



RESEARCH REPORT

# Connecting with Caregivers

A compass for companies and organizations appealing to the family caregiver audience.

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# Introduction

## Research Purpose | Objective

Large scale studies (most notably, *Caregiving in the U.S. 2020* from *The National Alliance for Caregiving and the AARP*) have explored the face of unpaid caregiving, including the prevalence of caregivers in the United States, the demographic characteristics of caregivers and care recipients, the personal and financial impact of caregiving, and the nature of care provided.

Few, if any, studies, however, have looked at the issue of caregiving from the perspective of companies and marketers, who realize the significant role family caregivers can play in evaluating and purchasing products and services for older adults under their care, yet are unsure how to reach this audience.

With a mission to break the myths and crush the stereotypes associated with aging and to help marketers better engage adults 55+, Age of Majority identified an opportunity to better understand the dynamics around caregiver-care recipient needs and their decisions around products and services - especially those catering to caregiving needs.

Several of our most pressing questions included:

- How do caregivers and care recipients make joint decisions about products and services?
- What products and services are most appealing to caregivers and their care recipients?
- What challenges do caregivers face in convincing their care recipients of the need for products and services, and how do they overcome these barriers?

Until now, companies and marketers have lacked guidance in how to best reach and support the caregiver audience. The *Connecting with Caregivers Report* fills a significant gap in this understanding. It empowers companies and marketers to appeal to caregivers of older adults in an informed and empathetic manner.

## Desired Outcomes

- Shed light on the dynamics of the caregiver-care recipient relationship specific to the factors that can impact decisions about products and services used in supporting care
- Provide direction to companies and marketers to inform product/service messaging and marketing when engaging caregivers
- Help build brand affinity with caregivers and their care recipients

## Methodology

### Research Timing | Scope

This report is based on a survey, conducted between June 28 and July 17, 2022 of 2,156 North American adults ages 40+ who identify as being the primary or shared caregiver of an older individual (i.e., a family caregiver):

- 1,827 adults (family caregivers) based in the United States
- 329 adults (family caregivers) based in Canada

For purposes of the survey family caregiver was defined as:

*Someone who has a role at some level in the daily, weekly, monthly or sporadic needs related to the well-being of an older individual (e.g., household tasks, personal care, providing transportation, phone check-ins, general care input, etc.).*

### Survey Sample

The survey sample included two sources:

- 118 members of Age of Majority's Revolution55 insights community (ages 55+)
- 2,038 respondents sourced from a general population sample via Prodege, LLC (ages 40+)





## Margin of Error

Margin of error for the study is +/- 2% based on a 95% confidence level. This calculation is based on an estimated base of 47 million North American adults who identify as caregivers of an older adult:

- It is estimated that one in six Americans provides care to someone aged 50 or older, equating to nearly 42 million adults. Source: [Caregiving in the U.S. 2020](#)
- Approximately one in four Canadians aged 15 and older (or 7.8 million people) provide care to a family member or friend with a long-term health condition, a physical or mental disability, or problems related to aging; more than half (56%) of these caregivers indicate that they care primarily for older generations, such as parents, parents-in-law, grandparents and great-grandparents (approximately 4.4 million total). Source: [Statistics Canada Caregivers in Canada, 2018](#) and [The Vanier Institute of the Family](#).

## Data and Analysis

The survey was designed to collect feedback on family caregiving and products, services, and resources that are most needed now and in the future. A total of 46 questions collected quantitative and qualitative information from current family caregivers through an online survey. Data were extracted and compiled into an analytical dataset for cleaning, merging, and analysis. The final sample comprised 2,156 total responses from current family caregivers in North America.

**46**  
questions collected  
quantitative and  
qualitative information

## About Age of Majority and Revolution55

Age of Majority is a research-driven marketing consultancy that helps brands make sense of and tap into the complexities of the often misunderstood and undervalued 55+ audience. Learn more at [www.ageofmajority.com](http://www.ageofmajority.com)

Launched in May 2020, Revolution55 is Age of Majority's online insights community comprised of US adults aged 55+ who identify as being physically, mentally, socially and digitally active.

age of majority

revolution55







## Executive Summary | Summary of Key Findings

### Who are the Family Caregivers?

Family caregivers cannot be treated as a homogenous group. The wide variety of demographics, needs and caregiver-care recipient relationships within the larger caregiver group must be considered when attempting to profile customers and prospects. Two caregivers, for example, may have very similar needs but need to be reached and engaged very differently, potentially with different product/service offerings.

Companies or organizations looking to appeal to caregivers should consider the different family dynamics, particularly with younger caregivers who may be taking care of the needs of older adults as well as their own children (over a quarter of caregivers have children 18 and younger living with them).

Other dynamics at play, which may impact caregivers' outlook on products and services, include their working status and how long they have been providing care (half of caregivers have been providing care for one to five years and a fifth have been caregivers for 10 or more years).

While the majority of caregivers are women (69%) compared to men (31%), it is important to consider the important role men are playing in providing care and making decisions about products and services that could support their own and their care recipient's needs. The average age of caregivers in our research was 58, with the largest cohort of caregivers being between the ages of 60-69. This suggests caregivers themselves may require care in the not too distant future.

## Who are the Care Recipients? (according to Caregivers)

Care recipients are also a diverse group with specific needs and desires based on their situation. The most common caregiving scenario sees caregivers providing care to a mother (or stepmother/mother-in-law), followed by a spouse/partner, then father (or stepfather/father-in-law). The care recipient, however, may also be a grandparent, a sibling, or someone who has no family relationship.

Caregiver-care recipient relationships are all unique, partly because of personal circumstances, but also because of the dynamics that go along with any relationship. Marketers must weigh both rational and emotional factors when trying to connect with caregivers and their care recipients..

Almost half (48%) of all care recipients are living with the caregiver and just over a third (34%) are living on their own, reflecting the desire of many older adults to remain in their own home rather than move to an alternative housing option. The remainder are living with someone else (8%), in an assisted living facility or senior living community (5%), in a residential facility such as a nursing home (4%) or somewhere else (1%). For most caregivers, multiple triggers (that build up over time) played into their need to provide care vs. one single incident being responsible. The most common triggers are related to the health and safety of the care recipient.



## The Nature of Care Being Provided

For many family caregivers their responsibilities are broad and are consuming an average of nearly four hours/day (26.7 hours/week). The most common types of care being delivered include supporting day-to-day needs like transportation, cleaning, cooking/meal prep/feeding, medication management, hygiene/personal care and maintenance. Assistance may also involve a range of other activities the care recipient is unable to manage on their own like finances and technical needs. Fewer than one in five (14%) caregivers say they are supported by some type of professional/paid caregiver.

Of those caregivers whose care recipients are not living with them, nearly nine in 10 (87.8%) say their care recipients live within a one-hour drive, reflecting a desire and/or practical need for individuals to be within fairly close proximity to the care recipient.

Nearly half (48.9%) of caregivers say their care recipients are either paying for all or at least some of the expenses associated with their care - a likely factor in them wanting to have some say in how care is delivered and what products/services are used to support their care.

## The Caregiver – Care Recipient Relationship

Almost half of all caregivers make joint care decisions with their care recipient(s) with the next most common scenario seeing the care recipient trusting the caregiver to make decisions for them.

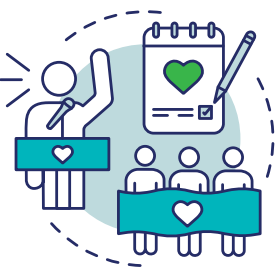
While one out of five caregivers encounters some disagreement and/or resistance in dealing with their care recipients, most of them ultimately make things work in the end.

Every caregiver - care recipient relationship is unique, which brings a wide variety of conversations. The most difficult conversations for caregivers to have with their care recipients are about long-term care planning and financial issues.

Given the potential sensitivity around a wide range of caregiver-care recipient discussions, combined with individual personalities and relationship styles,

it is interesting that three-quarters of all caregivers report coming to a successful outcome with care recipients in at least half of their conversations, yet nearly one in five caregivers is dealing with a lower success rate.

Caregivers were asked what approaches tended to work best in getting care recipient buy-in to their recommendations about their care. The two most successful were: 1) providing options with pros and cons of each; and 2) asking care recipients what they want. It is noteworthy that advice from a medical professional becomes more important with older caregivers, possibly as their care recipient is also older and dealing with more acute health issues.



