities are through their own personal experiences. Participants assisted their parents who were primary caregivers. While an effort was made during the interviews to uncover the stress and burdens that care may have on them individually, there does not appear to be any issues related to their lived experience at this point in

their life. Even the participant who was caring for her grandmother before going to school had plenty of assistance from other family members, allowing the participant to work around her own schedule until she moved away to go to school.

Responsibility and Obligation for Family

When asked how they felt about watching their parent's age many of the participants stated it was difficult because they seem to be "ok now"; however, they are getting "up there" in age. The participants were also asked how they felt about having to provide care in the future. Every participant felt that they would be responsible for the care of aging family members because their parents took great care of them. Most of the participants used the word obligation to represent their responsibility of providing care.

The participants all began by expressing why. One participant stated:

"They have taken care of me.....it is not a burden, but I want to help provide them with a quality of life, they have been good to me, I feel this sense of responsibility."

A second participant explained:

"I feel obliged to provide care for my dad when he gets older...they have helped me in my life, they have always help me out when I need it."

Additionally a third participant stated:

"The best thing to do for them is keep them in their own home by helping them take their medications, do household chores and feeding them."

It is important to note, that several participants described their willingness to provide care as something they are obligated to do. Not out of duty to their family, but because they care for their family and they want provide care. One participant stated:

“It is only right that I help them because they raised me, I feel obligated to help.”

A third and fourth participant clarified that they too felt obliged or obligated to help aging family members. Only one participant explained that obligation is not a word that she would use to describe her willingness to offer care to aging parents.

“I don’t feel obligated; I feel a sense of responsibility of having to help them. Obligated is something I define as a word as being negative or forced to.”

All of the participants expressed they wanted to provide care because they were close to their parents and would do anything to help them. Furthermore, all of the participants seem willing to do whatever they could to help their family. The data clearly presents a representation that the Millennial participants perceive their future role as primary caregivers to their aging parents out of responsibility or obligation.

No Communication of a Caregiving Plan

While the participants feel they should be the person to provide care for their aging family, findings emerged that indicated that no discussion has taken place between the Millennial participants and their family members. Every participant that was interviewed had expressed that they would be the one to provide care to their aging family as needed. When participants were questioned if they had discussed their role as caregiver with their parents, only one participant replied in the affirmative. While, the participants stated that they were prepared to act as the caregiver, only one participant had actually had a discussion with family members. Concurrently, every participant stated that no serious discussions has taken place regarding end of life planning. For

instance one participant stated:

“I haven’t thought about it until you asked me.”

A second participant explained:

“the only time we have talked about it is when my dad jokes about it....just take me out to the back woods and shoot me....it is never a serious discussion.”

Furthermore, a third participant shared:

“I think we have avoided talking about it because I’m their child and my parents aren’t ill.”

The only discussions that any of the participants had with family were in passing or as back-handed comments such as when one participant stated:

“My family has a history of dementia, so yes we talk about it, but not seriously, even though we know it.... my dad will say when I get to be 84 just take me out back like Old Yeller.”

Furthermore, what complicates the discussion is every participant lives in a different geographic location from family and it becomes difficult to discuss serious issues when they only see them once a year. Follow up questions were asked how the participants were going to be able to navigate the long distance away from family when providing assistance with daily activities that make up caregiving. There was no consensus in the answers provided by the participants but it is very clear that there is no plan in place.

Qualitative Survey Member Check

Member checks were used through a qualitative survey to triangulate and confirm the themes that emerged from the data collected from the study. The first theme, understanding of caregiving activities was confirmed in the member check. All of the

members in the survey had a solid comprehension that caregiving consists of helping aging family with DLA's or IADL's. One member from the member check stated:

“helping them accomplish things that might be difficult for them to do on their own, assist them with the basics of living such as food, shelter, clothes, money etc.....As they age assist them to doctor appointments and help them receive the proper medication.”

Participants were able to name off several activities they experience while assisting family or how they have witnessed parents providing care to family; thus having the ability to comprehend the tasks that are associated with caring for aging family members.

The second theme confirmed through the member checks were participant Millennials having witnessed parents provide care or having experienced provided care to aging family. One participant from the member check stated:

“I have provided care for my grandmother...after her surgery...Although she lives in a semi-assisted living home, I still did all of her laundry and any cleaning around her apartment. The first few weeks after she was home, I helped her with meals, dressing changes, and simple tasks such as putting shoes on, or getting dressed.”

