

# The Female Face of Family Caregiving

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Caregiving is a major part of life for millions of women, with women of color and immigrants taking on a disproportionate amount of both paid and unpaid family caregiving. More than 25 million women – almost one in seven – provide care to family members or friends.<sup>1</sup> The average family caregiver is a 49-year-old woman caring for her mother.<sup>2</sup> She typically works full-time as well as providing caregiving support.<sup>3</sup> Many of these women (37 percent) are part of the sandwich generation, providing care to both aging parents and children living at home. Households of color are more likely than white households to be multi-generational, which suggests they are more likely to have elder care responsibilities.<sup>4</sup>

A “family caregiver” is a family member, friend or neighbor who provides unpaid physical and/or emotional care for someone with a chronic or disabling condition.<sup>5</sup> A family caregiver helps with activities of daily living such as grocery shopping, bathing, dressing and medical tasks. The economic value of this work is staggering; family caregiving was recently estimated to be worth \$470 billion.<sup>6</sup> Research also indicates that family caregivers help their loved ones recover more quickly and avoid or delay institutional care.<sup>7</sup>

The nation is approaching a tipping point: as the population ages and people live longer, the need for caregiving will increase. Additionally, caregiving responsibilities are intensifying; family caregivers are increasingly performing complex medical/nursing tasks traditionally provided by health professionals in a hospital setting (for example, administering injections and providing wound care).<sup>8</sup>

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## Family Caregivers: A Snapshot

- Currently, nearly one-fifth of adults provide care to adult family members or children.
  - The majority of caregivers are women (60%) and 49 years of age, on average.
  - Caregivers spend an average of 24 hours a week providing care.
  - 55 percent of female caregivers are employed and 19 percent have insurance coverage.
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## Health Effects of Family Caregiving

Although family caregiving is often a labor of love, it can exact a toll – both physical and emotional – on a woman’s health. The stress and strain of caregiving may exacerbate existing health conditions or cause new health problems. Women with family caregiving responsibilities are more likely to report fair to poor health compared with women who do not have caregiving responsibilities (25 percent vs. 17 percent).<sup>9</sup>

Caregiving to family members can have negative long-term health effects. Research shows that women caregivers are twice as likely to forgo needed care as non-caregiving women.<sup>10</sup> Caregiving and chronic conditions are linked: Compared to their non-caregiving peers,

women caregivers are more likely to have had one or more chronic health condition (54 percent vs. 41 percent).<sup>11</sup> Notably, women who spend nine or more hours a week caring for an ill spouse are twice as likely to develop coronary heart disease.<sup>12</sup>

Taking care of a loved one can also impact mental health. Caregiving responsibilities take time away from social relationships, which are linked to social isolation and lower psychological well-being. Women caregivers have higher rates of depression, anxiety, and other mental health conditions compared to their non-caregiving counterparts.<sup>13</sup> More time spent caregiving may exacerbate these negative effects. One study found that compared to non-caregivers, women who spent 36 or more hours per week caring for a disabled spouse were nearly six times more likely to experience depressive or anxious symptoms.<sup>14</sup>

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### **Paid Caregivers: A Snapshot**

- **Paid or formal caregivers (often called direct care workers) include personal care aides, home health aides, and nursing assistants and are distinct from unpaid family caregivers.**
- **Today, there are approximately 4.5 million paid caregivers in the United States**
- **Women make up an overwhelming percentage of paid caregivers (89%).**
- **Women of color – Black (28%), Hispanic or Latino (21%) and Other (9%) women – make up more than half of the direct care workforce.**
- **Paid caregivers often make it possible for family caregivers to remain in the workforce and provide valuable, loving care. At the same time, their wages are low, their jobs are insecure and they lack access to basic protections like paid family and medical leave and paid sick days to care for their own loved ones and personal health needs.**

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paid sick day.<sup>18</sup> Lower-wage workers are much less likely than higher-wage workers to have paid leave or paid sick days,<sup>19</sup> and nearly 40 percent of the workforce is not eligible for job-protected unpaid leave through the Family and Medical Leave Act (FMLA).<sup>20</sup>

Of caregivers who do take time off to fulfill their responsibilities at home, 48 percent report losing income.<sup>21</sup> Of caregivers who leave the workforce, half (52 percent) said they did so because their jobs did not allow the flexibility they needed to work and provide care.<sup>22</sup> Caregiving also has long-term financial consequences for women, harming their income and retirement security. Studies estimate that a woman who is 50 years of age or older who leaves the workforce to care for an aging parent will lose more than \$324,000 in wages and retirement savings.<sup>23</sup>

## **Economic Effects of Family Caregiving**

Family caregiving can cause significant financial pressure as women struggle to balance competing work and caregiving priorities. Caregivers may be pushed out of the labor force, forced to reduce their hours or denied professional advancements.