### The Caregiver Support System

The individuals whom caregivers may rely on for understanding about their caregiving responsibilities typically include a spouse/partner, family

members with whom they share care responsibilities, employers, and medical professionals. Overall, caregivers suggest that they enjoy a high level of understanding from these individuals.

The level of understanding and support caregivers can draw from can play a large role in their ability to do their job with less stress and worry. While companies/brands may not play a direct part in this ecosystem of support, they may still have opportunities to show caregivers that they support and acknowledge their efforts.

Caregivers may also turn to a range of resources or individuals for information and guidance to support their needs. While medical professionals top their list of sources, caregivers largely rely on their own instincts in providing care, along with web searches and advice from family and friends rather than turning to community resources or organizations. The more experience a caregiver has providing care the more likely they are to rely on their own gut instincts, while less experienced caregivers are more likely than their older counterparts to rely on web searches.

## Paid Caregiving

The good news for companies and organizations wanting to reach the caregiver market is that eight in ten caregivers would consider paying for help to support at least one of their caregiving needs.

Interest is especially high in practical services that could enable care recipients to stay in their homes (such as home repairs/maintenance services or personal care/hygiene), in those that could offset day-to-day household chores being performed for care recipients (e.g., cleaning or cooking services) and/or in those that may help with jobs that otherwise pose a physical challenge (e.g., moving services).

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**caregivers would consider paying for help to support at least one of their caregiving needs**

The factors most likely to trigger the need for caregivers to secure paid services are largely related either to the need for specific expertise or to health issues (their own health or that of their care recipient).

Different situations experienced by the caregiver within the past five years may contribute to their interest in securing paid services to support their caregiving needs. The most important of these situations are: 1) the worsening of the caregiver's own health; 2) added stress experienced by the caregiver at work and; 3) the need for repairs/maintenance to the caregiver's home.

Interest in some paid services appear to be aligned with more traditional gender roles. Male caregivers are more likely than their female counterparts to be interested in cooking/meal preparation help, while female caregivers are more likely than their male counterparts to be interested in home repairs/maintenance help and moving services.



## Caregiving Products/Services Opportunity

Price is the top consideration determining caregivers' choice of products or services for their care recipients, however a referral from friends/family who have previous experience or a referral from healthcare professionals are almost nearly as important.

"Good information or answers from product/service providers" is also very important to caregivers' choice of products, suggesting an opportunity for companies and organizations who are looking to stand out with this group.

The older the caregiver, the less price sensitive they appear to be, while the youngest group of caregivers (those aged 40-54) are more likely to rely on online reviews than their older counterparts.

Nearly nine in 10 caregivers (87.9%) could not identify any products or services that do an especially good job supporting caregivers, suggesting an opportunity for companies or organizations to step up and stand out with this group.



## Technology and its Role in Caregiving Now and in the Future

The application of technology for caregiving needs will require a desire and willingness among caregivers and receptiveness among care recipients to accept and use technology in a meaningful way. Organizations marketing new technology will need to appeal to both groups to succeed.

More than nine in 10 caregivers are currently using technology or see it playing some type of role in their caregiving future.

While certain needs do not overtly lend themselves (at least now) to technological applications (e.g., moving support, personal care/hygiene), some caregivers are already using technology in a major way, with fall detection leading the way (more than one in five caregivers is using some form of technology to assist in this area).

Younger caregivers are more keen about using technology to support the needs of their care recipients than their older counterparts, with at least a quarter of all younger caregivers believing technology will take on a larger role across all areas of their caregiving needs.

The highest receptiveness among both caregivers and care recipients is for wearable devices with personal emergency alarm capabilities, followed by wearable devices or apps for vital sign tracking.

## Looking to the Future of Caregiving

Nearly two-thirds (65.4%) of caregivers are feeling slightly or very optimistic about their future ability to meet their care recipient's needs, yet there is a strong correlation between how understanding caregivers believe their family, employers, and fellow caregivers are and how they are feeling about the future. Findings strongly suggest that the support system for caregivers might be crucial to their overall success.



## Who are the Family Caregivers?

### Introduction

One of the major challenges facing companies or organizations in profiling, reaching, and engaging caregivers is that they are not part of a homogenous group or even one that can be split into several neat, clean segments. Looking at key demographic variables such as age, gender, marital and working status, today's family caregivers are about as diverse a group as you can get. Adding to this, the widely different needs of care recipients presents a cloudy picture of who an average caregiver is.

This section highlights some of the key demographic elements associated with family caregivers. A basic understanding of what caregivers “look like” is a key starting point for companies and organizations in better targeting and engaging this important and influential group of consumers.

## Key Findings

This study included caregivers ages 40 - 93, with an average age of 58 (58.3). The largest cohort of caregivers is between the ages of 60-69, which is interesting as some of them will likely move into care recipient status over the next few years given that the average age of a care recipient is 68.9 years (based on AARP Caregiving in the U.S. 2020 study) (see *figure 1*).

## Demographics of Caregivers

- The majority of caregivers are women (69%) compared to men (31%)
- Half (51%) of caregivers live in the suburbs, while 28% live in urban settings and 21% in rural areas
- Nearly seven in 10 caregivers are married or living with a partner
- 71% of caregivers have an annual household income of less than \$100,000 and more than half (54%) have an income level of less than \$75,000
- 40% of caregivers are working in a full-time job, 12% are working part-time, and 30% are retired (others are homemakers or are unemployed/unable to work)
- Just over a quarter of caregivers have children ages 18 and under living with them. These caregivers had an average age of 49.7, compared to an average age of 61.2 for caregivers without children at home
- Most family caregivers are relatively new to the game with 50% having been in that role for one to five years. One-fifth (21.2%) have been in a caregiving role for 10 or more years

See appendix for additional demographic breakouts.

## Why Caregivers Do It

Beyond the obvious ‘need’, there are a variety of reasons why caregivers ‘provide care’. The top two reasons were “out of love for the care recipient” and “to make sure my loved one has decent care”.

### Top 10 Reasons

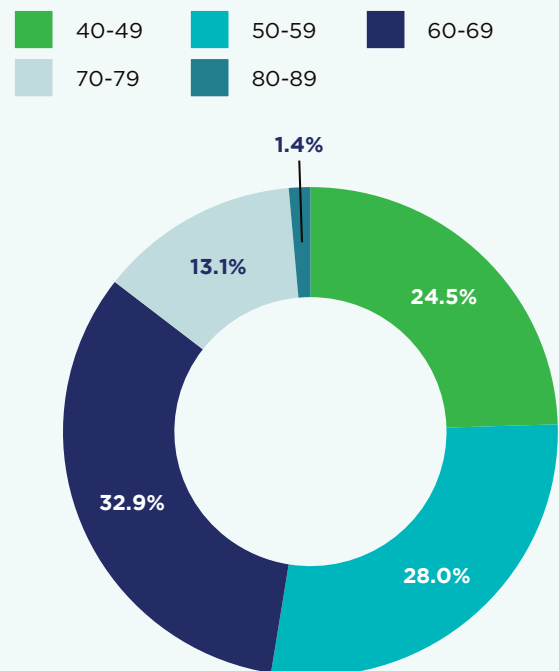
1. Out of love for my care recipient
2. To make sure my loved one has decent care
3. It’s my responsibility
4. No one else can/will care for them
5. Cost barriers for paying for professional care
6. It’s personally fulfilling/rewarding
7. Because I have the best skill set for this
8. It’s an opportunity to become closer to my loved one
9. Cultural / religious beliefs
10. To set an example for others

### Demographic note:

Men are more likely than women to say it is their responsibility and women are more likely than men to say it is out of love for their care recipient.