When the experience was not direct care provided by the participant, their experience consisted of witnessing someone else providing care. For instance one participant explained:

“At a young age, I watched my grandmother take care of her mother. She always welcomed her mom into her home, made sure she got to all her doctor appointments, helped her get dressed in the morning, and had a lot of patience with her.”

All of the participants in the member check had an experience with caring for aging family members and provided a confirmation that participant Millennials have witnessed or experienced providing care for an aging family member.

The third theme that was confirmed through the qualitative survey member check was responsibility or obligation of providing care. The participants in the member check used the exact same language as the participants who were interviewed. This is what one member stated:

“I grew up with my parents providing care to my great grandma, also my parents have given me so much and provided me with everything that I could ever need. For me, I would be responsible for taking care of my parents when they get older in return for all that they have given me in my life.”

The participants feel a responsibility to assist their parents and family as they age. They feel this is a duty or obligation that they must fulfill because of the care and support they received while developing into the person that they are today.

The last theme confirmed through the member checks was participant Millennials have not communicated or planned with their family how care is going to be handled when the need arises. This theme was supported through the member check by a majority of the respondents to the survey. For example:

“If I don’t have a job that allows me to live close to home, then I might not be able to provide care for my aging family member. Also, if I’m not financially stable at the time, I might not be able to help out, because I don’t know if my parents have the money to support themselves.”

It is clear this particular member has not communicated with their parents about future care and finances. Many of the other participants in the member check had very similar responses thus providing a sound rationale that participant Millennials have not communicated or discussed future care with their family members.

Based on the experiences and perceptions of the participants regarding caregiving activities for an aging family, it is clear that the participants from the study do understand

the concept of family caregiving and what activities are included with this responsibility. Participant knowledge about this topic has been framed by their own experience of watching or participating in care for their parents or grandparents. In addition, participants feel a great sense of responsibility in providing direct care for their family members and do not want to leave it up to someone else. They are choosing to be the caregiver because they want to assist their family with those tasks. Furthermore, the research participants do not have a plan in regard to caregiving for their family and as a result of a lack of communication, they do not know what their family's plans are. Lastly, most of the participants have moved away from their family to pursue their own interests and this may conflict or make it extremely difficult to provide current or future assistance to their family.

Limitations

The limitations of this study include the use of only one location, sampling from one department which included programs focused on helping fields of study. In addition, all of the participants were of similar ages, all within a ten year span of age and were old enough to be able to speak to a caregiving experience. The Millennial generation is believed to span 30 plus years, therefore younger Millennials who are in their childhood would not be able to articulate these same experiences. Due to the use of convenience sampling, only college aged students born after 1982 were included in this study. Any participant not born after 1982 was excluded from the study. Thus, only educated degree seeking students' experiences and perceptions were collected. While the focus of the

study did not examine socio-economic status, the possibility exists that lower socio-economic Millennials were excluded from participating. Additionally, participants were asked to participate on a volunteer basis by self-selecting into the study. The participants who volunteered may have had past, direct experience with caregiving and were more willing to share their story. Individuals who may not have experiences with family caregiving were less likely to opt into the study, leaving only participants with direct family caregiving experience. Lastly, the study was conducted on a university campus in a rural community in the northwestern part of the United States. The primary ethnicity in this part of the country is of White/Caucasian heritage. Therefore, the availability of diversity within the sample population could not be achieved. While there are several limitations, they do not discount the phenomenon or lived experiences of the participants of this research study.

CHAPTER FIVE

DISCUSSION

The interviews conducted with Millennials regarding their perceptions and experiences on providing care to aging family has provided answers to the questions associated with this research. Four themes emerged from the participant's responses during the interviews: 1) understanding of caregiving responsibilities, 2) witnessed or participated in caregiving activities, 3) responsibility and obligation for family, and 4) no caregiving plan. These themes represent important information on the perceptions of the study's participants on providing care to aging family members. Bronfenbrenner's (1979) social ecological systems theory, which consists of the microsystem, the mesosystem, the exosystem and the macrosystem has a strong influence on an individual's lived experience. All four environments that surround an individual, impacts a person's personality, experiences and life story and can explain why the themes are present within their responses during the interviews.

