

Variations in caregivers' health and well-being in the North Central Region

Elena Pojman, Florence Becot, and Shoshanah Inwood

Caregiving can be both a source of joy and stress for caregivers due to the lived realities of care provision and financial implications. **In this brief, we explore the emotional and financial well-being of caregivers** and assess differences across type of caregiving provided, gender, race-ethnicity, household income level, and rurality.¹ Overall, we find that caregiving has complex effects on those who provide care. Many report that their caregiving is valued, and they enjoy caregiving. At the same time, the care they provide often comes at a cost to themselves and their households, ranging from negative effects on health and well-being to financial challenges. Caregiving had a more negative impact on caregivers of adults, caregivers of adults and children, women, people of color, low-income, and rural caregivers. The following provides greater details.

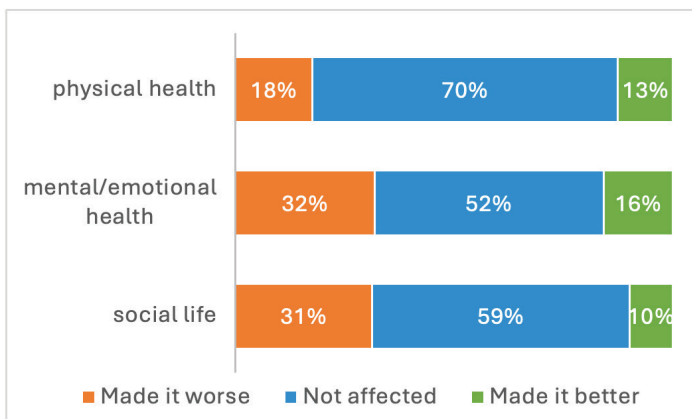
CAREGIVERS' HEALTH AND WELL-BEING

Three quarters of caregivers (73%) rated their health as “good” or higher. When asked about their happiness on a scale from 0–10 where 10 is “extremely happy,” caregivers rated their happiness on average at 6.87.

Providing care can take a toll on caregivers.

One-third of caregivers reported that caregiving worsened their mental or emotional health (32%) and social life (31%) while under one-fifth (18%) reported it worsened their physical health (Figure 1). Most caregivers responded that caregiving had no effect on their physical health (70%), mental or emotional health (52%), or social life (59%). A minority of caregivers reported that caregiving improved their physical health (13%), mental or emotional health (16%), or social life (10%).

Figure 1. Effects of caregiving on health and well-being



Caregiving had different effects on health and well-being across caregivers characteristics.

Groups more likely to report that caregiving made their health and well-being worse included: caregivers of adults (both with and without children), as well as women, non-white, low-income, and rural caregivers. More specifically:

- While 18% of all caregivers reported that caregiving made their physical health worse, this proportion was higher for caregivers of adults (22%) and of adults and children (22%; versus 12% of caregivers of children), women (21%; compared to 11% of men), caregivers of color (20%), low-income (20%; compared to 15% of high-income) and rural (19%; versus 17% of suburban and urban) caregivers.
- Though 32% of all caregivers reported that caregiving made their mental and/or emotional health worse, this was more pronounced among caregivers of adults and adults and children (39%; versus 23% of respondents caring for children), women (37%; versus 21% of men), Hispanics (35%),

¹ Type of caregiving provided means caring for children only, caring for adults only, or caring for both children and adults. Gender captures men and women. Race-ethnicity captures non-Hispanic white, Hispanic, and non-Hispanic people of color. Household income level captures low-income (less than \$50,000, between \$50,000 and \$100,000, or more than \$100,000). Rurality measures a self-report of living in a rural, suburban, or urban area. We report comparisons that are statistically significant at the $p < 0.05$ level.

