

Our Aging, Caring Nation

Why a U.S. Paid Leave Plan Must Provide More Than Time to Care for New Children

JUNE 2017

Executive Summary

The United States is failing when it comes to helping ensure working people have time to care for their families and their own health without jeopardizing their financial stability. The nation's deficit in guaranteeing access to basic paid family and medical leave forces too many people to make impossible choices between making ends meet and caring for new children, ailing family members and even their own serious health conditions.

Nationally, just 14 percent of workers have access to paid family leave to care for a new child or seriously ill family member through their employers – leaving more than 100 million people without this type of leave.¹ Fewer than 40 percent of workers have personal medical leave through an employer's short-term disability insurance plan.² And only about 60 percent even have access to *unpaid* leave through the federal Family and Medical Leave Act (FMLA).³

Attention to America's paid leave crisis is growing, but much of the national dialogue focuses solely on paid parental leave to care for a new child. This narrow conversation excludes millions of people who need paid time away from their jobs to care for a family member or to address their own serious health conditions. By leaving family care and personal medical leave out of the discussion, the country risks creating a national policy that fails to meet the basic needs of the nation's working people, families and economy.

This brief demonstrates that, although paid parental leave is critically important and must be included in any national paid leave plan, a policy that *only* covers parents caring for newborn or newly adopted children is insufficient. As the country's population ages and people live and work longer, any national paid leave policy must reflect the well-established types of care included in the FMLA more than two decades ago. Only a comprehensive policy that recognizes a range of serious family and medical needs can meet the needs of America's working people and the family members who rely on them.

KEY FINDINGS

- ▶ There are strong health, financial and economic imperatives for a comprehensive national paid family and medical leave policy that covers parental leave, family care leave and personal medical leave.

- ▶ Parental leave – which consumes much of the national discussion – is critical, and could be especially important in states in which lower birth rates may affect the state’s economy, care needs and future finances. These states include: **Connecticut, Florida, Maine, Massachusetts, New Hampshire, Oregon, Pennsylvania, Vermont and West Virginia.**
- ▶ Family care and personal medical leave are essential for all states as the population ages and care needs increase, but states with greater care burdens and older and more rapidly aging populations and workforces would be especially poorly served by a national paid leave plan that excludes family care and personal medical leave. These states include: **Arizona, Connecticut, Delaware, Florida, Hawaii, Maine, Massachusetts, Montana, New Hampshire, New Mexico, Pennsylvania, Vermont and West Virginia.**
- ▶ Paid family and medical leave can help correct gender imbalances in labor force participation by helping keep women – who are more likely to leave a paying job due to caregiving responsibilities – in the workforce. This benefits families’ financial security and the economy, and could be especially helpful in some states. These states include: **Arizona, Colorado, Nevada, Oklahoma, Tennessee, Texas, Utah and Wyoming.**
- ▶ Only one proposal under consideration in Congress is designed to meet the needs of America’s working people and families no matter where they live or what jobs they hold. The Family And Medical Insurance Leave (FAMILY) Act would create an affordable, sustainable, inclusive and responsible national paid leave standard.

Introduction

Over the last several decades, the U.S. labor force has changed dramatically. Women now comprise nearly half of the labor force, and in nearly 70 percent of households with children, all parents work.⁴ As the population ages, working people must stretch to manage jobs, care for their children and care for loved ones with serious medical needs – sometimes all at the same time.

The rate at which the U.S. population is aging means care demands will only rise. In a 2017 survey, 40 percent of adults age 40 and older reported currently or previously providing long-term family care; and 7 percent said they had received care for themselves.⁵ Among those not currently providing care, six in 10 reported they would likely have caregiving responsibilities in the next five years.⁶

Most employers’ workplace policies are inconsistent with these experiences and expectations. Just 14 percent of workers have paid family leave through their jobs to care for a new child or a seriously ill family member; fewer than 40 percent have personal medical leave through an employer’s short-term disability insurance plan.⁷ Lower-wage workers are much less likely than higher-wage workers to have paid leave, and they are more likely to suffer dramatic, adverse consequences when a serious family or medical event arises.⁸ To fill the gaps, four states and the District of Columbia have created statewide paid family and medical leave insurance programs.⁹ But people who do not live in

these states, or work for a select group of high-road employers, do not have guaranteed access to paid leave.¹⁰

A national paid family and medical leave plan is just one of the supports working people need – but it is an important one. The slow pace of change has been costly to working people, the families who rely on them, employers, taxpayers and the economy. The status quo means working family caregivers – disproportionately women – are pushed out of the labor force, forced to reduce their hours, or denied professional advancements due to their caregiving responsibilities. It harms the income security, retirement security and health of people in today’s workforce, and it magnifies gender and socioeconomic inequalities while fostering health, educational and economic disparities for future generations.