In the NAC (2009) study, 18% of those surveyed were Millennials and already providing care to an aging family member over the age of 50; laying the foundation that Millennials are an integral part of the caregiving conversation. What was not clear is if the Millennial Generation as a population group, understood what caregiving for aging family consisted of and what their experiences are with this topic. Using the framework of Bronfenbrenner's (1979) ecological systems theory, a Millennial's microsystem would have included the shared experience of their own parents providing care for an

Millennials Social System

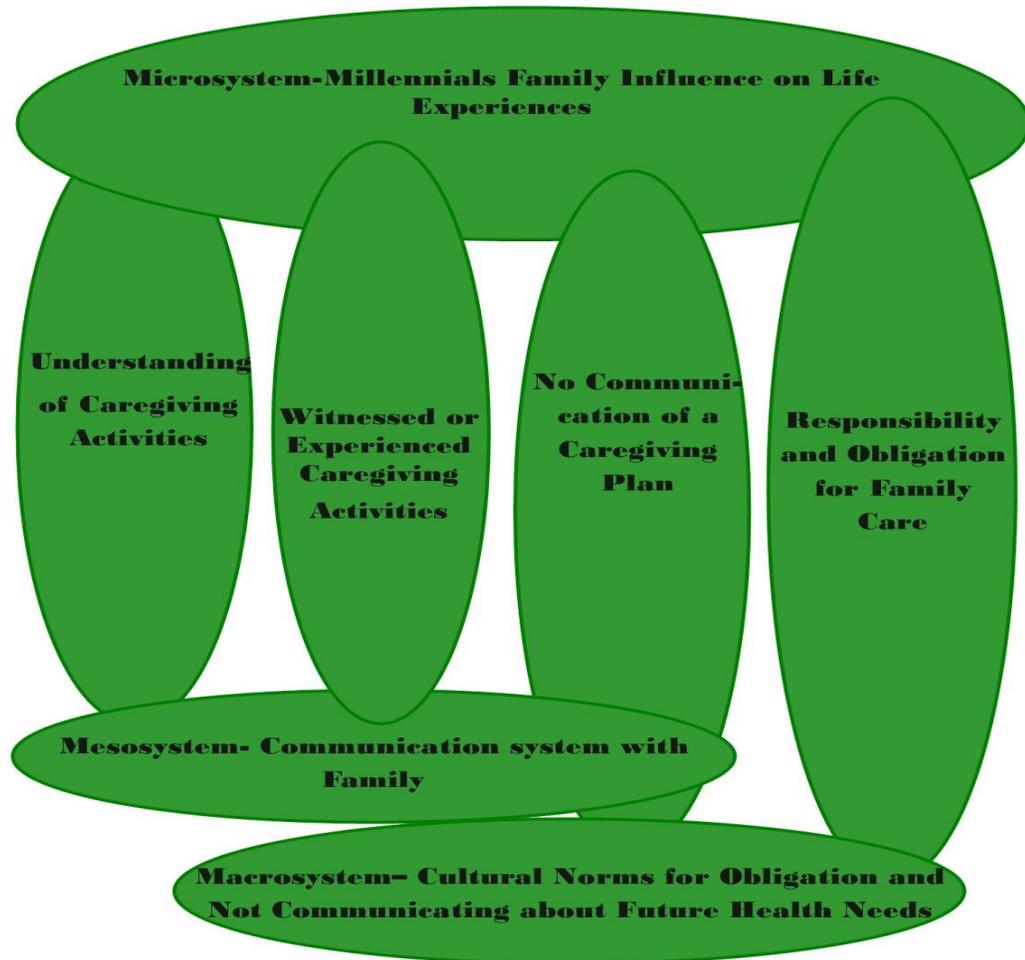


Figure 1 Millennials Social System

aging family member. All of the participants in the research had some form of experience by witnessing their parents in their own microsystem, while they provided care to grandparents. As a result of this microsystem experience, every Millennial participant was able to define what caregiving is in detail. This premise firmly confirms

the theme that Millennials participants have an understanding of what caregiving activities are.

Furthermore, because participants also have had direct experiences of being there with their parents while providing care, most of the participants shared they had direct experience working with an aging family member. The participants in the study described an experience such as helping with appointments and getting groceries. One participant lived with a grandparent for a short period of time and had direct experience of handling care that was required. The new information extracted from this study is clear, Millennial Generation participants had witnessed their own parents providing care to their grandparents. This provides them with an understanding of the definition of caregiving as well as what caregiving activities are performed when assisting an aging family member. Moreover, the link between the first two themes is also apparent because the microsystem environment that existed for Millennial participants, provided a direct lived experience of caring for aging family during their time at home with their families.

