

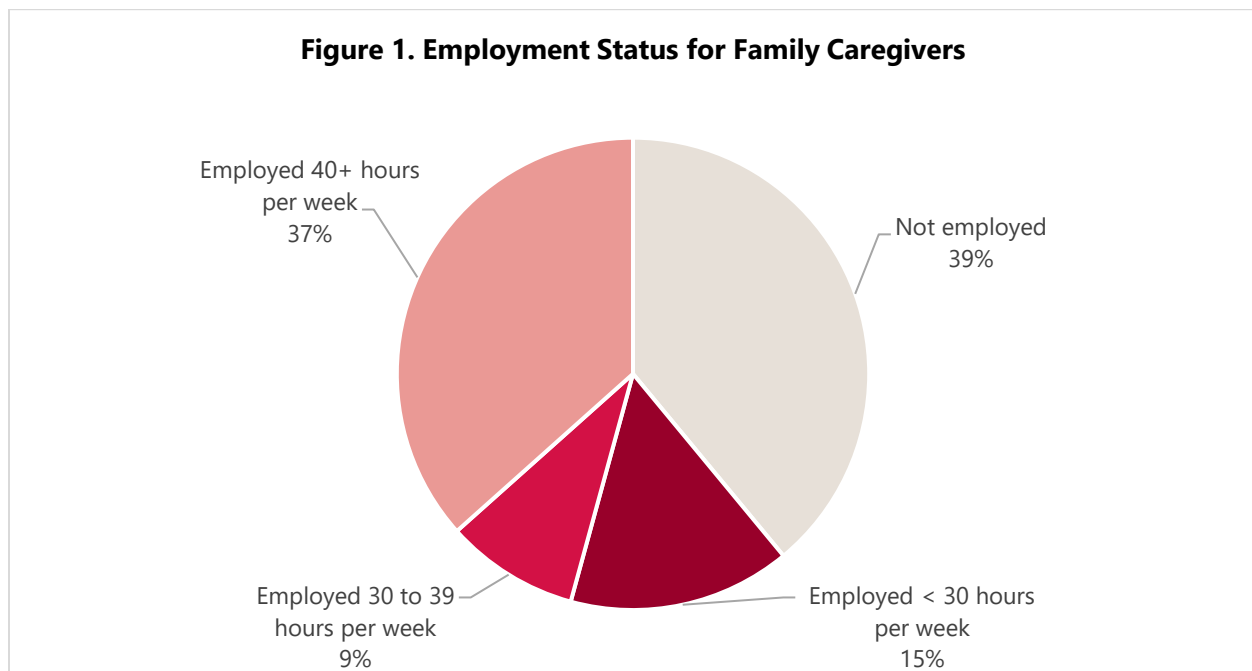
Our Aging, Caring Nation: Why A U.S. Paid Leave Plan Must Provide More Than Time to Care for New Children

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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.



Source: AARP Public Policy Institute and National Alliance for Caregiving. (2020). *Caregiving in the U.S. 2020*.

Millions of Working People are Caring for Family Members with Health and Care Needs

Currently, about 53 million Americans – more than one-fifth of adults – provide care to adult family members or disabled children.¹ Six in 10 report working at jobs unrelated

to their care responsibilities; more than one-third of family caregivers (37 percent) work full time, and another 9 percent work between 30 and 39 hours per week (see Figure 1).² 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.³ 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.⁴ Paid leave would provide a critical lifeline to working family caregivers, yet as noted above, just 21 percent of workers have paid family leave through their jobs.⁵

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.⁶ This care includes managing and coordinating complex medication regimens, administering injections and providing wound care for family members with physical, cognitive, behavioral health and substance use disorder issues.⁷ Performing these more complicated tasks is particularly common among family caregivers of adults ages 50 and older – more than half (59 percent) of whom report assisting care recipients with medical and nursing tasks.⁸ For many low- and middle-income family caregivers, paid home care assistance is not an affordable option to help manage caregiving demands.