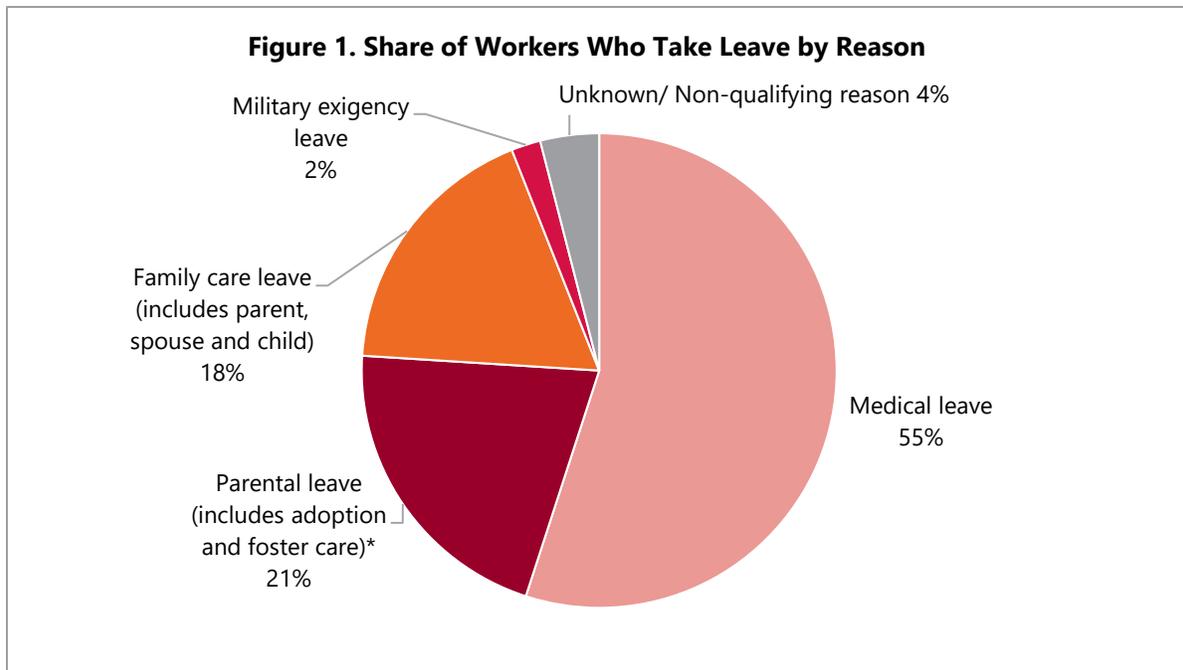
The vast majority of people who take family and medical leave in this country do so to address their own serious health condition or to care for a seriously ill or injured family member.

In contrast, guaranteeing that women, men and all working people have access to paid family and medical leave would help mitigate these consequences so working families and our economy can thrive. The public overwhelmingly agrees that it’s time to address America’s paid leave crisis and supports a national plan to guarantee people access to paid family and medical leave to care for new children, seriously ill family members, and their own personal health conditions.¹¹ In a November 2016 survey, nearly eight in 10 voters (78 percent) said they favored a national paid family and medical leave plan, and nearly two-thirds (64 percent) expressed strong support. Overall support for such a proposal transcends partisan divides: 93 percent of voters who identify as Democrats, 77 percent who identify as independents and 66 percent who identify as Republicans say they favor a national, comprehensive paid family and medical leave plan.¹²

Fortunately, policymakers, the private sector and the public are paying more attention to America’s need for a national paid leave standard. However, the national dialogue tends to focus on parental leave to care for new babies and adopted children. To be sure, parents and children need paid leave for many reasons, and these changes are very welcome and much needed. But paid parental leave alone is not sufficient.

Approximately 20 million workers in the United States take family and medical leave each year – and at least three-fourths of them need the time to deal with serious medical needs of their own or a loved one; in contrast, just one-fifth take leave to care for a baby or for an adopted or foster child. (See Figure 1).¹³ Millions more need leave for family and medical reasons but lack access or cannot afford to take it without pay. It is clear that, although paid parental leave is essential, any federal paid leave plan must be comprehensive and recognize the diverse caregiving realities of millions of working people.

Working people and families across the country need a solution that provides leave for all essential purposes, whether to welcome a new child into the family, care for a parent who is battling cancer, or address one’s own serious health condition. A national paid leave plan like the Family And Medical Insurance Leave (FAMILY) Act – which would create a national paid family and medical leave program that covers working people no matter where they live, their employer or their job – would strengthen the nation’s working people and their families, businesses and the economy.



Source: U.S. Department of Labor. (2012). *Family and Medical Leave in 2012: Technical Report*.

*This survey includes pregnancy-related disability leave within the parental leave category, rather than in medical leave.

Paid Parental Leave is Critical (But Not Enough)

The importance of paid parental leave for mothers, fathers, children and the nation's economic competitiveness is undeniable. Families suffer when parents cannot take paid leave to care for a new baby or a newly adopted or newly placed foster child. When parents don't have paid leave, babies are less likely to be breastfed for the recommended duration, less likely to receive timely immunizations and less likely to get crucial well-child care visits – all of which can affect short- and long-term health outcomes.¹⁴

Women without paid leave often must return to work just days after giving birth. In fact, nearly one in four women report returning to work within two weeks of giving birth.¹⁵ This economic reality for many women jeopardizes their health, slowing recovery from childbirth and putting them at increased risk of experiencing depressive symptoms.¹⁶ And for the thousands of women in the United States who experience serious perinatal conditions, complicated births and serious conditions like post-partum hemorrhages each year,¹⁷ rushing back to work out of economic necessity could be life-threatening.