The ability to take time off to care for a family member or close friend without losing income – or, worse, a job – is a growing economic issue facing the estimated 24 million family caregivers who work.<sup>15</sup> People of color who provide care to family members tend to be younger and more likely to be employed than white caregivers, which means they may face greater conflicts between work and family.<sup>16</sup>

Too often, family caregivers are faced with impossible choices because paid time off to provide care is far too rare. Only 17 percent of workers have paid family leave through their jobs to care for a seriously ill family member or new child,<sup>17</sup> and nearly one-third of workers cannot earn a single

## Policy Recommendations

Family caregiving is a major part of life for millions of working women and an essential part of the U.S. health care delivery system. There are several policies that would support caregivers in these central roles while promoting the health and economic security of women who are family caregivers. For example:

- ▶ **Support access to high-quality, affordable health care for patients and their caregivers.** If caregivers cannot access the health insurance or care they need to keep themselves healthy, it affects not only their health but their ability to provide care for loved ones.
- ▶ **Oppose Medicaid work requirements that make caregiving more difficult.** State policies that require beneficiaries to work to qualify for Medicaid create a barrier for women who are not working because they are providing care to loved ones.
- ▶ **Recognize and support caregivers in their roles.** The health care system can better integrate caregivers into the design and delivery of care by providing training, documenting caregiver status in patient medical records, and accounting for caregiver availability and capacity to help coordinate care and follow treatment recommendations.
- ▶ **Expand access to paid family and medical leave and sick days.** The nation lacks basic workplace supports. Paid leave would provide a critical lifeline to working women caregivers. The United States needs a national paid family and medical leave program.

Additionally, a national paid sick days standard would help keep family caregivers from having to make impossible choices between their families' financial security and accessing routine health care for themselves and their loved ones or the ability to take a day to recover from the flu. A paid sick days standard would be particularly beneficial to Black and Latino workers and workers who are paid low wages – especially women – who are both least likely to have paid sick days<sup>24</sup> and most likely to have family caregiving responsibilities.<sup>25</sup>

- ▶ **Promote supportive workplace policies that help women manage their caregiving responsibilities.** Employers should recognize working families' child and elder care responsibilities and help women in these roles through dependent care accounts, onsite or offsite child care, adult day care and backup care for families when their usual care arrangements fall through.

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### Caregiving Resources

Many advocacy organizations are conducting research and developing resources to support family caregivers. Check out the following for more information and tools to help:

- [AARP](#)
  - [Caregiver Action Network](#)
  - [National Alliance for Caregiving](#)
  - [Family Caregiver Alliance](#)
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1 National Alliance for Caregiving and AARP Public Policy Institute. (2015, June). *Caregiving in the U.S. 2015*. Retrieved 8 November 2018, from <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>

2 Ibid.

3 Ibid.

4 Cohn, D., & Passel, J. S. (2018, April). *A record 64 million Americans live in multigenerational households*. Retrieved 13 November 2018, from <http://www.pewresearch.org/fact-tank/2018/04/05/a-record-64-million-americans-live-in-multigenerational-households/>