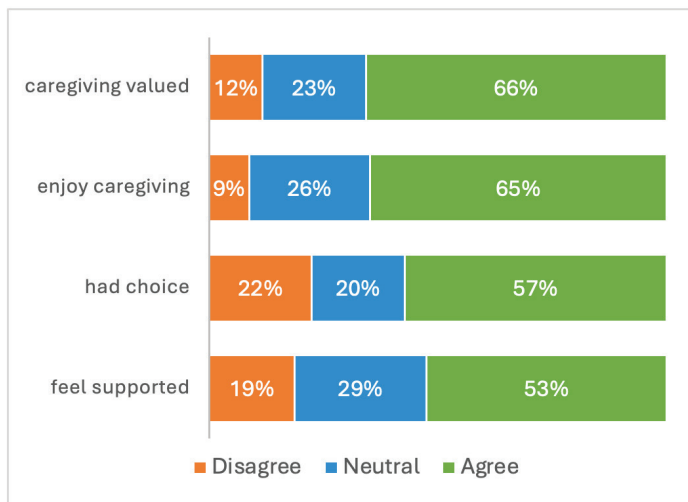
low-income (35%; versus 27% of high-income) and rural (34%; compared to 28% of urban) caregivers.

- Finally, 31% of all caregivers reported that caregiving had worsened their social life, but it was worse for some groups: caregivers of adults (33%) and of adults and children (38%; versus 26% of caregivers of children), women (35%; versus 24% of men), Hispanics (33%; compared to 31% of white), low-income (33%; versus 29% of high-income), and rural (35%; compared to 28% of urban) caregivers.

Caregivers experienced a range of feelings about the care they provide.

Generally, these feelings were positive: caregivers agreed their caregiving is valued (66%), they enjoy caregiving (65%), they had a choice to become a caregiver (57%), and they feel supported as caregivers (53%) (Figure 2).

Figure 2. Caregivers' feelings toward caregiving



Feelings toward caregiving varied across caregiver characteristics.

Groups *less likely* to have positive feelings toward care included: caregivers of adults, low-income, and non-urban caregivers.

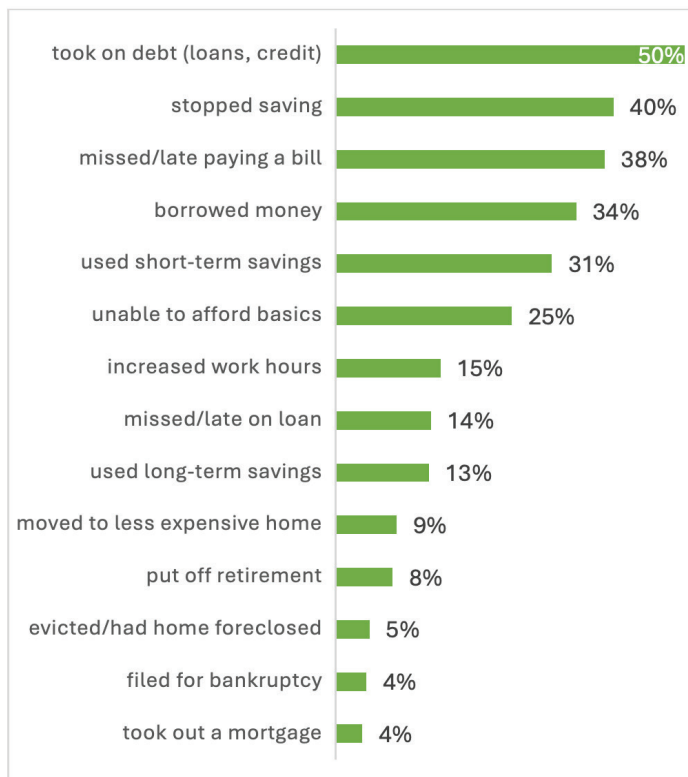
- Two-thirds of all caregivers (66%) reported they felt their caregiving was valued. Low-income (61%; compared to 70% of high-income) and rural (64%) caregivers were less likely to feel valued. There were no differences by type of caregiving provided, gender, or race-ethnicity.
- Two-thirds of all caregivers (65%) reported that they enjoy caregiving, but this proportion was lower among caregivers of adults (53%) and caregivers of adults and children (63%; compared to caregivers of children, 75%) and suburban (61%; versus urban, 68% and rural, 67%) caregivers. There were no differences across gender, race-ethnicity, or income.
- Three-fifths of all respondents (57%) reported feeling that they had a choice to become a caregiver. *Yet, the following groups were less likely to report they had a choice:* caregivers of adults (48%; versus caregivers of children, 65% and caregivers of both, 57%), low-income (51%; versus high-income, 63%) and suburban (53%; compared to urban, 62%) caregivers. There were no gender or racial-ethnic differences.
- One-half of all respondents (53%) reported that they felt supported in their caregiving role, but this proportion was lower among caregivers of adults (48%) and of adults and children (50%; compared to 58% of caregivers of children), women (51%; versus 56% of men), low-income (47%; compared to 60% of high-income) and rural (47%; versus 57% of urban) caregivers. There were no racial-ethnic differences.