Fathers also face significant consequences when they cannot take parental leave. When fathers lose out on critical time to bond with and learn to care for a new child, they are less likely to be engaged in that child's direct care in the long term¹⁸ – and engaged fathers can help improve child developmental outcomes.¹⁹ Given the benefits of paid leave for new parents, it is no surprise that people in the United States overwhelmingly say that mothers and fathers should have access to paid leave to care for new children.²⁰

Beyond health-related challenges, the United States' lack of paid parental leave has economic costs. When mothers do not take paid leave, they are more likely to leave their paying jobs, less likely to return to their same employer and – among those who do return to work – less likely to report increased wages in the year after their child's birth.²¹ And women's lost wages and lost work experience contribute to the gender-based wage gap, which harms families' economic security.²³ Paid leave helps to close those gaps and makes labor force and employer attachment more likely. In fact, women with paid leave are 93 percent more likely than those who do not take leave to be working one year after giving birth.²⁴ In one study, each additional month that fathers took paid parental leave meant an increase of nearly 7 percent in mothers' earnings.²⁵

In addition, decisions that women and men make about whether or when to start a family often involve calculations related to job security and workplace supports. Experts have identified the United States' failure to guarantee paid leave as one reason why birth rates in the country are falling and people are waiting longer to have children.²⁶ Without a robust new generation, the United States risks significant economic harm and exacerbated elder care pressures. Paid parental leave could help by improving fertility rates, which also supports long-term economic growth.²⁷

Paid Leave for Family Care is Essential

Any acceptable national paid leave policy must provide support to workers who need to take time away from their jobs to care for loved ones or to address their own serious health conditions. Health emergencies should not trigger financial emergencies.

In the States: Lowest Birth Rates

In states with lower birth rates, paid parental leave could especially help incentivize adults who are considering growing or adding to their families – ultimately strengthening the labor force, the tax base and the care base in the long term.

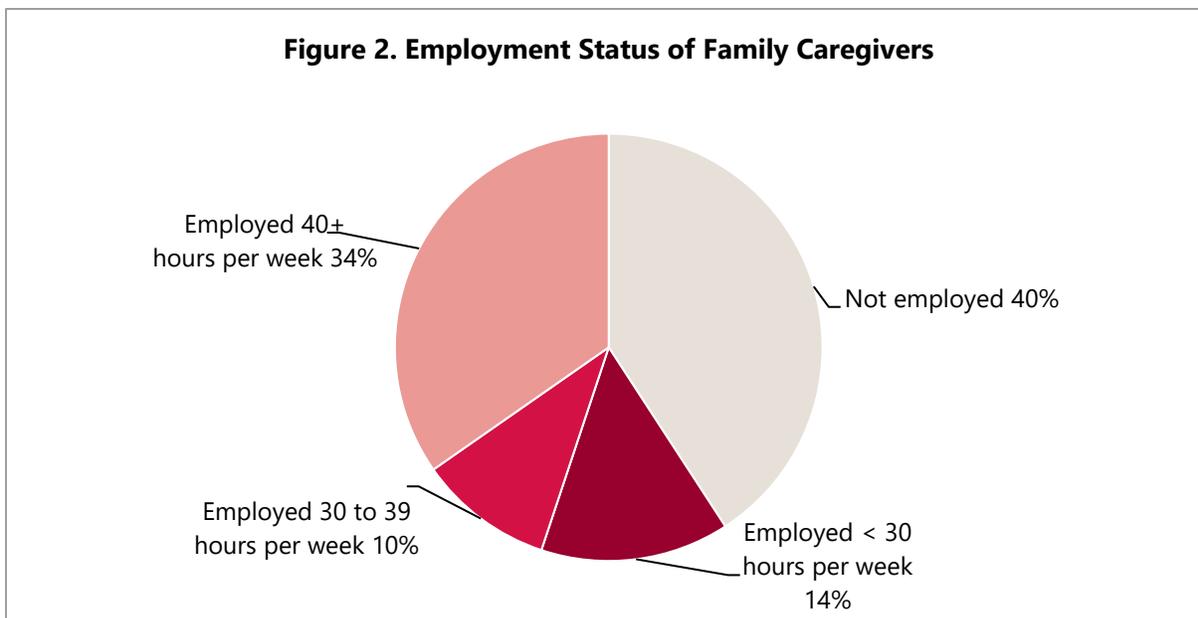
States with the lowest birth rates:²²

- 1. New Hampshire**
- 2. Vermont**
- 3. Maine**
- 4. Connecticut**
- 5. Rhode Island**
- 6. Massachusetts**
- 7. West Virginia**
- 8. Pennsylvania**
- 9. Florida**
- 10. Oregon**

These same states are also experiencing significant growth in their aging populations, which means paid family care and personal medical leave are also much-needed interventions.

Click [here](#) for more information on birth rates in all 50 states and the District of Columbia.

Figure 2. Employment Status of Family Caregivers



Source: AARP Public Policy Institute and National Alliance for Caregiving. (2015). *Caregiving in the U.S. 2015*.

