



# Informal Caregiving

May 1999

As the U.S. population ages and lifespans increase, informal caregiving by family members has become a vital component of the health care delivery system. A recent national study estimates the value of unpaid caregiving at approximately 19 percent of total health care expenditures, or \$194 billion.<sup>1</sup> Women continue to provide the majority of this informal caregiving, even though most working-age women now participate in the work force. The trend toward smaller families and more working women, however, is beginning to strain the supply of potential caregivers.

*The Commonwealth Fund 1998 Survey of Women's Health* probed the extent of women's caregiving roles, enabling comparisons by income, health, and access to health care. The survey finds that although women across all income groups are almost as likely to fill a caregiving role, lower-income caregivers are less likely to have opportunities for a respite from their responsibilities. Overall, women caregivers themselves are often in need of care: they report relatively high rates of poor health, disability, and depression.

## NEARLY ONE OF 10 WOMEN ARE PRIMARY CAREGIVERS

Today, 9 percent of American women—more than 9 million women—and 4 percent of men are caring for a sick or disabled child, spouse, parent, or other relative, based on the survey. The already significant proportion of the population who serve as informal caregivers is likely to increase substantially as baby boomers age. According to the U.S. Bureau of the Census, by 2020 the number of elderly over age 80 is expected to rise by nearly 50 percent, leading to a dramatic increase in people living with chronic conditions and needing long-term care.

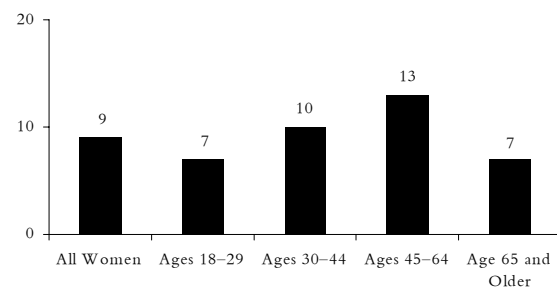
Caregiving cuts across all demographic groups. Women with annual incomes above the national median of \$35,000 are about as likely as women below the median to be caregivers

<sup>1</sup> Peter Arno, Carol Levine, and Margaret Memmott, "The Economic Value of Informal Caregiving," *Health Affairs* 18 (March/April 1999): 182-188.

(9% vs. 11%), and white women are as likely as minority women to be caregivers (9% vs. 10%). Similarly, single women (8%) and divorced, separated, or widowed women (7%) are almost as likely as married women (11%) to be caregivers. Women of all ages care for sick or disabled family members. Rates are highest among women ages 45 to 64—perhaps because they are more likely to have elderly parents.

## Women of all ages provide caregiving to sick or disabled family members.

Percent of women who are currently caregivers



Source: *The Commonwealth Fund 1998 Survey of Women's Health*

## LOWER-INCOME WOMEN DEVOTE SUBSTANTIAL TIME TO CAREGIVING WITH LITTLE RESPITE

Caregiving requires a substantial commitment of resources and time. Nearly one-third of all caregivers (31%) report a decrease in their family's savings because of caregiving responsibilities. Overall, two of five women caregivers devote more than 20 hours per week to caring for a sick or disabled

## Women Caring for Sick or Disabled Family Member

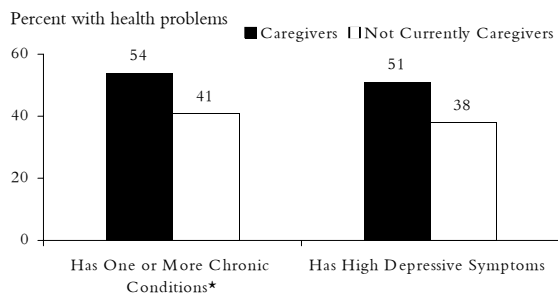
	All Women	Income \$35,000 or Less	Income Above \$35,000
Percent of women who are currently caregivers	9%	11%	9%
<i>Percent of women caregivers who:</i>			
Provide more than 20 hours of care per week	43%	52%	29%
Provide care to a relative living with them	51%	62%	36%
Have some paid home health care or assistance	24%	18%	35%