## Age of respondents

Figure 1





## Implications for Marketers

- The wide variety of demographics associated with the caregiver group must be considered when organizations are attempting to profile customers and prospects. Organizations trying to reach and engage caregivers as a homogeneous group may have difficulty appealing to the individual needs of these individuals
- Women make up the majority of caregivers to older adults and companies/organizations should cater more to their needs in most cases in marketing their services, including in using appropriate imagery and key messages that support their needs and wants as caregivers
- Companies/organizations looking to appeal to caregivers should seek to understand different family dynamics at work among this group. For example, younger caregivers especially may be pulling double-duty (i.e., the Sandwich Generation) in taking care of the needs of older adults as well as their own children. This may put additional stress and pressure on their time, their focus, and their finances
- With many caregivers working full- or part-time, brands offering products or services will do well to appeal to the time constraints they may be under. Solutions that can ease their burden as caregivers while still meeting the functional and emotional needs of the care recipient are more likely to find interested audiences
- Many caregivers are relatively new to the role (less than five years of experience) and are still learning how to deal with the distinct needs of their care recipient(s). Companies/organizations have an opportunity to educate and support them and to build long-term affinity with them while they are in the earlier stages of being a caregiver

“ **My parent wants me at all doctor visits and other medical care not done at her assisted living facility by their staff and doctors.** ”

*- survey respondent*





## Who are the Care Recipients? (according to Caregivers)

### Introduction

Like family caregivers, care recipients are a diverse group with specific needs and desires based on individual situation. To the caregiver their care recipient might be a mother (or stepmother/mother-in-law), a spouse/partner, a father (or stepfather/father-in-law), a grandparent, sibling, or someone who has no family relationship. Each of these relationships is unique, partly because of personal circumstances and also because of the dynamics that surround any relationship. This suggests that both rational thinking and emotional behavior must be taken into account when trying to connect with caregivers or care recipients in a meaningful way.

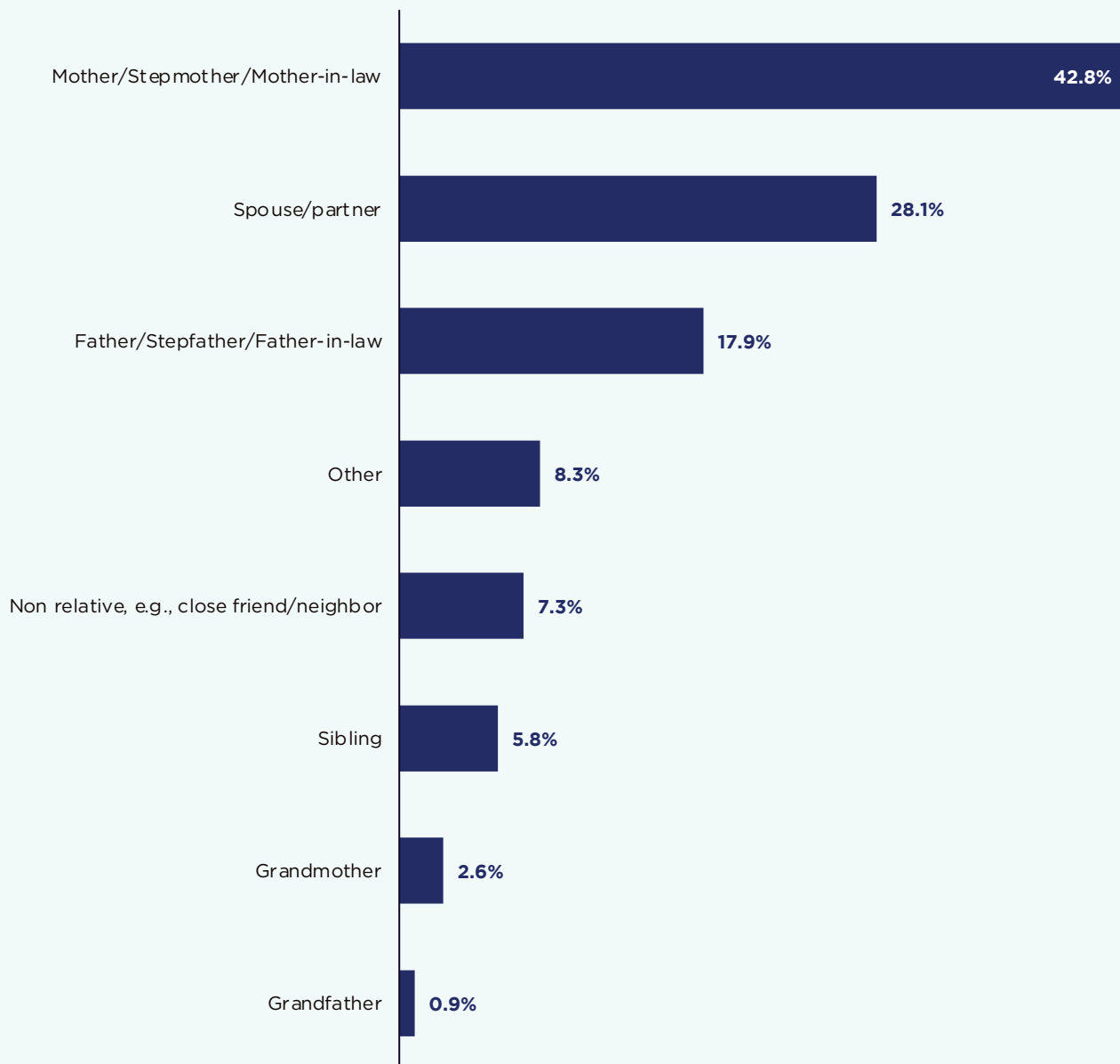
## Caregiver Relationship to Care Recipient

More than four out of 10 care recipients are mothers (including stepmothers and mothers-in-law) which is not surprising given the longer life expectancy of women compared to men (81 years vs. 75 years respectively according to the [Vital Statistics Surveillance Report](#)). Spouses/partners make up 28.1% of care recipients, followed by fathers (including stepfathers and

fathers-in-law) who represent 17.9% of care recipients (see figure 2).

The majority of caregivers (88.3%) care for only one adult while the remaining 11.7% provide care for more than one individual, with the most likely scenario being that they are caring for both a mother and a father.