MILLIONS OF WORKING PEOPLE ARE CARING FOR FAMILY MEMBERS WITH HEALTH AND CARE NEEDS

Currently, about 43.5 million Americans – nearly one-fifth of adults – provide care to adult family members or children.²⁸ Six in 10 report working at jobs unrelated to their care responsibilities; one-third of family caregivers (34 percent) work full time, and another 10 percent work between 30 and 39 hours per week (see Figure 2).²⁹ Many of these family caregivers, including adults sandwiched between caring for older family members and children at home, are struggling to manage both their caregiving responsibilities and the jobs they need.³⁰ This is especially true for workers who are ages 45 and older. More than one in five workers age 45 to 64 report being a caregiver to a parent – and more than half of these workers report that caregiving negatively affects their work.³¹ Paid leave would provide a critical lifeline to working family caregivers, yet as noted above, just 14 percent of workers have paid family leave through their jobs.

CARE-INTENSIVE HEALTH CONDITIONS ARE INCREASINGLY THE NORM

Family caregiving is often perceived as providing basic personal care assistance and completing household chores for people unable to meet these needs on their own. But, today, people who care for family members are increasingly providing more care that, in prior times, would have been provided by health professionals in a hospital setting.³² This care includes managing and coordinating complex medication regimens, administering injections and providing wound care.³³ Performing these more complicated tasks is particularly common among family caregivers of adults ages 50 and older – more than half (58 percent) of whom report assisting care recipients with medical and nursing tasks.³⁴ For

many low- and middle-income family caregivers, paid home care assistance is not an affordable option to help manage caregiving demands.

Paid leave provides employed family caregivers dedicated time to coordinate care and learn complex tasks, prepare for potential long-term care needs and help their families adjust to these changes. In addition, paid leave can improve health outcomes and reduce care costs. Family caregivers help their loved ones recover more smoothly and quickly and avoid or delay institutional care.³⁷ For seriously ill children, for example, the presence of a parent can help reduce the duration of a hospital stay by nearly a third.³⁸ And for older adults, the presence of a caregiver has been shown to delay or prevent use of more care intensive health services like home health care and nursing homes.³⁹ But without paid leave, family caregivers may not be able to take the dedicated time needed to learn to care for a loved one, potentially jeopardizing their loved one's health.

CHANGING DEMOGRAPHICS MEAN MORE ADULTS NEED CARE – AND GREATER CARE RESPONSIBILITIES FOR YOUNGER GENERATIONS

It is important that our country's public policies reflect that every person deserves to age with dignity and with care. Access to quality health care, meaningful retirement savings and other basic supports are critical – and so is the availability of caregivers to provide support when serious health needs arise. Between 2015 and 2030, the population of adults ages 65 and older is expected to balloon from 43 million people to nearly 73 million people, comprising an estimated 20 percent of the U.S. population.⁴⁰ And according to a recent study, more than half of older adults (52 percent) can expect to need assistance with at least some daily activities upon turning age 65.⁴¹ As life expectancy increases, so does the duration for which older adults need care.⁴²

Yet the number of family members available to provide care will plummet in the coming years as the baby boomers transition from providing family care to needing care. Strikingly, for every person age 80 and older, the number of potential family caregivers will fall from about seven in 2010 to four by 2030, and then to less than three by 2050.⁴³

In the States: Largest Shares of Family Caregivers

Family caregiving is a common experience for more than 15 percent of U.S. adults, and the value of unpaid family caregiving is estimated to be a total of \$234 billion nationally.³⁵ But in 10 states in particular, unpaid family caregiving is especially common.³⁶

About one in five adults in each of these states is providing unpaid care to a family member, often making professional and financial sacrifices in order to do so (in order of greatest share of caregivers):

- 1. Mississippi**
- 2. Alabama**
- 3. Arkansas**
- 4. West Virginia**
- 5. Tennessee**
- 6. Kentucky**
- 7. Louisiana**
- 8. South Carolina**
- 9. Oklahoma**
- 10. New Mexico**

See [Appendix](#) for rates of family caregiving in all 50 states and the District of Columbia.

Smaller generational cohorts, declining fertility rates and high divorce rates further fuel this caregiver shortage because the most common family caregivers are spouses and adult children who live nearby.⁴⁴ Long-term care services, which are cost-prohibitive for many families, and especially for lower-income families, cannot fill this growing caregiving need alone because of a serious and growing shortage of in-home care workers.⁴⁵

The projected shortage of both paid and unpaid care will be further strained by the rapidly growing share of people with serious health conditions who need long-term and intensive care. For example, the prevalence of Alzheimer’s disease among people ages 65 and older is projected to increase by nearly 35 percent by 2025.⁴⁶ By 2050, without significant medical advances, the number of people with Alzheimer’s could nearly triple to 13.8 million.⁴⁷ As a result, the need for paid leave for family caregivers – particularly those caring for loved ones with care-intensive conditions like Alzheimer’s – is a critical component of addressing the nation’s long-term care needs.

These demographic and economic trends underscore the need for improved paid family and medical leave policies that include family care.

Paid Leave for Serious Medical Conditions is Crucial Too

Working people also need paid leave to care for themselves. Paid medical leave – sometimes referred to as paid disability leave, short-term disability or personal medical leave – allows people to take time away from their jobs to recover from their own serious health conditions. Any acceptable paid leave program simply cannot allow people to take leave to care for new children or other family members while denying people the ability to address their own serious medical needs.