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- 5 Reinhard, S.C., Levine, C., & Samis, S. (2012, October). *Home Alone: Family Caregivers Providing Complex Chronic Care*. Retrieved 8 November 2018, from <http://www.aarp.org/home-family/caregiving/info-10-2012/home-alone-family-caregivers-providing-complex-chronic-care.html>
- 6 Reinhard, S.C., Feinberg, L.F., Choula, R., & Houser, A. (2015, July). *Valuing the Invaluable: 2015 Update*. Retrieved 8 November 2018, from <https://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>
- 7 U.S. Department of Health and Human Services. (2011). *Administration on Aging: FY 2011 Report to Congress*. Retrieved 8 November 2018, from [https://www.acl.gov/sites/default/files/about-acl/2017-04/AOA\\_2011\\_AnnualReport.pdf](https://www.acl.gov/sites/default/files/about-acl/2017-04/AOA_2011_AnnualReport.pdf)
- 8 See note 5.
- 9 Collins, S.C., Schoen, C., & Joseph, S. *Informal caregiving*. Retrieved 9 November 2018, from <https://www.commonwealthfund.org/publications/publication/1999/may/informal-caregiving>
- 10 Ibid.
- 11 Ibid.
- 12 Sunmin, L., Colditz, G., Berkman, L., & Kawachi, I. (1993, February). Caregiving and Risk of Coronary Heart Disease in U.S. Women. *American Journal of Preventative Medicine* 24(2), 113-119. Retrieved 7 November 2018, from [https://www.ajpmonline.org/article/S0749-3797\(02\)00582-2/fulltext](https://www.ajpmonline.org/article/S0749-3797(02)00582-2/fulltext)
- 13 Pinquart, M., & Sorensen, S. (2003). Differences between caregivers and noncaregivers in psychological health and physical health: A meta-analysis. *Psychology and Aging*, 18(2), 250-267; Marks, N., Lambert, J.D. & Choi, H. (2002). Transitions to caregiving, gender, and psychological well-being: A prospective U.S. national study. *Journal of Marriage and Family*, 64, 657-667.
- 14 Cannuscio, C. C., Jones, C., Kawachi, I., Colditz, G. A., Berkman, L., & Rimm, E. (2002, August). Reverberations of family illness: a longitudinal assessment of informal caregiving and mental health status in the Nurses' Health Study. *American Journal of Public Health*, 92(8), 1305-1311. Retrieved 7 November 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447235/>
- 15 Friss Feinberg, L. (2016, May). *The Dual Pressures of Family Caregiving and Employment*. Retrieved 12 November 2018, from <https://www.aarp.org/content/dam/aarp/ppi/2016-03/The-Dual-Pressures-off-Family-Caregiving-and-Employment.pdf>
- 16 See note 1.
- 17 U.S. Bureau of Labor Statistics. (2018, September). *National Compensation Survey: Employee Benefits in the United States March 2018*. (Tables 16 and 32). Retrieved 8 November 2018, from <https://www.bls.gov/ncs/ebs/benefits/2018/employee-benefits-in-the-united-states-march-2018.pdf>
- 18 U.S. Bureau of Labor Statistics. (2018, July). *National Compensation Survey: Employee Benefits in the United States, March 2018*. (Table 5). Retrieved 8 November 2018, from <https://www.bls.gov/news.release/pdf/ebs2.pdf>
- 19 See note 17; Horowitz, J.M., Parker, K., Graf, N., & Livingston, G. (2017, March). *Americans Widely Support Paid Family and Medical Leave, but Differ Over Specific Policies*. Retrieved 8 November 2018, from <http://assets.pewresearch.org/wp-content/uploads/sites/3/2017/03/22152556/Paid-Leave-Report-3-17-17-FINAL.pdf>
- 20 U.S. Department of Labor. (2012). *FMLA Surveys*. Retrieved 12 November 2018, from [www.dol.gov/whd/fmla/survey](http://www.dol.gov/whd/fmla/survey)
- 21 Aumann, K., Galinsky, E., Sakai, K., Brown, M., & Bond, J.T. (2010). *The Elder Care Study: Everyday Realities and Wishes for Change*. Retrieved 7 November 2018, from [http://familiesandwork.org/site/research/reports/elder\\_care.pdf](http://familiesandwork.org/site/research/reports/elder_care.pdf)
- 22 Matos, K. (2014). *Highlights from the 2014 Older Adult Caregiver Study*. Families and Work Institute Publication. Retrieved 9 November 2018, from <http://www.familiesandwork.org/downloads/2014-Older-Adult-Caregiver-Study.pdf>
- 23 Appelbaum, E., & Milkman, R. (2013). *Unfinished Business: Paid Family Leave in California and the Future of U.S. Work-Family Policy*. Ithaca, NY: Cornell University Press; Setty, S., Skinner, C., & Wilson-Simmons, R. (2016, March). *Protecting Workers, Nurturing Families: Building an Inclusive Family Leave Insurance Program, Findings and Recommendations from the New Jersey Parenting Project*. Retrieved 26 January 2018, from [http://nccp.org/projects/paid\\_leave\\_publications.html](http://nccp.org/projects/paid_leave_publications.html)
- 24 U.S. Bureau of Labor Statistics. (2018, July 20). *National Compensation Survey: Employee Benefits in the United States, March 2018*. (Table 5). Retrieved 8 November 2018, from <https://www.bls.gov/news.release/pdf/ebs2.pdf>; Xia, J., Hayes, J., Gault, B., & Nguyen, H. (2016, February 17). *Paid Sick Days Access and Usage Rates Vary by Race/Ethnicity, Occupation, and Earnings*. (Figure 1). Institute for Women's Policy Research Publication. Retrieved 4 September 2017, from <https://iwpr.org/publications/paid-sick-days-access-and-usage-rates-vary-by-raceethnicity-occupation-and-earnings/>
- 25 See note 1; Cynkar, P., & Mendes, E. (2011, July). *More Than One in Six American Workers Also Act as Caregivers*. Retrieved 4 September 2017, from <http://www.gallup.com/poll/148640/one-six-american-workers-act-caregivers.aspx>; Frye, J. (2016, October 3). *The Missing Conversation About Work and Family*. Center for American Progress Publication. Retrieved 4 September 2017, from <https://www.americanprogress.org/issues/women/reports/2016/10/03/145208/the-missing-conversation-about-work-and-family/>

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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](http://NationalPartnership.org).

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