**Caregiver relationship to care recipients**  
Figure 2



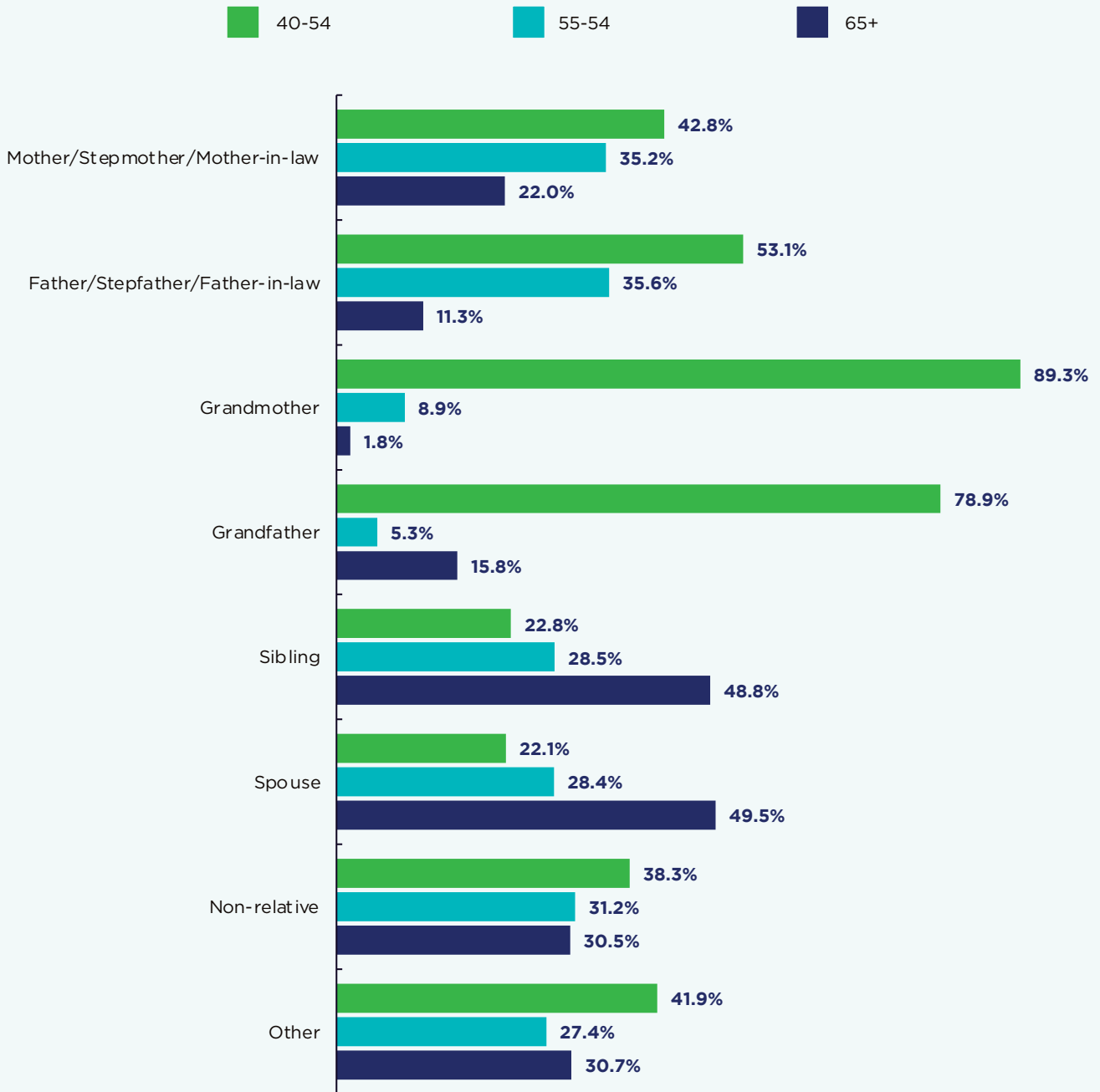


## Demographics of the Caregiver-Care Recipient Relationship

Figure 3 provides a closer look at caregiver-care recipient relationships by age of caregiver. Younger caregivers (ages 40-54) are more likely to be caring for a mother, father or grandparent, while caregivers 65+ are more

likely to be providing care for a spouse/partner or sibling. Caregivers of grandparents are younger compared to caregivers of mothers or fathers (with an average age of 55 years old vs. 47 years).

**Caregiver age group by relationship to care recipients**  
Figure 3



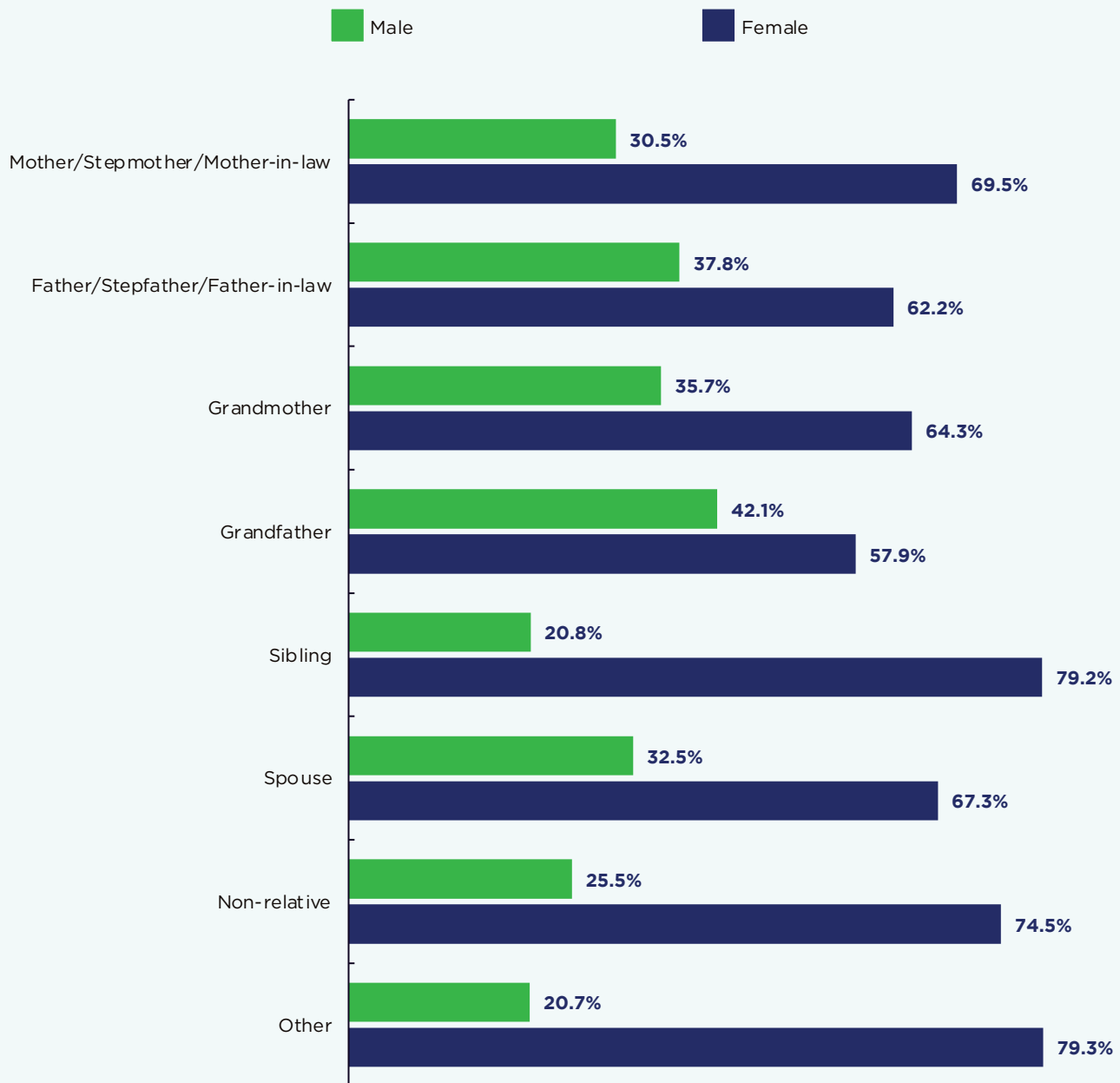
Although the majority of caregivers for all types of care recipients are women, men are more likely to take on this role when caring for a father or grandfather compared to other caregiving scenarios. Noteworthy is that 21.9% of all male caregivers are providing care to a father, compared to only 16.1% of female caregivers. One potential reason for this might be a greater comfort level among male

care recipients in receiving personal care assistance from another man in areas such as bathing, incontinence, etc., although there may be conflicting reasons why this is the case (see [Gender differences in caregiving among family - caregivers of people with mental illnesses](#)).

Figure 4 provides a closer look at the gender of caregivers for each type of caregiver-care recipient relationship.