People may need paid medical leave to recover from a surgery, seek cancer treatments, manage chronic conditions, recover from childbirth or address other serious health conditions. Medical leave can be particularly costly for families since it is usually associated

In the States: Current and Projected Need for Family Caregivers

Based on the family caregiving indicators outlined in the Appendix, the following states would be particularly poorly served by a national paid leave policy that does not cover family care leave (states in alphabetical order):

- ▶ **Arizona**
- ▶ **Delaware**
- ▶ **Florida**
- ▶ **Hawaii**
- ▶ **Maine**
- ▶ **Montana**
- ▶ **New Hampshire**
- ▶ **New Mexico**
- ▶ **Pennsylvania**
- ▶ **Vermont**
- ▶ **West Virginia**

The indicators included in this analysis examine the current and projected state needs for family caregivers based on age demographics, demand for and availability of family caregivers and the care needs of older adults.

See the [Appendix](#) for more details for all 50 states and the District of Columbia.

with sudden and increased health care expenses in addition to lost income. Yet the majority of workers don't have access to paid medical leave. Currently, fewer than 40 percent of workers have access to short-term disability insurance for personal medical leave through their employers – and, among low-wage workers, only 12 percent have access.⁴⁹ More than one-third of private sector workers don't have a single paid sick day they can use to cobble together some paid time off while addressing a serious medical condition. And the vast majority of low-wage workers don't have access to paid sick days or paid medical leave.⁵⁰

As life expectancy increases and retirement security declines, people are staying in the paid labor force longer. In fact, the fastest-growing segment of the labor force is workers ages 55 and older, and by 2024, one in five workers will be age 55 and older.⁵¹ Workers of any age may need to take leave at some point for medical purposes, but older workers are more likely to experience serious medical conditions and to take leave for medical reasons. Paid medical leave is critical to helping older workers stay in the labor force and maintain their economic security.⁵² According to the Integrated Benefits Institute, which studies trends in employee health and benefits, about 8 percent of baby boomer men and 9 percent of baby boomer women are expected to need medical leave at some point.⁵³ A comprehensive national paid leave program that includes personal medical leave would help address this expected increase in leave-taking and prevent the loss of valuable and experienced workers.

Economic Realities Necessitate Paid Family and Medical Leave

THE LACK OF PAID LEAVE ECONOMICALLY DESTABILIZES MANY WORKING FAMILIES

The typical U.S. household lacks the funds to replace even one month of unpaid leave, which means time away from work to undergo surgery or to care for a family member who has suddenly become seriously ill can quickly destabilize a family for months or even years.⁵⁴ These lost wages cost working families at least \$20.6 billion every year.⁵⁵ What's more, providing care can be very expensive and cause further financial strain. More than three-fourths of family caregivers report incurring out-of-pocket caregiving costs that, on average, amount to nearly \$7,000 annually. These costs consume about 20 percent of the average family caregiver's income.⁵⁶

In the States: Largest Shares of Older Workers

Paid medical leave would help bolster the labor force in states with high shares of workers ages 55 and older, and any plan that excludes personal medical leave would poorly serve these states.

States with the largest share of workers ages 55 and older:⁴⁸

1. **Maine**
2. **Vermont**
3. **New Hampshire**
4. **Montana**
5. **Hawaii**
6. **New Jersey**
7. **Connecticut**
8. **Pennsylvania**
9. **Massachusetts**
10. **West Virginia**

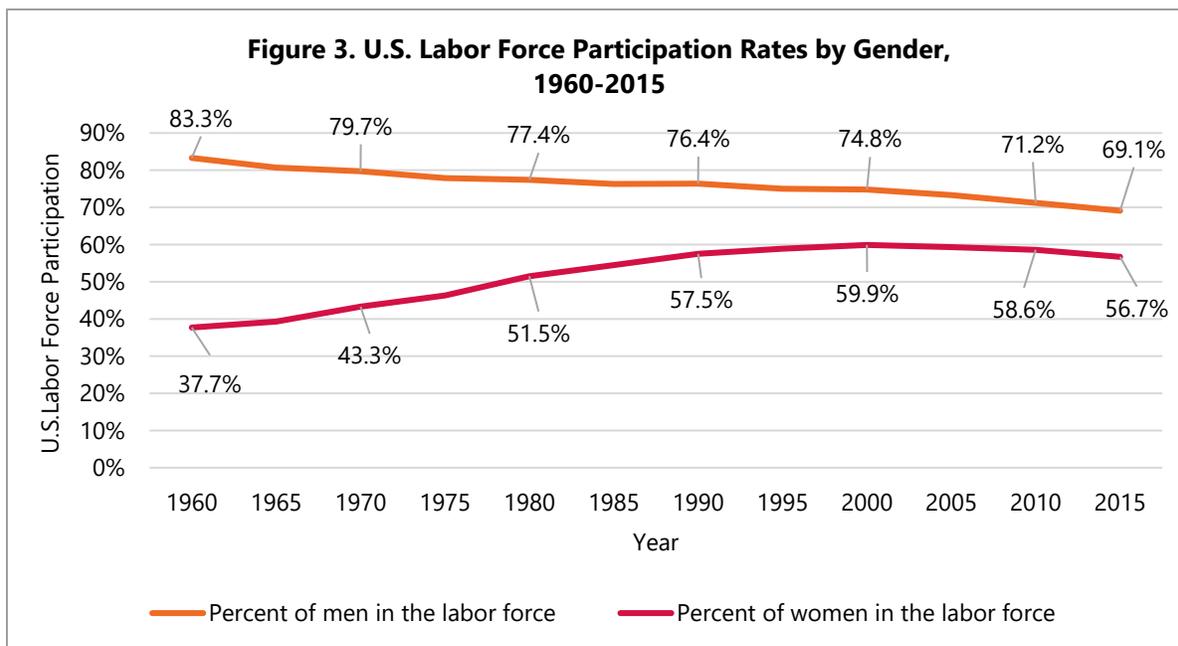
Click [here](#) for more information on labor force participation rates among adults ages 55 and older in all 50 states and the District of Columbia.

