

AMERICA'S UNSEEN WORKFORCE: THE STATE OF FAMILY CAREGIVING



**A STUDY CONDUCTED BY:
COLUMBIA UNIVERSITY MAILMAN SCHOOL OF PUBLIC HEALTH**

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"America's Unseen Workforce: The State of Family Caregiving" is the latest installment in a caregiver research series **sponsored by Otsuka America Pharmaceutical, Inc. (Otsuka)**. The study, conducted by **Columbia University Mailman School of Public Health**, analyzed a multitude of factors at the state level to assess how differing demographics, healthcare infrastructures and economic conditions impact unpaid family caregivers.

OUR PROMISE

We are committed to walking alongside people and their caregivers, strengthening each other as we create solutions and outcomes that matter together.

Otsuka is dedicated to caring for caregivers – standing with them, the way they stand with their loved ones – and offering tools they may find helpful for the health of others and themselves. As we work to understand and share the stories of caregivers and support them on their journeys, we will continue advocating and calling for industry changes to improve their and their loved ones' quality of life.

As millions of families assume caregiving responsibilities, they become an essential part of an already struggling healthcare system. The shrinking healthcare workforce and a rising prevalence of dementia are putting more pressure on family caregivers across the country.

In the context of policy changes and budget cuts, state-level decisions are crucial to addressing the caregiver crisis for both the paid and unpaid caregiving workforce.

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Nearly Half of America's States are on the Brink of a Caregiving Emergency

A new scorecard assessing the urgency of local caregiving needs has been developed to help policymakers further advocate for caregiver benefits on behalf of their constituents. By categorizing all 50 states, in addition to District of Columbia, into four categories – critical, high risk, safe for now and well-supported - it serves as a tool to inform decision-making and political advocacy.

48%
of America's
states are on the
brink of a caregiving
emergency.



CRITICAL

The situation requires immediate action.

Alabama	Florida	Louisiana	South Carolina
Arkansas	Georgia	Nevada	Tennessee

HIGH-RISK

The situation requires prompt attention. Taking proactive measures can help support unpaid caregivers and prevent further issues.

Arizona	Idaho	Michigan	New Mexico	Oregon
California	Kentucky	Mississippi	North Carolina	Texas
Hawaii	Maryland	New Hampshire	Oklahoma	Virginia
				West Virginia

SAFE FOR NOW

The situation is currently stable, but active monitoring is necessary to maintain control.

Alaska	Illinois	Massachusetts	New York	South Dakota
Colorado	Indiana	Missouri	Ohio	Utah
Connecticut	Kansas	Montana	Pennsylvania	Vermont
Delaware	Maine	New Jersey	Rhode Island	Washington
				Wyoming

WELL-SUPPORTED

The current situation is stable. Regular monitoring is still recommended to maintain the level of support.

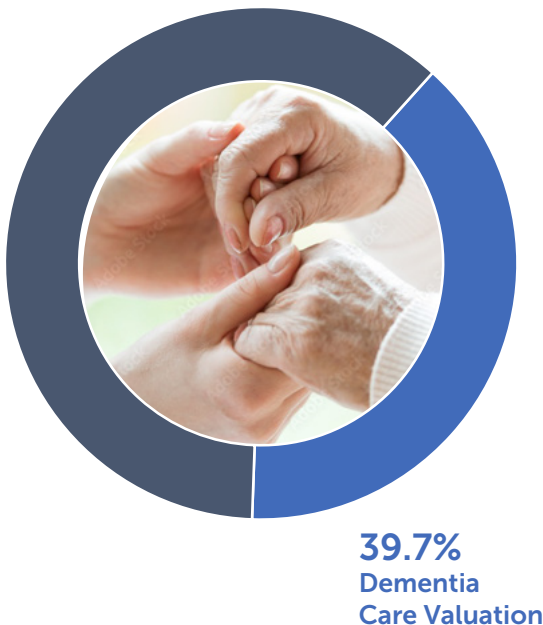
District of Columbia	Minnesota	North Dakota
Iowa	Nebraska	Wisconsin