### Caregiver gender by relationship to care recipients

Figure 4

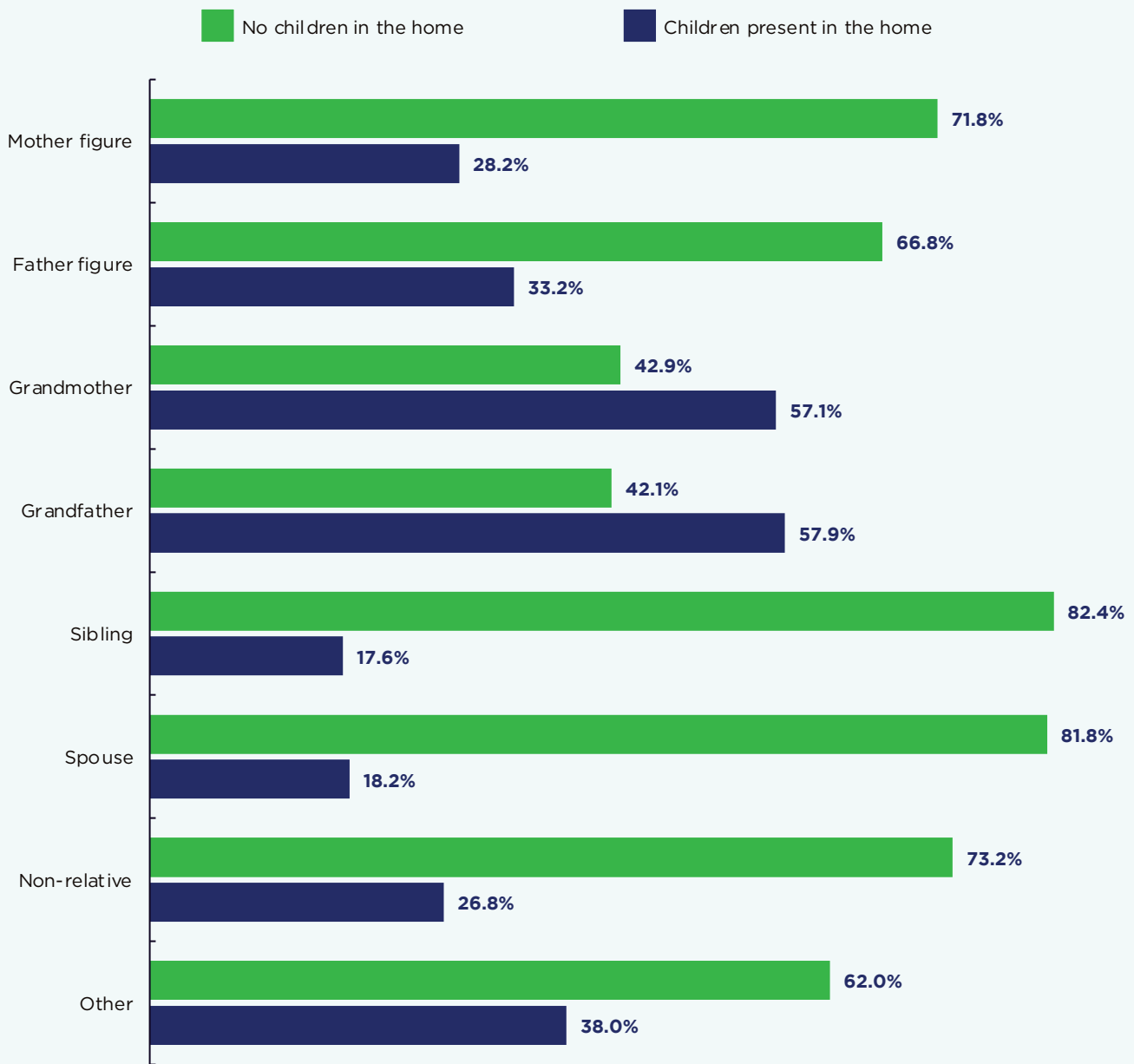


Overall, only 26% of caregivers say they have children 18 years of age or younger living in the home. Only caregivers of a grandparent are more likely than not to say they have children 18 years old or younger living in their home, while caregivers of all other types of recipients are much more likely to not have children at home with them. See *figure 5* for a look at caregiver-care recipients by the presence of children in the home.

Looking at the relationship of caregiver income level to type of care recipient, lower income caregivers are more likely to be caring for someone other than their mother or father. In contrast, middle or higher income caregivers tend to be providing more support for a parent. More than eight in 10 (85.5%) caregivers with a household income of \$200,000 - \$500,000 are caring for a mother or father. See *figure 6* (page 17) for a look at caregiver-care recipients by the caregiver household income.