THE FINANCIAL COST OF CAREGIVING

Caregiving often imposes a financial burden on those providing care.

Half of all caregivers (50%) reported experiencing financial difficulties due to providing or coordinating care, and almost half of this group (45%) experienced three or more financial difficulties. The three most common difficulties were taking on debt (50%), stopped saving (40%), and missed or were late paying a bill (38%) (Figure 3).

Figure 3. Financial difficulties experienced by caregivers



The financial burden of caregiving varied across caregiver characteristic.

Such burdens were somewhat common, but *some groups of caregivers experienced more difficulties*: caregivers of children and adults, and women, Hispanic, and urban caregivers.

- While half of caregivers (50%) reported financial difficulties due to caregiving, this proportion was higher for caregivers of children and adults (59%; versus 46% of caregivers of children and 48% of caregivers of adults), women (53%; compared to

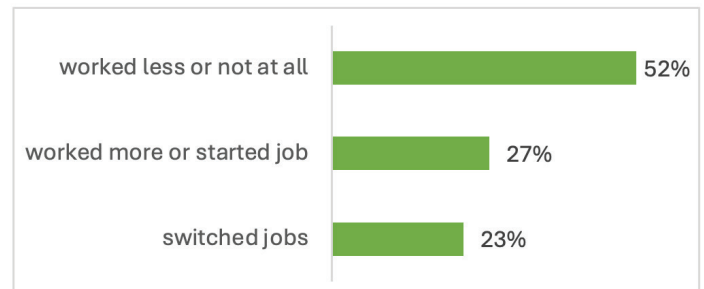
45% of men), Hispanic (64%, compared to 47% of white) and other people of color (54%), low-income (56%; compared to 49% of middle- and 44% of high-income), and urban (57%; versus 47% of rural and suburban) caregivers.

- Notably, women and low-income caregivers were often the most likely to report financial difficulties due to caregiving. For example, 39% of women caregivers responded that they had needed to borrow money from family or friends, compared to 34% of all caregivers. Half (50%) of low-income caregivers reported missing or being late paying a bill, compared to 38% of all caregivers.

Caregiving obligations often spilled over onto the paid work responsibilities of caregivers.

One-third (30%) of caregivers reported that they had made changes to their employment because of caregiving. Of this group, over half reduced their work hours or stopped working (52%), while one-quarter increased their hours or started working (27%) or switched jobs (23%) (Figure 4).