In the States: Largest Shares of Family Caregivers

Family caregiving is a common experience for more than 16 percent of U.S. adults, and the value of unpaid family caregiving is estimated to total of \$473.5 billion if the 53 million family caregivers nationwide were paid the minimum wage.³⁷ But in 10 states in particular, unpaid family caregiving is especially common. **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):

- Mississippi
- Alabama
- Arkansas
- West Virginia
- Louisiana
- Tennessee
- Kentucky
- South Carolina
- Oklahoma
- Michigan

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

Paid leave provides employed family caregivers dedicated time and financial resources to coordinate care and learn complex tasks, prepare for potential long-term care needs and help their families adjust to these changes.⁹ Family caregivers help their loved ones age in place or delay institutional care.¹⁰ For seriously ill children, for example, the presence of a parent can help reduce the duration of a hospital stay by nearly a third.¹¹ 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.¹² 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 2019 and 2040, the population of adults ages 65 and older is expected to balloon from 54 million people to nearly 81 million people, comprising an estimated 22 percent of the U.S. population.¹³ 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 65.¹⁴ As life expectancy increases, so does the duration for which older adults need care.¹⁵ 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 2050.¹⁶ 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.¹⁷ Long-term care services, which are cost-prohibitive for many families and not covered by Medicare, cannot fill this growing caregiving need alone because of a serious and growing shortage of caregivers and a lack of financial support.¹⁸

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 double from six million to nearly 13 million by 2050.¹⁹ This translates to an increase of costs for health care and long-term care from \$355 billion a year in 2021 to more than \$1.1 trillion in 2050.²⁰ 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.

The prevalence of disability among people ages 65 and older is also projected to increase in a way that creates greater demand for long-term care. Over 17 million adults ages 65 and older – or one in three adults ages 65 and up - had a disability in 2019, with some estimates that this figure will rise to 18 million by the end of the decade.²¹ These demographic and economic trends underscore the need for improved paid family and medical leave policies that include coverage for 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 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, only 40 percent of workers have access to short-term disability insurance for personal medical

In the States: Current and Projected Need for Family Caregivers

Based on the family caregiving indicators outlined in the Appendix, a national paid leave policy that *does not* cover family care leave would be least beneficial to the following states (states in alphabetical order):

- **Arizona**
- **California**
- **Colorado**
- **Delaware**
- **Florida**
- **Nevada**
- **New Hampshire**
- **South Carolina**
- **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.

leave through their employers²² – and, among low-wage workers, only 19 percent have access.²³ More than one-fifth 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.²⁴

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 2029, one in four workers will be age 55 and older.²⁵ 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.²⁶ 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.²⁷ 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.

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.

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 older³⁸:

- **Maine**
- **Vermont**
- **Connecticut**
- **New Hampshire**
- **South Dakota**
- **Maryland**
- **Hawaii**
- **Wyoming**
- **Pennsylvania**
- **Delaware**

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.

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. ²⁸
Current Population of Older Adults	Percentage of people ages 65 and older by state. ²⁹
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. ³⁰
Prevalence of Older Adults With Significant Care Needs	Percentage of Medicare enrollees ages 65 and older with four or more chronic conditions. ³¹
Share of Older Adults With a Disability	Percentage of population ages 65 and older with a disability ³²
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. ³³
Projected Population of Older Adults	Projected percentage of people ages 65 and older in 2030 by state. ³⁴
Rate of Growth of Older Adult Population	Projected increase in the percentage of people ages 65 and older from 2015 to 2030 by state. ³⁵
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. ³⁶

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	Percentage of Adults 65+ With a Disability	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	19.9%	17.4%	28.8	48.4%	37.5%	3.2	21.0%	41.4%	14.6%	3
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	Percentage of Adults 65+ With a Disability	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				
Alaska	14.9%	12.4%	19.6	24.3%	33.2%	3.1	17.9%	93.2%	29.4%	3
Arizona	15.4%	18.0%	30.2	36.5%	32.7%	1.8	23.4%	58.6%	33.3%	3