The theme that emerged regarding the responsibility Millennial participants have for providing future care needs of their family is supported by literature. Millennial's personalities have been formed in their microsystem environment, which includes such traits as being helpful and wanting to serve others through hard work. Additionally, Millennials have been supported and are extremely closely linked to their parent support system (Howe & Strauss, 2003) creating the major premise that they will indeed assist their parents as they age. Every participant interviewed in the study expressed a willingness to be the primary caregiver for an aging family member because it was their

responsibility to help them because their parents supported them.

In the study conducted by Wallhagan & Mittani (2006) Japanese caregivers reported that they were obligated to provide care to their husband's parents when they needed it. Furthermore, the U.S. participants reported that they were also obligated to provide care because no one else was available to do it and they felt it was best for their elderly parent. In the Willyard, et al. (2009) study, it was also reported, siblings who took on the task of providing care felt an obligation to do so, because they too felt close to their parent. The Millennials who participated in this study used obligation as a word to describe why they felt they would provide care to an aging family member. However, how Millennial participants define obligation appears to be slightly different from most research. Millennial's responses align closer to the participant in the Willyard, et al. (2009) study because they too feel a sense of respect and reciprocity owed their parents. Millennial's are considered to be respectful and close to their parents (Howe & Strause, 2003) and when viewed through the lens of their social system, it is logical that they would want to be the individual to provide care to their aging parents. The participants explained that they felt they were obligated to provide care because they were well taken care of by their parents. When asked to clarify their obligation most of the participants explained that it is a responsibility they welcomed not a sense of duty or forced obligation.

In the last theme that was uncovered in this research, participants expressed they have not communicated with their parents and have no plan in place for future caregiving needs. While the participants of this study express a responsibility to provide care for

their parents when they need it, the reality of their current circumstances were not accounted for. All of the participants live in different geographic locations and would have a difficult time providing direct care without moving to their parent's location or have a parent move closer to them. Moreover, using the social ecological systems theory as a lens to process Millennial participants exosystem, which includes economics, policy and cultural influences; these three components of their environment will affect Millennial participants ability to provide care for aging family members. The challenges that have yet to be presented to this population group are those of economics and how care will be paid for. Millennials are in the process of starting their own careers and beginning to have families of their own. These factors will play a large role in whether or not they will be able to face the potential realities of how to care for aging family.

According to the participants who were interviewed, those discussions have not taken place and may cause burden and stress to Millennials as they encounter the caregiving needs of their aging family. This is not unlike research that Almborg et al., (1997) presented, where many individuals struggle with the burden of balancing work, their own immediate family schedules, and the stress associated with actually providing care for an aging family member. When asked how they would manage care from a distance, many participants from this study stated they would simply arrange care for parents or place their parents in assisted living. This premise is contrary to the statements that participants would be the primary caregivers for their family. The responses of the participants are based in their current environmental system and do not account for changes as they move into the middle years of their life. Specifically because there has

not been a communicated plan with their parents.

Conclusion

The research conducted in this study presents valuable information on the lived experiences of Millennial participants with regard to the caregiving issues that loom in the United States (Miller, 2012; NAC, 2009). Millennial participants were experienced in providing care by watching their parents care for their grandparents. Furthermore, the lived experience that the participants had with caregiving will be beneficial as the discussion on care moves forward on aging family members who need assistance. The willingness of Millennials to take on the responsibility of providing care to the aging population is beneficial to assist with the large number of elderly that will need care as they age. Millennial participants from the study expressed a desire to be the primary caregivers for their aging family. However, because all of the participants in this study live away from family, a disconnect has been uncovered on how this care will be managed by Millennial participants. Especially given that communication on end of life care and planning have not taken place with their family members. The challenges that living at a distance from family that need assistance will have to be addressed, specifically if aging family will need to reside in assisted living facilities and how will it be paid for. Lastly, research on Millennial caregivers needs to be explored in regard to how people will be able to handle future care for aging family members.