Figure 4. Effects of caregiving on employment



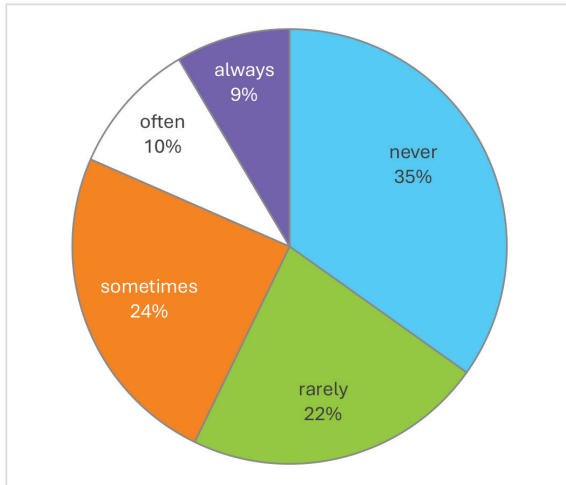
The impact of caregiving on caregivers' paid work responsibilities was uneven.

Some groups were more likely to make changes to their employment due to caregiving: caregivers of children and adults (40%; compared to 27% of caregivers of children and 30% of caregivers of adults), women (34%; compared to 27% of men), Hispanic (43%) and other caregivers of color (38%; compared to 28% of white caregivers), high-income (35%), and urban (34%; versus 28% of rural) caregivers.

Caregiving responsibilities affected caregivers' ability to perform paid work.

Almost half (43%) of all caregivers reported caregiving affects their ability to perform paid work “sometimes,” “often,” or “always” (Figure 5).

Figure 5. Frequency of caregiving affecting paid work



Caregiving affected the ability of some caregivers to perform paid work “sometimes” or more frequently. These groups were: caregivers of children and adults (48%; compared to 41% of caregivers of children and 40% of caregivers of adults), women (46%; versus 36% of men), Hispanic (57%; compared to 38% of non-Hispanic white) and non-Hispanic caregivers of color (49%), low-income (47%), and rural (44%) and urban (46%; compared to suburban, 39%) caregivers.

Finally, among those who **reported leaving their job to be able to provide care**, *one-third (32%) expected they would be unable to return to the workforce in the future*. It is notable that there were no differences across type of caregiving provided, caregiver gender, race-ethnicity, income level, or rurality.

Authors: Elena Pojman, Pennsylvania State University, emp5761@psu.edu, Florence Becot, Pennsylvania State University, florence.becot@psu.edu and Shoshanah Inwood, The Ohio State University, inwood.2@osu.edu.

Dataset: Inwood, S., Bednarik, Z., Becot, F., Caldera, S., Henning-Smith, C., Cohen, S., Finders, J., & Brown, L. (2024). *North Central Region Household Data. NCR-Stat: Caregiving Survey (2.0)* [Dataset]. Purdue University Research Repository. [doi:10.4231/Q22G-WE30](https://doi.org/10.4231/Q22G-WE30)

Data collection: Survey conducted in 2023 with 4,532 responses from the 12 states of the North Central Region through a Qualtrics online panel and Computer Assisted Telephone Interviewing – CATI.

Methods: The technical documentation, survey codebook, and the open access dataset are available for download at: [doi:10.4231/Q22G-WE30](https://doi.org/10.4231/Q22G-WE30).

Suggested citation: Pojman, E., Becot, F., and Inwood, S. (2024, August). *Variations in caregivers' health and well-being in the North Central Region*. Research Snapshot. North Central Regional Center for Rural Development. <https://doi.org/10.22004/ag.econ.344688>.



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FOR RURAL DEVELOPMENT

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The North Central Regional Center for Rural Development receives core funds from the U.S. Department of Agriculture's National Institute of Food and Agriculture (award # 2021-51150-34732) as well as from the North Central Regional Association of State Agricultural Experiment Station Directors, North Central Cooperatives of Extension Association, and Purdue University, College of Agriculture.

Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the authors and do not necessarily reflect the views of the U.S. Department of Agriculture or those of other funders.

NCR-Stat: Caregiving Survey is the regional household survey that NCRCRD conducted in collaboration with Ohio State University and the National Farm Medicine Center. All data gathered via the NCR-Stat: Caregiving Survey are available for those who want to use the data as a baseline for further research and extend the portfolio of already existing databases. [NCR-Stat: Caregiving Dataset](#)