Low-income caregivers, as well as Latino and Black caregivers, typically face the greatest financial burdens from caregiving. Low-income caregivers and Latino caregivers spend more than 40 percent of their income and Black caregivers spend more than one-third of their income on caregiving expenses.⁵⁷ As a result, family caregiving and financial insecurity are deeply interconnected. Many families without paid leave are forced to take on significant debt, turn to public assistance programs for food or income security, or jeopardize their health or the health of their loved ones by not taking leave at all.⁵⁸

Some working family caregivers have no real choice but to leave their paid jobs to provide care. When workers leave the labor force because of conflict between paid work and unpaid care, there are long-term financial consequences. For example, the average family caregiver over age 50 who leaves the labor force to care for a parent loses nearly \$304,000 in wages, Social Security and private pensions.⁵⁹ For women, that penalty is even higher at more than \$324,000.⁶⁰ At a time when America’s families need higher wages and frequently experience income volatility, paid leave is especially critical to fostering economic stability.

PAID LEAVE INACTION COSTS THE U.S. ECONOMY

Personal and family economics are not the only concern: The nation’s lack of paid leave has hurt the growth of the labor force and economy. While women’s participation in the labor force has grown significantly since the 1970s, it has stagnated in recent years – and is declining relative to other high-wealth nations with paid leave policies.⁶¹ From 1990 to 2010, the United States fell from sixth to 17th in female labor force participation among higher wealth countries.⁶² U.S. labor force participation rates for both younger and older women suffer from the country’s failure to provide paid family and medical leave because women are disproportionately responsible for caring for children and older family members.



Source: U.S. Bureau of Labor Statistics. (2017). *Women in the Labor Force: A Data Book*.

As referenced, research shows that access to paid leave has a direct positive impact on women’s labor force participation and the economy.⁶³ According to the U.S. Department of Labor, if prime age women (ages 25 to 54) in the United States participated in the labor force at the same rate as women in Canada or Germany – both of which have paid leave and other family friendly policies – more than five million more women would be in the labor force.⁶⁵ This equates to more than \$500 billion in additional economic activity each year.⁶⁶ The United States is losing valuable talent and suffering a hit to its global competitiveness. Paid leave, along with other family friendly workplace policies, are critical to helping correct the country’s labor force gender imbalance and promoting economic growth.

A Comprehensive, Inclusive, Affordable, Sustainable and Secure Plan is the Best Solution

The United States must adopt a paid family and medical leave solution that reflects the needs of all working people across their lifespans. New parents, family caregivers and people with serious health conditions need access to affordable paid family and medical leave. Although each state’s population and labor force dynamics vary, the need for paid family and medical leave is universal. A national paid leave insurance program would set a baseline of support for working people so they can be with their families during life’s most precious and difficult moments.

An effective national paid family and medical leave solution should:

- ▶ **Be available on a nationwide basis to all working people;**
- ▶ **Reflect all of the well-established reasons people need family and medical leave;**
- ▶ **Apply equally to women and men;**
- ▶ **Provide leave for a meaningful duration of at least 12 weeks and replace a substantial share of workers’ usual wages;**
- ▶ **Protect workers against retaliation for taking leave; and**
- ▶ **Be funded responsibly and sustainably, in a way that is affordable for workers, employers, and without cutting or limiting access to other essential programs.**

In the States: Lowest Women’s Labor Force Participation Rates at Key Ages

States (in alphabetical order) with the lowest women’s labor force participation rates relative to men’s overall, among women of prime child-bearing age (25 to 34) and among women of prime age for elder care responsibilities (55 to 64):⁶⁴

- ▶ **Arizona**
- ▶ **California**
- ▶ **Colorado**
- ▶ **Nevada**
- ▶ **New Jersey**
- ▶ **Oklahoma**
- ▶ **Tennessee**
- ▶ **Texas**
- ▶ **Utah**
- ▶ **Wyoming**

Click [here](#) for more information on labor force participation rates for all women and men and by age group in all 50 states and the District of Columbia.

A sustainable national paid leave program would help mitigate costs that, today, are borne by the small share of employers who have chosen to provide paid leave; the families that absorb the short- and long-term destabilizing effects of unpaid leave; public assistance programs, which people use more often when paid leave is unavailable; and the health care system, which faces greater burdens when people cannot access paid parental, family care or personal medical leave. A national paid leave program would also address the changing dynamics of the workforce – including people moving more frequently across state lines, changing jobs more frequently, and participating in contracting work or the “gig” economy in which non-traditional work is becoming more common. It would also help smaller businesses compete with larger ones.