### Presence of children in the caregiver's home by relationship to care recipients

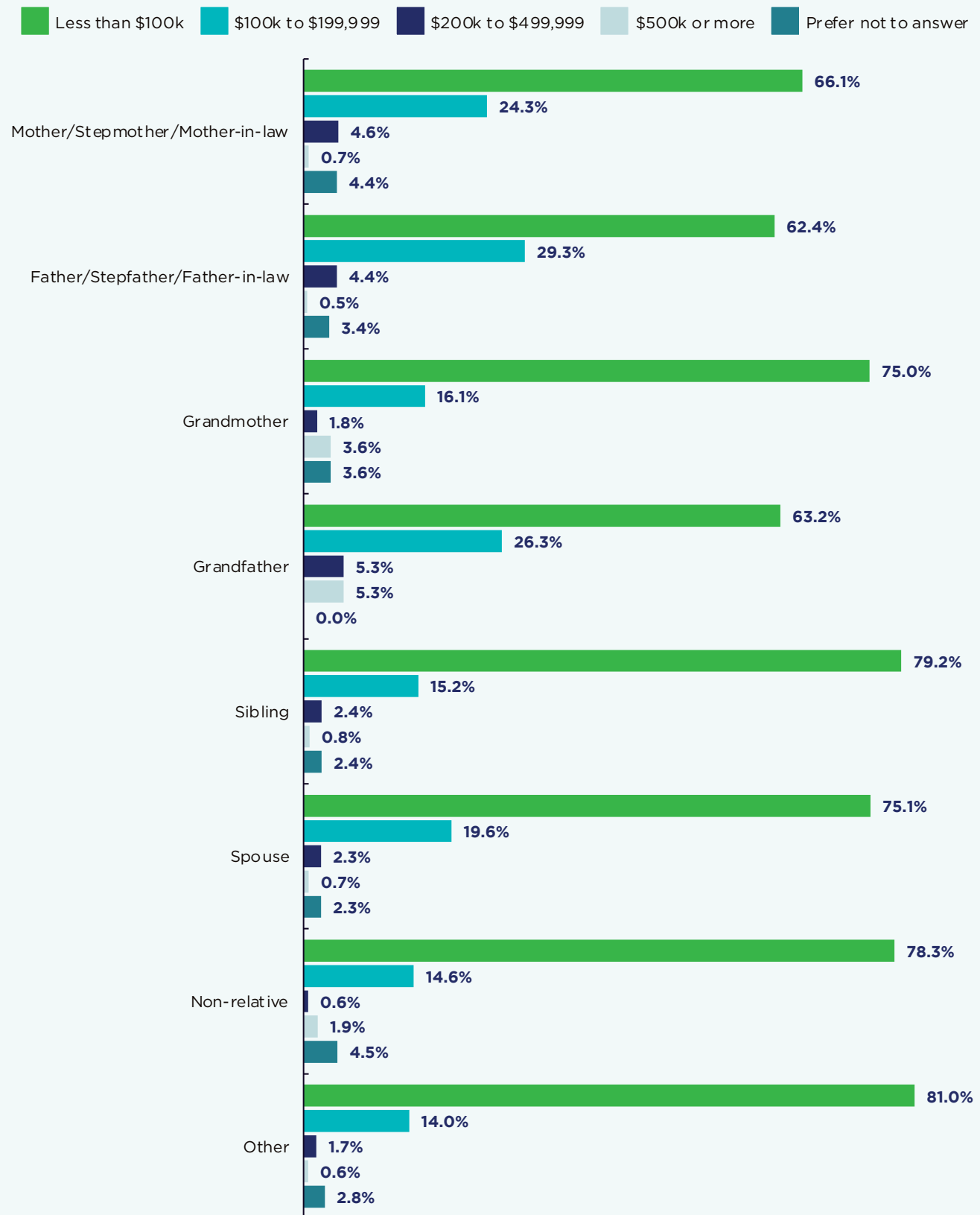
Figure 5





## Caregiver income by relationship to care recipients

Figure 6



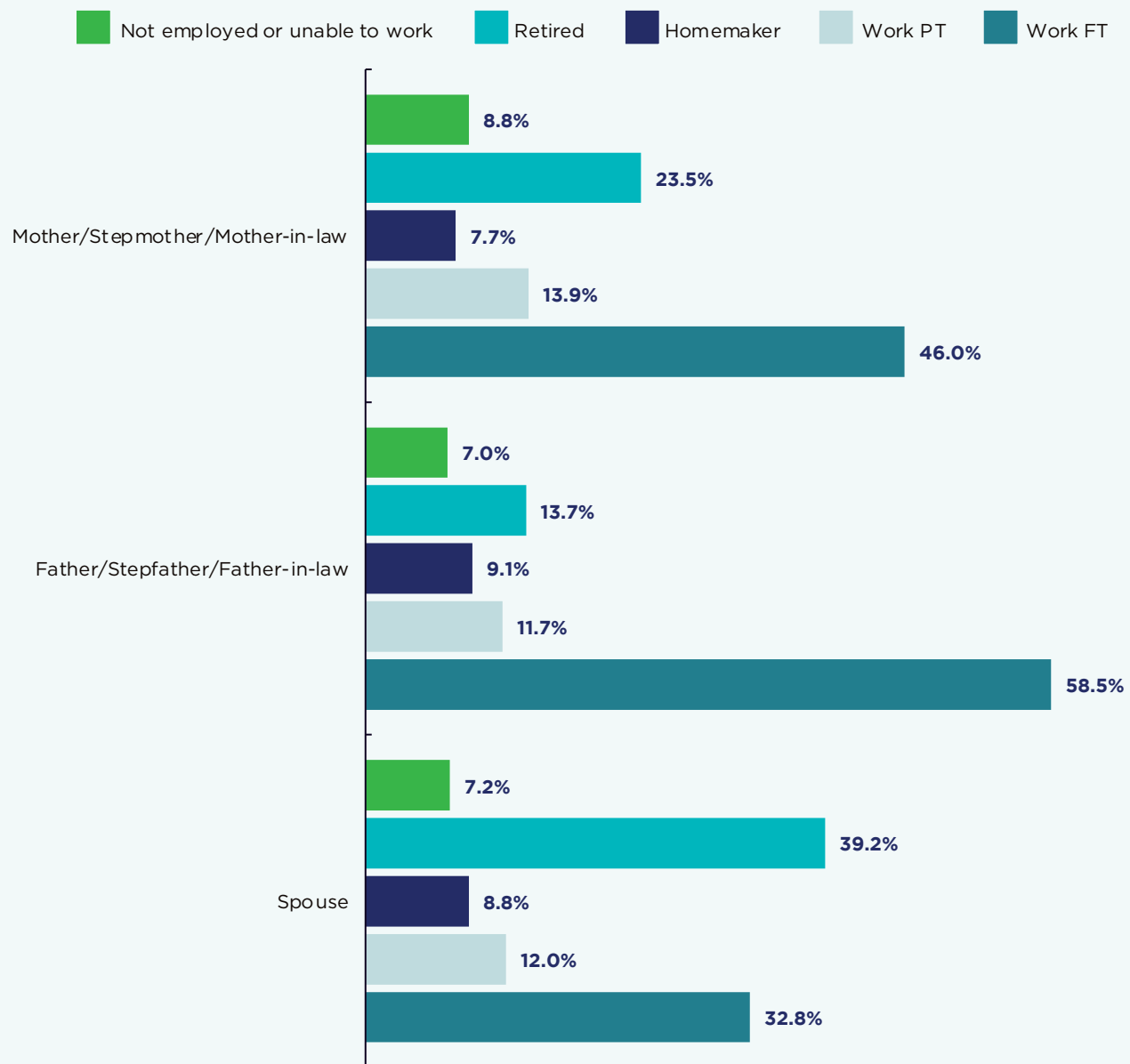
In examining the potential relationship between the employment status of caregivers and who they might be providing care to we see that the majority of caregivers who are providing care to their mothers or fathers are employed either on a full-time or part-time basis, while caregivers providing care to a spouse are more likely to be retired than working full- or part-time (see figure 7).

Overall, the most likely scenario is that caregivers have been playing this role for one to five years, which is

especially true for those caring for mothers and fathers. It is noteworthy that those caring for a grandparent are very unlikely to have been performing that role for less than a year and most likely to have been performing the role for five or more years. Caregivers who are providing care to a sibling are more likely to say they have more recently come into the role than those in any other type of care relationship (see figure 8 – page 19).

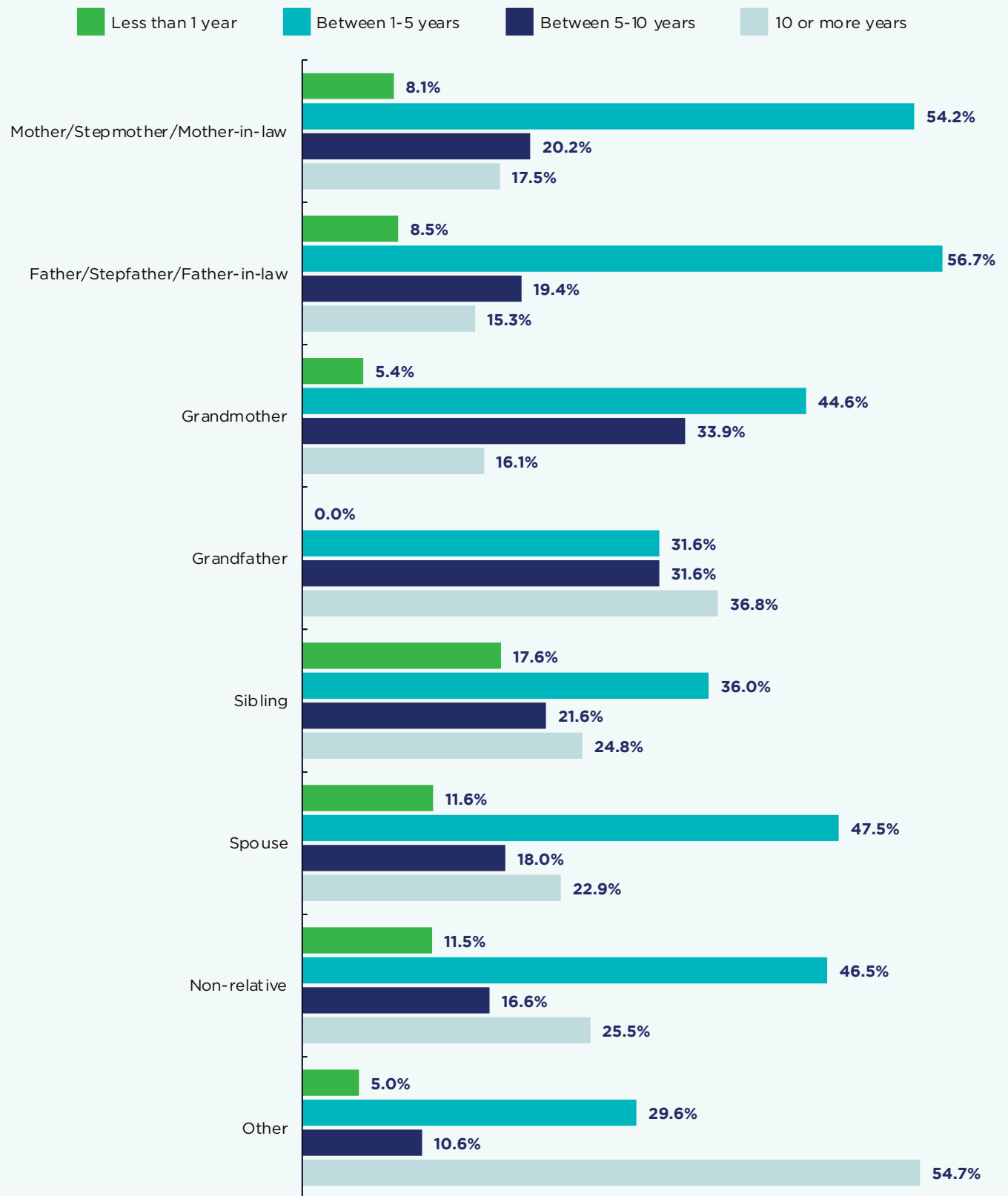
### Caregiver work status by relationship to care recipients