Arkansas	19.8%	17.4%	29.2	41.3%	39.9%	3.2	21.4%	39.8%	15.5%	2	
California	15.3%	14.8%	23.5	38.8%	32.9%	2.7	19.0%	65.6%	21.7%	3	
Colorado	13.8%	14.7%	23.1	28.7%	29.5%	2.7	19.9%	74.0%	21.1%	3	
Connecticut	16.2%	17.6%	28.5	42.4%	28.9%	2.8	22.5%	57.1%	13.8%	0	
Delaware	16.8%	19.5%	32.7	43.8%	30.4%	2.8	24.1%	51.6%	21.1%	3	
District of Columbia	14.0%	12.4%	17.9	37.3%	33.7%	4.0	14.4%	42.9%	1.1%	1	
Florida	16.8%	20.9%	35.3	48.5%	31.8%	2.3	25.0%	50.9%	24.1%	5	
Georgia	15.8%	14.3%	23.1	42.8%	34.2%	3.1	19.1%	68.4%	26.7%	3	
Hawaii	14.1%	19.0%	31.8	36.3%	33.0%	2.1	21.9%	43.5%	20.7%	2	
Idaho	15.0%	16.2%	27.5	29.7%	34.1%	3.0	21.2%	56.4%	22.2%	0	
Illinois	15.0%	16.1%	26.2	40.3%	30.7%	3.3	20.1%	52.5%	13.0%	0	
Indiana	16.5%	16.1%	26.6	42.7%	32.9%	3.2	20.7%	49.5%	18.2%	0	
Iowa	12.3%	17.5%	29.5	36.2%	29.8%	2.3	21.5%	44.3%	10.6%	1	
Kansas	14.9%	16.4%	27.5	38.3%	32.3%	2.7	20.6%	52.6%	12.7%	1	
Kentucky	18.2%	16.9%	27.8	45.9%	38.1%	3.1	19.6%	47.4%	14.7%	3	
Louisiana	19.1%	16.0%	26.3	47.0%	37.6%	3.4	19.7%	50.4%	19.6%	3	
Maine	16.5%	21.3%	35.2	35.6%	32.3%	3.0	25.8%	50.6%	20.7%	2	
Maryland	16.8%	15.9%	25.6	42.5%	29.6%	2.8	21.0%	65.3%	18.2%	2	
Massachusetts	15.2%	17.0%	26.8	40.3%	29.8%	3.2	20.9%	58.8%	15.4%	0	
Michigan	16.8%	17.7%	29.1	43.3%	32.6%	3.3	21.9%	48.8%	15.8%	1	
Minnesota	14.8%	16.3%	27.0	31.6%	28.2%	2.7	21.3%	64.0%	21.2%	1	
Mississippi	20.6%	16.4%	27.2	44.8%	39.8%	3.3	20.6%	44.1%	14.0%	3	
Missouri	15.3%	17.2%	28.5	41.4%	34.3%	2.9	22.2%	48.8%	8.3%	0	
Montana	13.5%	19.5%	32.8	26.2%	32.5%	2.9	23.9%	49.4%	22.7%	2	
Nebraska	16.4%	16.1%	27.2	35.2%	31.0%	2.8	20.1%	54.1%	14.3%	0	
Nevada	13.8%	16.2%	26.3	37.1%	34.1%	2.0	22.5%	72.7%	30.6%	3	
New Hampshire	16.0%	18.6%	29.8	33.8%	29.9%	2.9	24.3%	69.4%	23.1%	3	
New Jersey	15.6%	16.6%	27.0	46.2%	28.3%	2.9	21.3%	59.2%	10.5%	1	
New Mexico	16.6%	18.0%	30.3	32.5%	36.9%	2.5	22.2%	49.7%	23.3%	2	
New York	16.2%	16.9%	27.2	44.2%	30.5%	3.5	19.5%	50.2%	12.2%	1	
North Carolina	16.2%	16.7%	27.2	41.1%	33.0%	2.7	21.6%	55.0%	16.7%	1	
North Dakota	11.6%	15.8%	25.8	35.6%	31.4%	3.0	19.6%	53.3%	6.7%	0	
Ohio	16.6%	17.5%	28.9	42.8%	32.1%	3.3	21.5%	45.1%	13.6%	0	
Oklahoma	17.6%	16.1%	26.8	44.7%	39.7%	3.1	20.4%	40.3%	13.4%	3	
Oregon	13.7%	18.2%	29.7	29.9%	34.5%	2.8	22.2%	49.0%	21.7%	1	
Pennsylvania	15.6%	18.7%	30.7	42.8%	31.1%	3.3	22.4%	43.5%	14.3%	1	
Rhode Island	15.9%	17.7%	28.0	42.6%	28.9%	3.0	22.0%	54.1%	12.5%	0	
South Carolina	18.1%	18.2%	30.2	40.5%	33.3%	2.9	22.6%	50.3%	26.3%	3	
South Dakota	12.0%	17.4%	29.8	32.3%	31.2%	2.9	21.6%	55.2%	11.1%	0	
Tennessee	18.6%	16.7%	27.3	43.0%	37.0%	3.2	20.8%	48.8%	16.7%	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	Percentage of Adults 65+ With a Disability	Projected Ratio of Potential Caregivers for Every Elderly Person, 2050	Projected Percentage Increase in Proportion 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					
Texas	15.7%	12.9%	20.9	43.2%	35.0%	3.0	17.8%	70.7%	22.5%	3	
Utah	15.4%	11.4%	19.1	31.8%	30.9%	3.4	15.2%	68.5%	23.5%	3	