Currently, only one proposal in Congress meets the needs of the country’s workforce. The Family And Medical Insurance Leave (FAMILY) Act would create a national paid family and medical leave insurance program that covers working people no matter where they live, their employer or the job they hold. It would help strengthen the nation’s working people and their families, businesses and the economy by creating a self-sustaining, responsible fund that offers working people paid family and medical leave for 12 weeks at up to two-thirds of their wages. It would set a floor upon which employers and states could improve.

Gone should be the days when only 14 percent of workers in the United States have access to paid family leave, and fewer than 40 percent have paid medical leave. Everyone needs and deserves time to care for their health and their families.

Appendix: Methodology and Definitions

The family care leave indicators included in this analysis were drawn from various sources, including the U.S. Census Bureau’s American Community Survey, the University of Virginia Demographics Research Group, AARP Public Policy Institute and the Alzheimer’s Association. States were evaluated according to each of the eight indicators defined below to examine the respective state population’s need for paid leave for family care.

Click [here](#) for more state-by-state data that demonstrate the need for paid parental leave, medical leave and family care leave, and that make the economic case for paid leave.

Table 1. States’ Need for Paid Leave for Family Care Indicators

Indicator	Definition and Source
Family Caregiving Population	Percentage of adults serving as caregivers by state. ⁶⁷
Current Population of Older Adults	Percentage of people ages 65 and older by state. ⁶⁸
Old-Age Dependency Ratio	A dependency ratio measures the social and economic impact of age structures in societies. The old age dependency ratio evaluates the number of people ages 65 and older to the population ages 18 to 64 to demonstrate the relative pressure on the labor force to support older adults. The values reported in the table are calculated by dividing the population ages 65 and older by the population ages 18 to 64 and multiplying by 100. ⁶⁹
Prevalence of Older Adults With Significant Care Needs	Percentage of Medicare enrollees ages 65 and older with four or more chronic conditions. ⁷⁰
Projected Availability of Family Caregivers	Projected number of potential caregivers ages 45 to 64 for each person age 80 and older in 2050 by state. ⁷¹
Projected Population of Older Adults	Projected percentage of people ages 65 and older in 2030 by state. ⁷²
Rate of Growth of Older Adult Population	Projected increase in the percentage of people ages 65 and older from 2015 to 2030 by state. ⁷³
Rate of Growth of Older Adults With Alzheimer’s Disease	Projected percent increase in the number of adults ages 65 and older with Alzheimer’s disease between 2017 and 2025 by state. ⁷⁴

Table 2. Key Indicators Measuring the Current and Projected Need for Family Caregivers by State (Red indicates states with particularly high care needs)

State	Percentage of Adults Who Are Family Caregivers	Percentage of Current Population 65+ Years Old	Old-Age Dependency Ratio	Percentage of Adults 65+ With Multiple Chronic Medical Conditions	Projected Ratio of Potential Caregivers for Every Elderly Person, 2050	Projected Percentage of Population 65+ Years Old, 2030	Projected Percentage Increase in Proportion of Population Age 65+, 2015-2030	Projected Percentage Increase in Number of Adults 65+ With Alzheimer’s, 2017-2025	Frequency State Ranks in the Bottom 10
	Current Care Needs				Projected Care Needs				
Alabama	20.3%	15.7%	25.5	42.7%	3.2	20.8%	32.4%	22.2%	2
Alaska	15.4%	9.6%	14.8	22.6%	3.1	16.0%	66.6%	54.9%	2
Arizona	15.4%	16.4%	27.4	32.6%	1.8	19.8%	20.7%	53.8%	4
Arkansas	19.9%	16.1%	26.6	36.5%	3.2	19.9%	23.8%	21.8%	2