Figure 7



## Length of time as a caregiver by relationship to care recipients

Figure 8

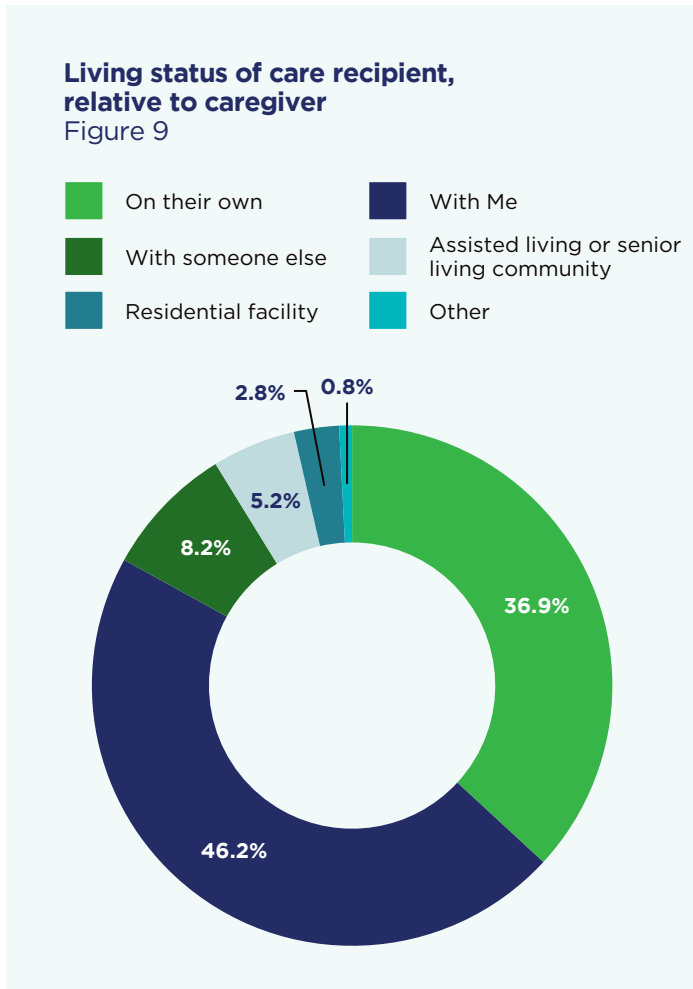


## Where the Care Recipients are Living

Almost half of all care recipients are living with the caregiver while 36.9% are living on their own, with each option presenting its own benefits and challenges for caregivers. See *figure 9* for an overview of where the care recipients live.

Given the general desire by the vast majority of older adults to want to remain in their own homes (i.e., “age in place” or “thrive at home”), it is not surprising that most care recipients who are currently not living with a caregiver would prefer to remain in their own home rather than move in with a caregiver or an alternative housing option (see *figure 10 – page 21*).

Also noteworthy is that almost a quarter (23.3%) of caregivers (who don't have the care recipient living with them) report that their home cannot accommodate the needs of their care recipient. This presents a potential opportunity for brands who can help alleviate that issue.



### Key Findings Around Care Recipient Living Status

- The average age of a caregiver with care recipient living with them was 58 (58.3)
- Almost half of caregivers who are married/ living with a partner have the care recipient living with them vs. just over a third (34.3%) of this group whose care recipient is living on their own
- The higher the household income of the caregiver, the more likely that the care recipient lives on their own, potentially because they are being financially supported by the caregiver
- Caregivers who are not working are more likely to have the care recipient living with them vs. those working full- or part-time
- The longer the person has been a caregiver, the more likely that the care recipient is living with him/her
- Of caregivers whose care recipients live on their own, 41.1% provide care on their own compared to 58.9% who share care responsibilities. The reverse is true for caregivers living with the care recipient, where 76.0% indicate having sole responsibility for that individual. More on sole vs. shared caregiving in the next section - *The Nature of Care Being Provided*

“ because nurses, doctors, and other professionals don't communicate well with each other... we end up with multiple, changing care plans. ”

- survey respondent

## Reasons care recipients do not live with their caregiver (N = 1161)

Figure 10



**74.3%**

They want to remain in their own home



**23.3%**

My home cannot accommodate them/their needs



**16.0%**

They want to remain in a community where they have friends/family nearby



**10.4%**

They have medical/other needs that require professional care



**7.8%**

They live with another caregiver



**4.2%**

Other



### Summary of Key Findings

- Mothers (including stepmothers and in-laws) represent the largest group of older adults needing care (42.8% of all care recipients), followed by spouses/partners (28.1%). Different support systems are likely required for caregivers of these and other care recipients
- Just over one in 10 (11.7%) caregivers is caring for more than one individual and in most cases this is for a mother and father figure
- Younger caregivers (ages 40-54) are more likely to be caring for a mother, father, or grandparent, while caregivers 65+ are more likely to be providing care for a spouse/partner or sibling
- Almost half of all care recipients are living with the caregiver while 36.9% are living on their own
- Three-quarters of care recipients not living with a caregiver prefer to live in their own home; 23.3% of these caregivers report that their home cannot support the needs of the care recipient
- Escalating health needs top the list of triggers leading to a need for caregiving support

## Triggers Leading to Care Recipient Needing Care

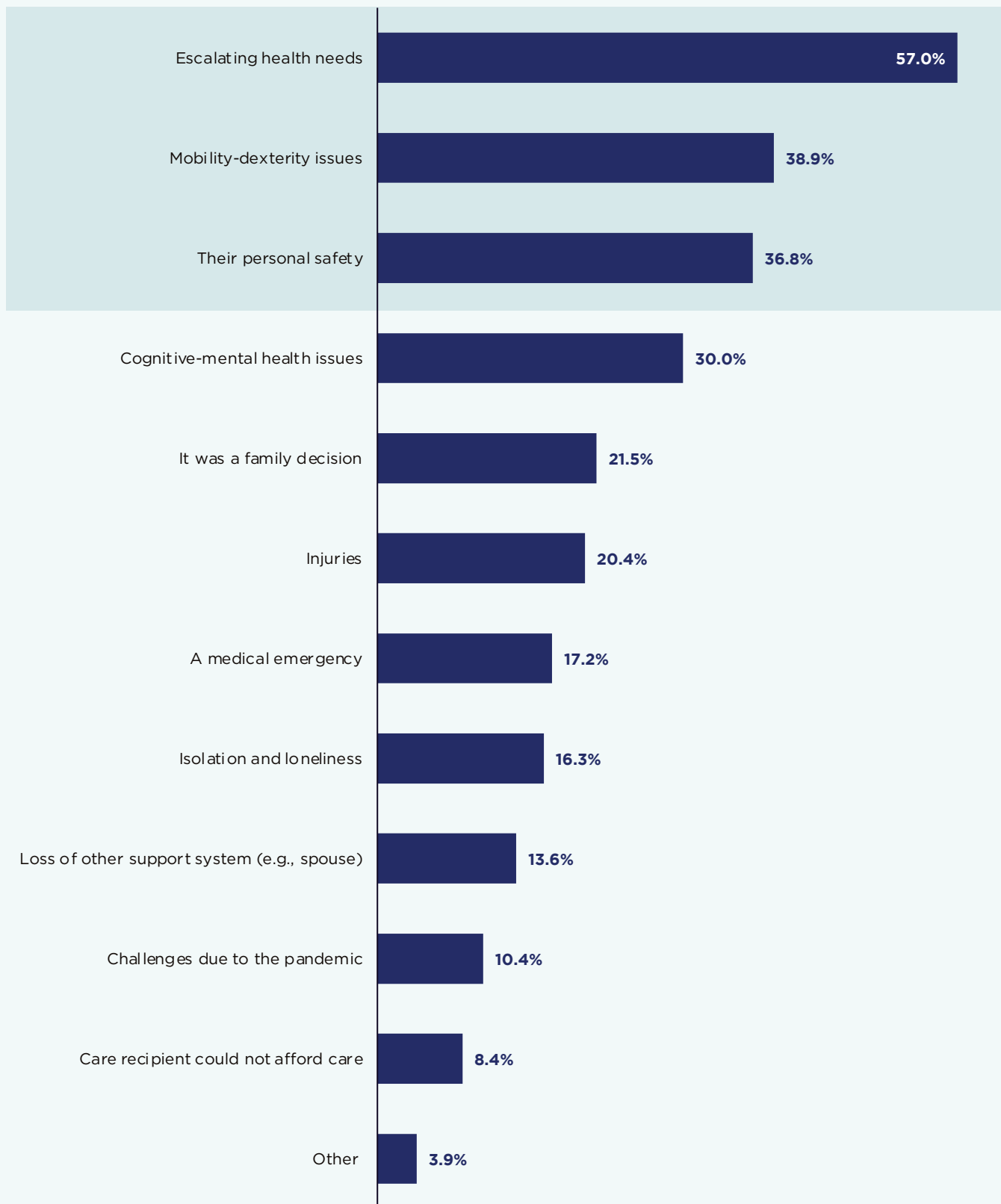
While a variety of factors might be at work in triggering the need for care (and for someone to become a caregiver), escalating health and safety needs, in general, top the list of these (see figure 11 – page 22).

Most caregivers report that it took more than one event to trigger the need for them/other caregivers to get involved (with seven out of 10 respondents citing more than one reason drove the need for care). Findings suggest that becoming a caregiver most often happens following a series of events or needs that build up over time.