The Intensity of Unpaid Family Caregiving is Increasing

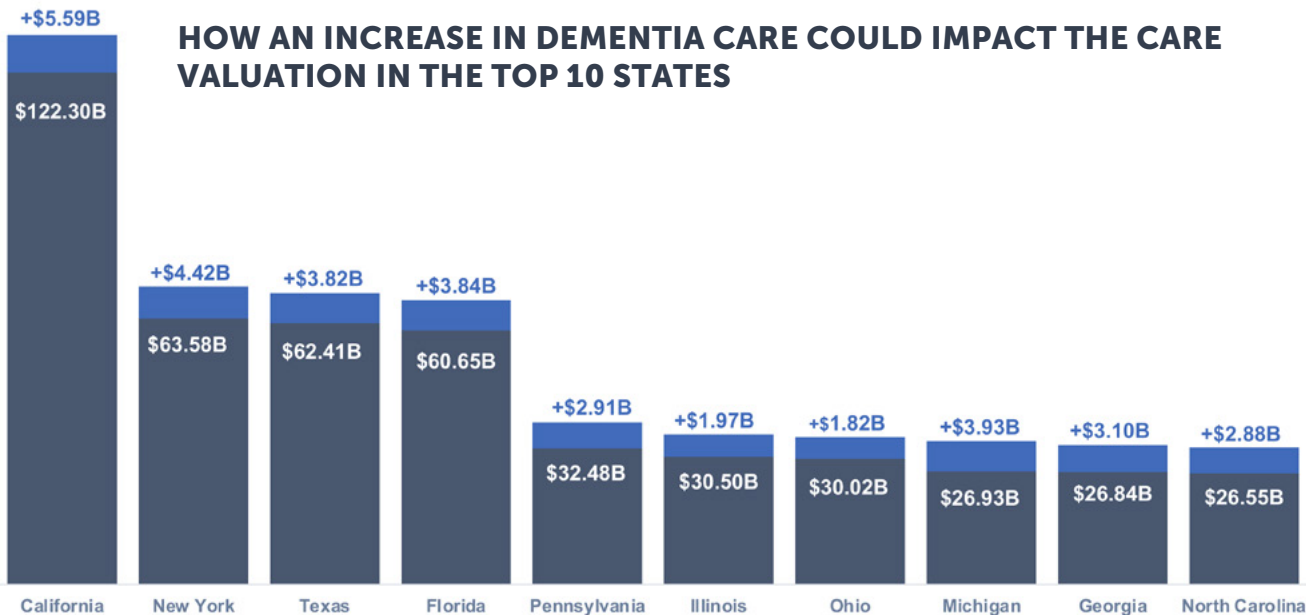
The real-world value of family caregivers' unpaid efforts is much higher than previously reported. This is due to a higher estimated number of caregivers and aligning caregiver tasks with average wages.

Dementia care is a significant portion of the total caregiving valuation. As dementia diagnoses increase, the demand for caregiving will also increase, challenging the capabilities of states' healthcare systems to meet demand, unless caregivers receive the necessary training and resources.

PERCENTAGE OF THE TOTAL CAREGIVING VALUATION THAT IS DUE TO DEMENTIA CARE



If **10%** more caregivers cared for a loved one with dementia, the value of caregiving nationally would increase by **\$62.3 BILLION.**