State	Percentage of Adults Who Are Family Caregivers	Percentage of Current Population 65+ Years Old	Old-Age Dependency Ratio	Percentage of Adults 65+ With Multiple Chronic Medical Conditions	Projected Ratio of Potential Caregivers for Every Elderly Person, 2050	Projected Percentage of Population 65+ Years Old, 2030	Projected Percentage Increase in Proportion of Population Age 65+, 2015-2030	Projected Percentage Increase in Number of Adults 65+ With Alzheimer's, 2017-2025	Frequency State Ranks in the Bottom 10
	Current Care Needs				Projected Care Needs				
California	14.8%	13.3%	20.9	34.6%	2.7	17.7%	33.4%	33.3%	1
Colorado	13.9%	13.0%	20.4	25.8%	2.7	17.6%	35.5%	33.3%	1
Connecticut	16.2%	15.7%	25.0	39.3%	2.8	23.1%	46.9%	21.3%	2
Delaware	16.6%	17.0%	27.7	40.9%	2.8	24.1%	41.9%	27.8%	4
District of Columbia	13.6%	11.4%	16.0	34.7%	4.0	11.6%	1.3%	0.0%	0
Florida	16.5%	19.5%	32.3	45.4%	2.3	23.0%	18.2%	38.5%	6
Georgia	17.2%	12.8%	20.3	39.0%	3.1	18.3%	42.9%	35.7%	1
Hawaii	13.7%	16.6%	26.9	33.6%	2.1	22.7%	37.0%	29.6%	3
Idaho	16.0%	14.7%	24.8	27.3%	3.0	21.5%	45.9%	37.5%	2
Illinois	15.8%	14.2%	22.7	37.3%	3.3	19.4%	36.8%	18.2%	0
Indiana	16.6%	14.6%	23.7	39.3%	3.2	20.1%	37.8%	18.2%	0
Iowa	13.2%	16.0%	26.5	32.4%	2.3	21.3%	32.8%	14.1%	1
Kansas	15.7%	14.6%	24.1	35.0%	2.7	19.9%	36.5%	19.2%	1
Kentucky	19.0%	15.2%	24.6	42.7%	3.1	20.8%	37.1%	22.9%	2
Louisiana	18.6%	14.0%	22.5	43.7%	3.4	17.2%	22.8%	29.4%	2
Maine	16.6%	18.8%	30.4	33.6%	3.0	28.2%	50.1%	29.6%	4
Maryland	16.5%	14.1%	22.2	38.3%	2.8	18.7%	32.8%	30.0%	0
Massachusetts	15.6%	15.4%	23.9	38.0%	3.2	19.6%	27.3%	25.0%	0
Michigan	16.6%	15.8%	25.6	41.1%	3.3	22.5%	42.5%	22.2%	2
Minnesota	13.9%	14.7%	23.7	28.7%	2.7	20.8%	41.7%	30.4%	1
Mississippi	22.1%	14.7%	24.2	39.3%	3.3	19.5%	32.5%	22.6%	1
Missouri	16.9%	15.6%	25.4	38.4%	2.9	21.8%	39.5%	18.2%	0
Montana	14.6%	17.3%	28.5	25.1%	2.9	24.3%	40.3%	35.0%	3
Nebraska	13.7%	14.7%	24.3	31.5%	2.8	19.4%	32.2%	21.2%	0
Nevada	15.7%	14.6%	23.4	33.2%	2.0	15.9%	9.2%	48.8%	2
New Hampshire	16.2%	16.4%	25.7	31.6%	2.9	24.6%	50.2%	33.3%	3
New Jersey	16.1%	15.0%	23.9	44.1%	2.9	19.6%	30.4%	23.5%	1
New Mexico	17.5%	15.9%	26.3	29.6%	2.5	23.0%	45.0%	39.5%	5
New York	16.6%	15.0%	23.5	41.6%	3.5	19.4%	29.5%	17.9%	1
North Carolina	16.5%	15.1%	24.3	37.7%	2.7	21.4%	42.0%	31.3%	2
North Dakota	10.6%	14.2%	22.4	32.8%	3.0	19.3%	35.9%	14.3%	0
Ohio	16.5%	15.8%	25.7	39.8%	3.3	22.2%	40.3%	19.0%	0
Oklahoma	17.8%	14.7%	24.3	39.8%	3.1	18.4%	25.2%	20.6%	1
Oregon	14.8%	16.4%	26.3	27.0%	2.8	21.9%	33.8%	33.3%	0
Pennsylvania	16.3%	17.0%	27.5	40.5%	3.3	23.2%	36.2%	18.5%	4
Rhode Island	15.9%	16.1%	25.3	40.5%	3.0	21.7%	35.0%	17.4%	1
South Carolina	18.5%	16.2%	26.4	37.3%	2.9	22.6%	39.8%	39.5%	2
South Dakota	13.0%	15.7%	26.2	30.2%	2.9	21.5%	37.0%	17.6%	0
Tennessee	19.2%	15.4%	24.8	39.2%	3.2	20.6%	34.0%	27.3%	1
Texas	16.5%	11.7%	18.9	40.1%	3.0	15.7%	34.6%	36.1%	0

State	Percentage of Adults Who Are Family Caregivers	Percentage of Current Population 65+ Years Old	Old-Age Dependency Ratio	Percentage of Adults 65+ With Multiple Chronic Medical Conditions	Projected Ratio of Potential Caregivers for Every Elderly Person, 2050	Projected Percentage of Population 65+ Years Old, 2030	Projected Percentage Increase in Proportion of Population Age 65+, 2015-2030	Projected Percentage Increase in Number of Adults 65+ With Alzheimer's, 2017-2025	Frequency State Ranks in the Bottom 10
	Current Care Needs				Projected Care Needs				
Utah	16.1%	10.3%	17.3	27.7%	3.4	14.3%	39.0%	40.0%	1
Vermont	14.8%	17.6%	27.8	26.1%	2.9	24.4%	38.5%	41.7%	4
Virginia	15.8%	14.2%	22.3	35.6%	2.8	18.9%	33.0%	35.7%	0
Washington	14.9%	14.5%	22.9	28.4%	2.8	20.0%	37.9%	27.3%	0
West Virginia	19.3%	18.2%	29.8	42.8%	3.1	25.3%	39.1%	18.9%	5
Wisconsin	12.9%	15.6%	25.2	32.8%	2.9	22.4%	43.3%	18.2%	1
Wyoming	14.8%	14.1%	22.7	22.9%	2.6	19.7%	39.7%	38.3%	2

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, access to quality health care and policies that help women and men meet the dual demands of work and family. More information is available at NationalPartnership.org.

Our Aging, Caring Nation was a collaborative effort of the National Partnership's workplace programs team, with significant contributions from policy associate Julia Kortrey and vice president Vicki Shabo. The findings and conclusions presented are current as of June 13, 2017.

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