Future Research

The information from this study has created new questions that should be explored through expanded research. Such questions include: Do Millennials have the financial resources and ability to provide long distance caregiving? How can Millennials be better prepared for caregiving responsibilities for an aging family? What are the experiences of Generation Xer's in regard to providing care to aging parents and spouses? How can Millennial's engage their parents in order to discuss future caregiving? This study has begun a discussion that needs to occur on how Millennials will provide care to aging family as millions of people reach the age of 65 and will need care over the next decade. The researcher in this study has created a research model that could be used to address this issue directly with the use of a Participatory Action Research approach. The following model is a tool that can be discussed and debated around the issue of how to integrate the Millennial generation into the caregiving conversation.

PAR Approach

The looming issue of providing care to aging family members will be costly for the Millennial Generation. Currently, most people in the U.S. do not have a plan and are not prepared for caregiving costs for aging family (NAC, 2009). In order to be prepared to face this crisis, the millennial generation will need to be engaged in finding a solution, which can be accomplished through the process of PAR. A discussion on how to create a program for education and caregiving savings accounts, is a key component in assisting

caregivers for aging family. It may be determined that the motivation or community capacity does not exist, thus prohibiting the opportunity to move forward. However, if the Millennial Generation decides it to be an important topic, as identified by policy makers when the Class Act of 2010 was signed into law (Miller, 2012), alternative programming can be created and implemented at the community level. PAR will be important in defining the challenges Millennials face such as how to pay for care for the aging population. The early phases of a PAR approach will seek to gain an understanding of the importance of Millennials to provide care for aging family. The first phase was completed with the research from this study.

Furthermore, Millennials will need education and information on how to navigate the healthcare system to maximize their ability to provide future care for aging family. A movement to create caregiving savings accounts will be introduced and strategies will be incorporated at different levels of the community. The Class Act of 2010, while currently on hold, has already become law (Miller, 2012) and is a tool that could be used if a grass roots organization can motivate policy makers to move it forward. Community organization, individual motivations and public policy will need to be mobilized and developed in order to create solutions to this looming issue of high cost of providing care for aging family. Finally, the use of social networks and support systems within the millennial generation will be incorporated within the different levels of the research and program process.

Mobilizing Millennials as Family Caregivers

In order to fully engage the millennial generation in preparing for caregiving

activities, PAR will be used as an approach to mobilize Millennials (*See figure 2*) into the discussion of future caregiving activities. The mobilization of the Millennial Generation can serve two main purposes, the first is to encourage legislators that the federal government should act on current law, or Millennial's can create alternative plans that can be enacted at local and state levels. A comprehensive movement by the Millennial Generation and including them in planning for future caregiving activities and expenses is vitally important.

Phase 1. A pilot qualitative study was conducted to understand the current experiences and perceptions of Millennials on the caregiving issue. The results of the pilot research are intended to assist in framing the discussion within the millennial community and locate funding for continued research and programming efforts.

An integral part of the research phase of caregiving savings accounts, would open up dialogue or communication with Millennial's and Generation Xer's in order to gain a full understanding of the financial needs of this generation as they age. Adding this component may be required to influence Millennials of the necessity of creating caregiving savings accounts. Caregiving is costly and planning for these costs has not been a priority for any generation (NAC, 2009).

Phase 2 Part 1. This phase of the Mobilizing Millennial's for Family Caregiving begins by gathering representatives from national organizations such as the NAC, AARP and also state and local public policy officials selected from a state with a high percentage of elderly. Meetings will be organized in multiple cities and locations in the

state to determine a course of action. The use of social networking will be important to mobilize Millennials and bring them to the meetings. During these discussions, it will be important to disseminate the results of research and the difficulties that face individuals in regard to caregiving activities. The discussion will also revolve around how to move The Class Act of 2010 forward. The best approach may be that each individual state initiates the formation of a program similar to the Class Act at a local level. The involvement of local, state and even federal policy makers will be vital in this stage for the project to move forward. Caring for the elderly is a topic that a majority of policy makers can get behind, the difficulty lies in getting them to agree on the approach. The Class Act of 2010 is a framework that could be used by creating a private organization to set up savings accounts for caregiving activities. The organization would be monitored by the Insurance Commissioner in each state, but ultimately runs without government funding. California has a state run organization that could potentially be used as a model for setting up a statewide or national program (Miller 2012). After multiple meetings and organizational development, a plan will be developed on moving forward.