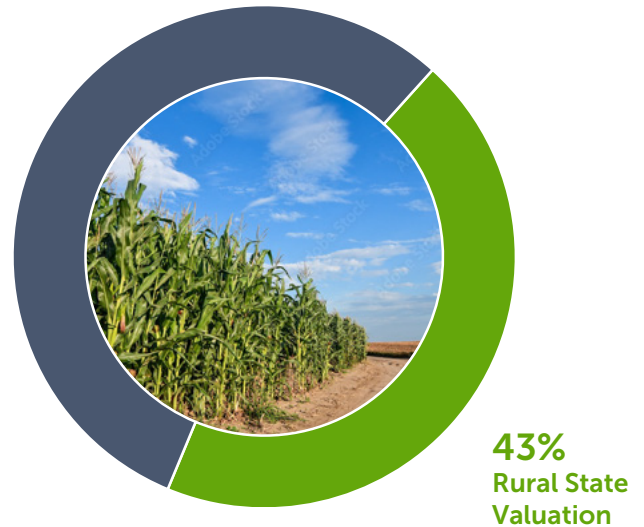
■ State Unpaid Family Caregiver Valuation
■ Valuation if 10% increase in dementia care

Caregiving is Especially Challenging in States with More Rural Communities

More than \$375 billion, nearly half of the total valuation of all the states, is distributed across thirty-two states that have a greater percentage of their population living in rural areas.

The shortage of healthcare workers exacerbates the difficulty for families in rural areas to access necessary support. For example, the number of home health aides per 1,000 residents often falls below the national average in these states, despite having some of the highest rates of citizens over the age of 65.