family member. This time burden falls most heavily on women in the bottom half of the income distribution. More than half (52%) of women caregivers with incomes \$35,000 or below spend in excess of 20 hours each week providing care. Reflecting this larger time commitment, lower-income caregivers are almost twice as likely to care for a sick or disabled relative in their own home as caregivers with higher incomes (62% vs. 36%). In addition to their more intensive caregiving role, lower-income caregivers are half as likely as higher-income caregivers to have paid home health care or assistance available to provide support for and relief from their caregiving functions (18% vs. 35%). Among all caregivers, less than one-quarter have paid home health care to supplement the care they provide to a sick or disabled family member.

### IMPACT OF CAREGIVING ON HEALTH AND ACCESS TO HEALTH CARE

Oftentimes the caregiver is also in need of care. One-quarter (25%) of women caring for a sick or disabled family member rate their own health as fair or poor, compared with one-sixth (17%) of other women. More than half (54%) of women caregivers have one or more chronic health conditions, compared with two-fifths (41%) of other women. In addition, half (51%) of all caregivers exhibit high depressive symptoms, while 38 percent of other women do so.

#### Women who are caregivers are more likely to have health problems.



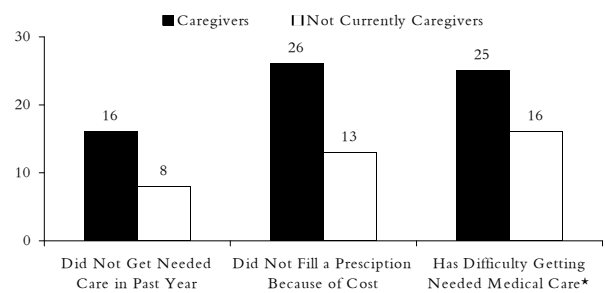
\*Defined as hypertension, heart disease/attack, cancer, diabetes, or arthritis diagnosed by a doctor in the last five years.

Source: *The Commonwealth Fund 1998 Survey of Women's Health*

Perhaps because of the significant time and expense that caring for others demands, women caregivers are also at risk for encountering barriers to health care. Compared with other women, caregivers were twice as likely in the past year to not get needed medical care (16% vs. 8%) and not fill a prescription because of the cost (26% vs. 13%). One-quarter (25%) of

women who were caregivers has difficulty getting medical care, versus one-sixth (16%) of other women.

#### Caregivers often face problems accessing health care services.



\*Woman reported that it is "extremely," "very," or "somewhat" difficult to get needed care.

Source: *The Commonwealth Fund 1998 Survey of Women's Health*

### WOMEN FULFILL THEIR CAREGIVING ROLES IN MANY WAYS

Besides caregiving in the traditional sense of tending to a chronically ill or disabled child, spouse, parent, or other relative, many women provide care in other ways that compete with their job responsibilities. Nearly one-third (31%) of working women needed to take time off from work in the past year to care for a sick or injured family member. More than half (52%) reported that they would lose pay for taking time off to care for a sick family member.

With shorter hospital stays becoming more common, discharged patients may require a more intensive level of care over a longer period upon their return home. According to the survey, one-third of family members hospitalized in the past year required care at home following their discharge. One-third of the women and one-quarter of the men interviewed said they were the caregiver for their sick family member; three of 10 women and men reported that their family paid someone to provide this post-hospital care.

*The Commonwealth Fund 1998 Survey of Women's Health*, conducted by Louis Harris and Associates, Inc., from May through November 1998, consisted of 20- to 25-minute telephone interviews with a random, national sample of 2,850 women and 1,500 men age 18 or older, with over-samples of minority women and men. To adjust for sampling design and to represent the adult population, the analysis weights responses to the March 1997 *Current Population Survey* by sex, race, age, education, and health insurance status.