Vermont	14.5%	20.1%	32.5	27.8%	30.9%	2.9	25.0%	59.1%	30.8%	3
Virginia	15.6%	15.9%	25.5	39.8%	32.0%	2.8	20.8%	65.6%	26.7%	3
Washington	14.4%	15.9%	25.5	30.9%	33.3%	2.8	20.3%	63.2%	16.7%	1
West Virginia	19.5%	20.5%	34.5	47.4%	40.5%	3.1	23.2%	30.1%	12.8%	5
Wisconsin	12.7%	17.5%	28.8	34.9%	29.3%	2.9	22.7%	57.5%	8.3%	1
Wyoming	16.6%	17.1%	28.6	24.8%	31.6%	2.6	22.2%	58.8%	30.0%	2
United States	16.1%	16.5%	26.9	40.9%	32.7%	2.9	20.8%	55.7%	18.5%	

¹ National Alliance for Caregiving and AARP. (2020 May). *Caregiving in the U.S. 2020*. National Alliance for Caregiving and AARP Public Policy Institute Publication. Retrieved 14 July 2021 from <https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf>

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¹² National Academy of Sciences, Engineering, and Medicine. (2016, September 13). *Families Caring for an Aging America*. Retrieved 14 July 2021, from <https://www.nap.edu/catalog/23606/families-caring-for-an-aging-america>

¹³ U.S Department of Health and Human Services, Administration for Community Living (2021, May). *2020 Profile of Older Americans (pp .5)* Retrieved 14 July 2021, from https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2020ProfileOlderAmericans.Final_.pdf

¹⁴ See note 9, pp. 69 of 367.

¹⁵ See note 9, pp.. 65 of 367.

¹⁶ Redfoot, D., Feinberg, L., & Houser, A. (2013, August). *The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers*. AARP Public Policy Institute Publication. Retrieved 19 July 2021, from http://www.aarp.org/content/dam/aarp/research/public_policy_institute/lrc/2013/baby-boom-and-the-growing-care-gap-insight-AARP-ppi-lrc.pdf

¹⁷ Ibid. pp. 5-6.

¹⁸ See note 9, pp. 148 of 367

¹⁹ Alzheimer's Association. (2021). *2021 Alzheimer's Disease Facts and Figures (pp. 26-27)*. Retrieved 15 July 2021, from <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

²⁰ Ibid, (pp.69).

²¹ U.S. Census Bureau (2020) American Community Survey, 1-Year Estimates 2019: Table K201801 Disability Status by Age. Retrieved 23 July 2021 from <https://data.census.gov/cedsci/table?text=disability&g=0100000US,04000.001&tid=ACSSE2019.K201801&hidePreview=true>. See note 16.

²² U.S. Bureau of Labor Statistics and U.S. Department of Labor. (2020, September) *National Compensation Survey: Employee Benefits in the United States, March 2020, Table 16: Insurance benefits: Access, participation, and take-up rates*. Retrieved 15 July 2021 from <https://www.bls.gov/ncs/ebs/benefits/2020/employee-benefits-in-the-united-states-march-2020.pdf>

²³ Ibid. Low-wage workers defined as those with an average wage falling within the lowest 25 percent of wages.

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²⁹ U.S. Census Bureau. (2020) *American Community Survey, 1-Year Estimates 2019, Geographies: All States within United States and Puerto Rico, Table S0101: Age and Sex*. Retrieved 15 July 2021, from <https://data.census.gov/cedsci/table?q=ACSST1Y2019.S0101&g=0100000US.04000.001&tid=ACSST1Y2019.S0101&hidePreview=true>

³⁰ Ibid.

³¹ United Health Foundation. (2021). *America's Health Rankings, 2021 Senior Report: "Multiple Chronic Conditions."* Retrieved 15 July 2021, from <https://assets.americashealthrankings.org/app/uploads/2021-senior-report-%E2%80%93-state-summaries.pdf>

³² See note 21.

³³ See note 16.

³⁴ Houser, A., Fox-Garge, W., & Ujvari, K. (2018). *Across the States: Profiles of Long-Term Services and Supports*. Retrieved 15 July 2021, from <https://www.aarp.org/content/dam/aarp/ppi/2018/08/across-the-states-profiles-of-long-term-services-and-supports-full-report.pdf>

³⁵ Ibid.

³⁶ See note 19.

³⁷ See note 8. Unpublished calculation multiplying the 53 million family caregivers identified in the report by the 23.7 average hours of unpaid family caregiving per week, by 52 weeks in a year, and by the federal minimum wage of \$7.25 and hour.

³⁸ U.S. Bureau of Labor Statistics (2021) *Employment status of the civilian noninstitutional population by sex, race, Hispanic or Latino ethnicity, marital status, and detailed age, 2020 annual averages*. Retrieved 15 July 2021 from <https://www.bls.gov/lau/table14full20.pdf>

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