Phase 2 Part 2. The complexity of the issue of caregiving for aging family will need to be addressed by multiple levels of community organization. The model Mobilizing Millennials for Family Caregiving would become a non-profit organization and will seek funding opportunities to move the program forward. Funds may be gained through lobbying efforts of AARP, NAC, NIH, and various other organizations interested in providing the best care for the elderly. In order to work with policy makers, lobbyist may be hired to influence and work with various levels of government that are targeted to

move this model to the next phase.

Phase 3. Assuming that funding has been secured, the process will move into the implementation phase. Additionally, the assumption that the federal government does not want to start programming the Class Act, but allow states to move forward with minimal assistance from the federal government, a statewide approach can be created. A non-profit or for profit organization will be created to formulate caregiving savings accounts. For the program to be successful, the millennial generation needs to be engaged in the new caregiving account program. Community meetings will shift their focus to reaching Millennials through social networking and social media.

A social marketer will be brought into this phase and work with the community to ensure that the target group is encountered with the benefits of this program. A website will be created and accessed by Millennial's through an innovative and creative marketing plan. The use of Social networking or any technology-based marketing tool will be incorporated into the program plan.

Phase 4. Evaluation processes will need to be organized and implemented. The RE-AIM model will be considered to evaluate all the various levels of the partnered organizations. The RE-AIM model components of Reach, Effectiveness, Adoption, Implementation, and Maintenance evaluation is important to use with a social ecological systems theory as it relates to program planning and implementation (Glasgow & Vogt, 1999). Effectiveness will be measured by the numbers of people participating in the program and the sustainability of the enrollment. Additionally, measuring the processes

is vitally important to keep the program updated and shift with the technological changes and dynamics of the millennial generation as they themselves age. The caregiving savings account program cannot be viewed as a short term program and with the evolution of technology, programs and marketing need to be evaluated for effectiveness and changed as technology enhancements occur.

To maintain the integrity of this PAR approach for Mobilizing Millennials for Family Caregiving, adjustments will need to be made to the theoretical model as data is returned in the initial research phases. Additionally if funding can be secured through the current law that has passed, The Class Act of 2010, implementation of current law could shift the focus of the entire model. This model can be used to move the discussion on the important topic of Millennials and Caregiving.

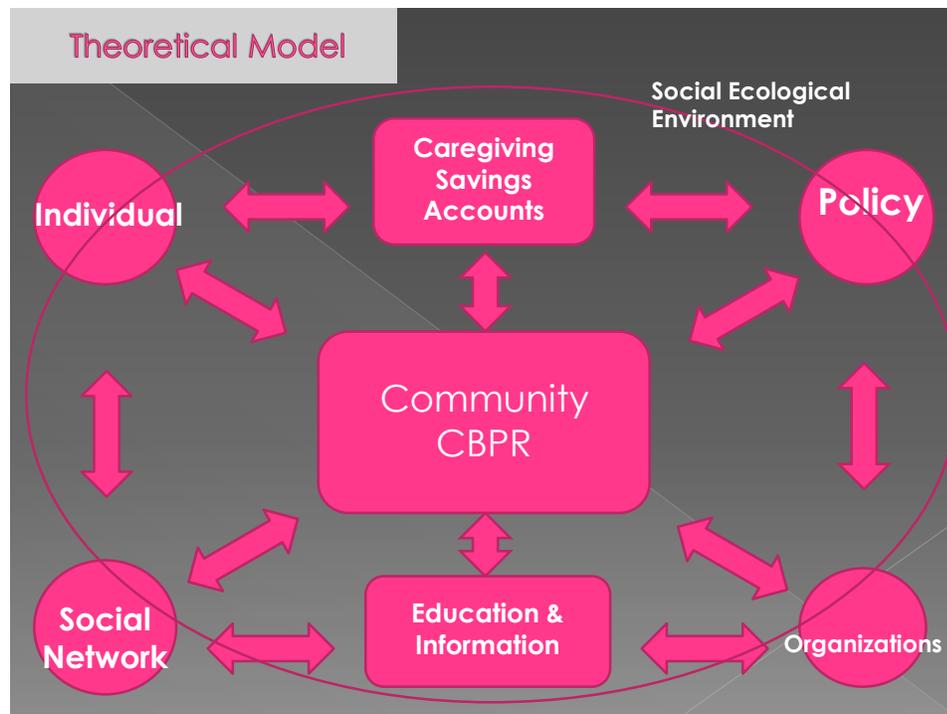


Figure 2 Mobilizing Millennial's for Family Caregiving

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