CAREGIVING VALUATION IN RURAL STATES

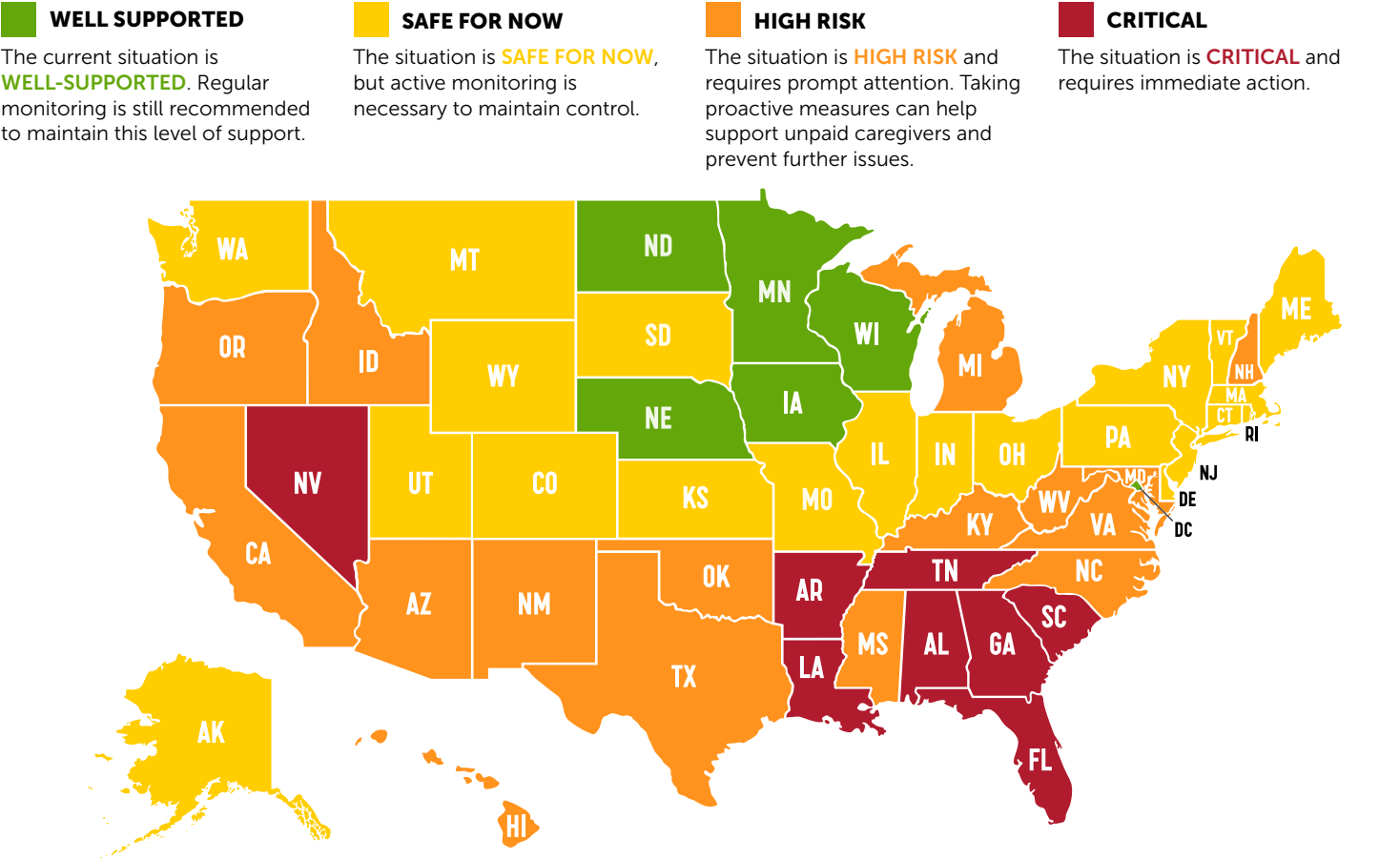


“We need to start seeing care for our aging loved ones as a critical component of the country’s well-being. It’s just as important as the other aspects of healthcare. Making these changes will be challenging, but essential.”

— Jessica, caregiver

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THE STATE OF FAMILY CAREGIVING HEATMAP



WELL-SUPPORTED		SAFE FOR NOW		HIGH RISK		CRITICAL	
District of Columbia	\$2.41B	Alaska	\$2.51B	Arizona	\$18.77B	Alabama	\$12.52B
Iowa	\$7.35B	Colorado	\$14.89B	California	\$122.26B	Arkansas	\$8.10B
Minnesota	\$13.54B	Connecticut	\$11.12B	Hawaii	\$3.76B	Georgia	\$26.84B
Nebraska	\$3.77B	Delaware	\$2.93B	Idaho	\$4.65B	Florida	\$60.65B
North Dakota	\$1.42B	Illinois	\$30.50B	Kentucky	\$12.47B	Louisiana	\$12.75B
Wisconsin	\$12.39B	Indiana	\$17.28B	Maryland	\$18.17B	Nevada	\$7.87B
State Unpaid Family Caregiver Valuation (Billions USD)		Kansas	\$7.29B	Michigan	\$26.93B	South Carolina	\$14.17B
		Maine	\$3.98B	Mississippi	\$8.18B	Tennessee	\$19.51B
		Massachusetts	\$21.38B	New Hampshire	\$4.24B		
		Missouri	\$16.79B	New Mexico	\$5.81B		
		Montana	\$2.43B	North Carolina	\$26.55B		
		New Jersey	\$26.27B	Oklahoma	\$9.44B		
		New York	\$63.58B	Oregon	\$11.98B		
		Ohio	\$30.02B	Texas	\$62.41B		
		Pennsylvania	\$32.48B	Virginia	\$22.86B		
		Rhode Island	\$3.09B	West Virginia	\$4.59B		
		South Dakota	\$1.61B				
		Utah	\$7.79B				
		Vermont	\$1.76B				
		Washington	\$23.31B				
		Wyoming	\$1.25B				

Enhancing Support for Family Caregivers at the Federal and State Level

To bring about meaningful changes that ease the daily challenges of family caregivers, state and federal policymakers need to collaborate with one another. By working together, policymakers can ensure that family caregivers receive the recognition and support they need and deserve.



The report findings underscore the need to advocate for more support and resources for unpaid family caregivers at the federal and state levels:

In an era of reduced government spending, it's crucial to establish a consistent and reliable standard of support for unpaid family caregivers at the state level. States must advocate for funding to support programs that provide financial assistance, training, and respite care for unpaid family caregivers to meet the growing demand and avoid putting more strain on their local healthcare systems.

States with a higher rate of dementia care must urgently implement new solutions for unpaid family caregivers to bridge the workforce gap. To get ahead of the rising demand for managing complex, chronic conditions like dementia — traditionally managed by healthcare professionals — training and certification programs for family caregivers are essential.

States with higher rural populations must implement targeted strategies to support the unpaid caregiving workforce. Where there is a shortage of healthcare workers, states can support family caregivers financially in recognition of their contribution to the healthcare system.

Investing in the long-term care workforce at the federal level is crucial. This involves better training, higher wages, and finding long-term solutions for staffing challenges for both institutional and community-based care.

Resources for caregivers:

Caregivers do not have to shoulder the journey of long-term care alone.

Caregivers can find tips and resources on long-term caregiving by visiting the [Caregiver Action Network](#), [National Alliance for Caregiving](#), and [Alliance for Aging Research](#).



Visit otsuka-us.com/caregiver to explore resources and learn more.

Methodology

The report was developed by researchers at the Columbia Mailman School of Public Health and was sponsored by Otsuka. It aims to synthesize the current evidence and policy environment regarding how family caregivers are deployed, prior valuations related to family caregiving, and current estimates related to the market size, cost and provision of care on a state-by-state basis in the United States.

Columbia's Approach

The Proxy Goods method estimates the value of caregiving by substituting caregiver hours with formal worker hours, using detailed task breakdowns and wage rates for each task, as was conducted in the 2024 report, "America's Unseen Workforce: What Will It Take to Change the Future of Family Caregiving?" The research team utilized the Proxy Goods Method due to its practicality and alignment with available data. This method helps contextualize the total value of caregiving in the U.S., acknowledging that not all informal care can be replaced by formal services. This allowed the research team to maintain consistency across reports and properly allocate the \$873.6 billion valuation across the 50 states, plus the District of Columbia.

Key Variables

TOTAL FAMILY CAREGIVERS:

Data points from AARP's "Valuing the Invaluable: 2023 Update Strengthening Support for Family Caregivers" report and estimates from AARP's 2020 report on "Caregiving in the U.S." were used to determine the valuation.

CAREGIVER TASK ALLOCATION:

Tasks and time allocations are derived from the American Time Use Survey, covering personal care, healthcare management and more.

PROXY WAGES:

Wages for caregiving tasks are matched with job titles from the Bureau of Labor Statistics and Salary.com, providing median wage estimates for tasks such as personal care and household management.

For state-level analysis, these variables are needed by state/district. This approach offers a comprehensive valuation while recognizing the intrinsic value family caregivers find in their role.

Valuation Analytic Approach

The research team multiplied total hours by the average wage for each task to get a value per task, summing these for the total state/district valuation. The average annual amount per caregiver is \$19,594, ranging from \$14,938 in Mississippi to \$27,950 in D.C. This equates to an annual salary range of \$33,190 to \$62,349.

State Scorecard Methodology

The research team analyzed each state based on the “urgency” of the caregiving crisis, using eleven measures related to caregiving capacity, long-term care capacity and quality, financial flexibility, overall support for aging, and population demographics.

CAREGIVING CAPACITY:

Urgency increases if caregiver demand exceeds supply. Measures include family caregivers per 1,000 residents over 65 and the percent of family caregivers attributed to dementia.

PAID LONG-TERM CARE CAPACITY AND QUALITY:

Limited capacity or poor quality increases urgency. Measures include long-term care beds per 1,000 residents over 65, direct hours per resident day, proportion of RN hours, and home health aides per 1,000 residents over 65.

FINANCIAL FLEXIBILITY:

Measures include the percent of renters and homeowners paying more than 30% of income towards housing and valuation per caregiver.

OVERALL SUPPORT FOR AGING:

Measures include the AARP long-term care ranking and the state index of successful aging.

POPULATION DEMOGRAPHICS:

The percent of the population over 65 increases urgency due to higher caregiving demand and fewer available family caregivers.

RANKING AND CATEGORIZATION:

States are categorized into four tiers based on their ranking relative to the mean index:

Tier 1: Critical

Tier 2: High risk

Tier 3: Safe, for now

Tier 4: Well-supported