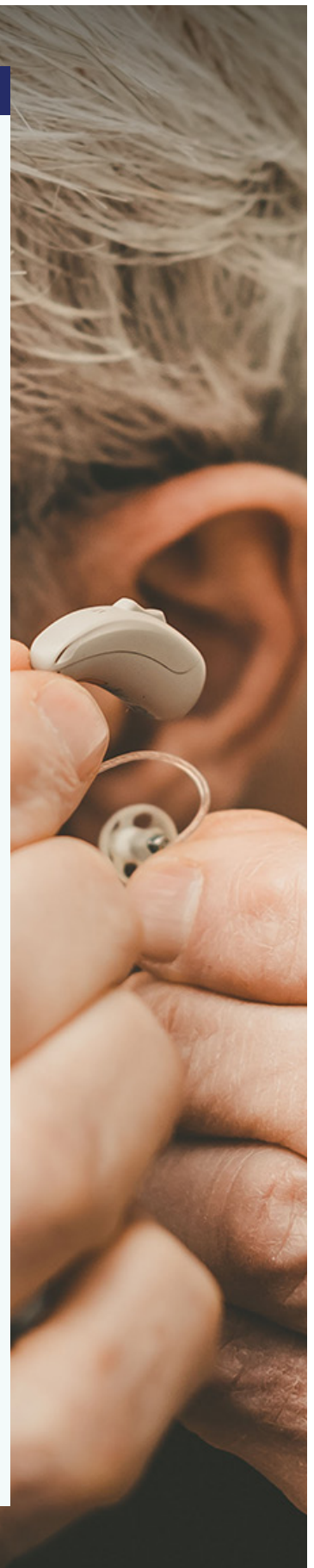
## Triggers leading to care recipients' need for a family caregiver

Figure 11



## Implications for Marketers

- While mothers represent the largest group of care recipients, there is a good chance that care recipients might also be spouses/partners, fathers/father figures, siblings, or grandparents. Companies/organizations should consider the multiple caregiver/care recipient scenarios they might appeal to and need to represent in their marketing
- Older caregivers are more likely to be caring for a partner or spouse who are looking to maintain their independence as a couple as long as possible. Brands targeting these individuals should highlight how their respective products and services will allow them to do so
- Dealing with the needs of more than one care recipient presents a variety of complex challenges as the needs of each recipient may not match, potentially leading to logistical challenges and heightened stress levels. For example, one care recipient may have physical challenges while another has cognitive issues. Brands may have an opportunity to be empathetic to these caregivers and to highlight solutions that address multiple challenges and/or provide ideas for reducing stress
- Organizations should recognize that when they are dealing with a male caregiver, there is a greater likelihood that they will be caring for a father or grandfather with different needs compared to female care recipients. Male caregivers may look at their responsibilities and how they tackle them differently than their female counterparts. Companies/organizations should seek to understand and act upon these differences. See the section, The Caregiver - Care Recipient Relationships & Conversations, for more information around the dynamics of male/female caregiver decision-making
- With almost half of care recipients living with their caregiver, companies/organizations need to recognize that the needs of caregivers may vary significantly based on the living situation. For example, support for tasks related to chores or activities around the house may be less important (or not at all important) when a care recipient is living with a caregiver, compared to one who is living on their own
- It usually takes more than one trigger to prompt the need for someone to move into caregiver status, suggesting that this process doesn't happen overnight. More typically, the need builds up over time until care is deemed necessary. Businesses have an opportunity to get on the radar of individuals early in the process before they "officially" take on caregiver status, perhaps by suggesting the application of products/services for personal or caregiving needs





# The Nature of Care Being Provided

## Introduction

The *Connecting with Caregivers* study explored a range of dynamics around how care might be delivered and managed, including:

- The possibility that family caregivers are solely responsible for providing care vs. sharing these responsibilities with others
- The geographic proximity between caregivers and their care recipients
- The types of care being provided
- The hours spent providing care
- How costs of caregiving are being managed

The findings provide a snapshot of the lives of family caregivers and the level and nature of their investment in caregiving on a day-to-day basis. For many family caregivers their responsibilities are incredibly broad and are consuming an average of nearly four hours/day. For many, however, caregiving is a full-time or even around-the-clock role.

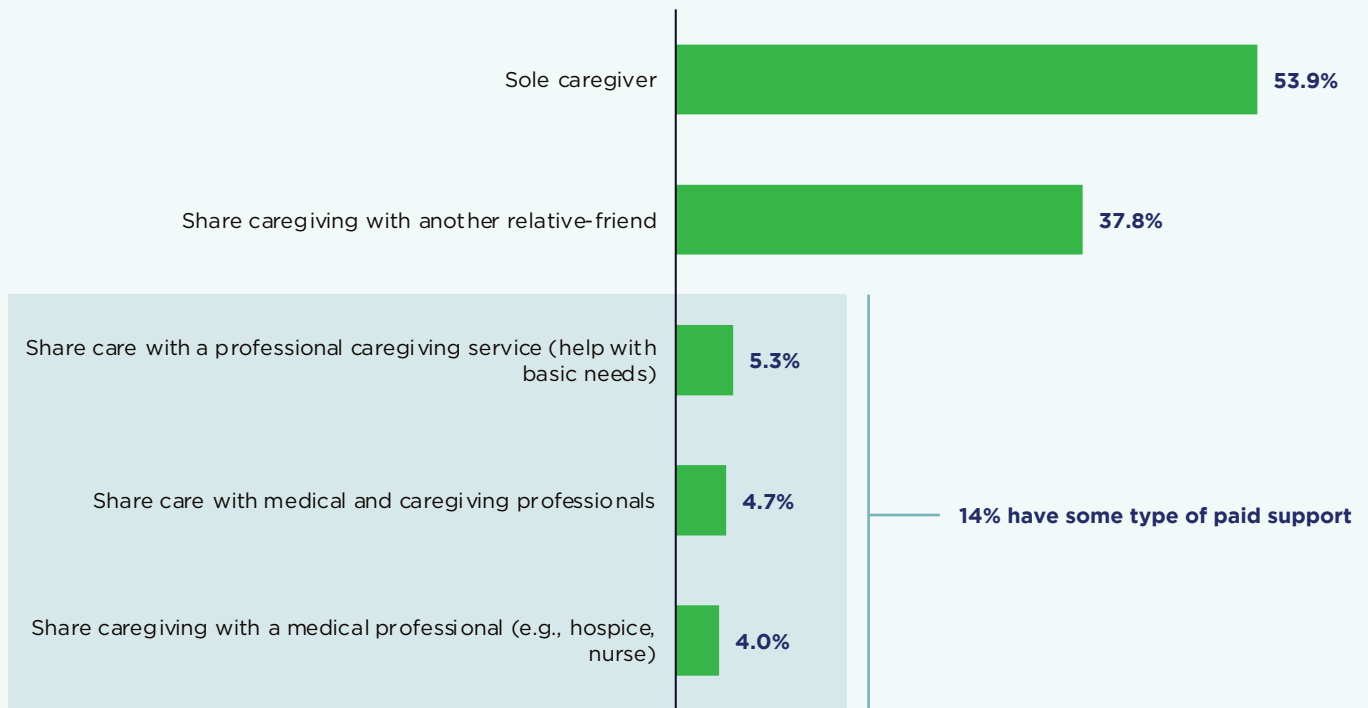
## Sole vs. Shared Responsibilities

Just over half (54%) of respondents report being the sole caregiver while nearly four in 10 (38%) share responsibilities with a relative or friend. Only 14% of caregivers are supported by some type of professional caregiver (see figure 12).

In examining the demographics around whether caregivers are providing care on their own or sharing responsibilities with others, some practical factors seem to be at work, including some that impact the time caregivers have available to provide care. Following are some findings of note:

- Caregivers working full- or part-time are less likely to be sole caregivers than those who are not, and more likely to share the caregiving load. This may reflect the time constraints and logistical challenges associated with juggling a job and caregiving requirements
- Caregivers with less experience are less likely to be sole caregivers than those with more experience, and more likely to share care with a relative/friend
- Older caregivers are more likely to be a sole caregiver than to share responsibilities with a relative/friend (60.3% vs. 30.9%, respectively)
- Widowed and single caregivers are more likely to share care with other non-professionals and less likely to be sole caregivers, which may reflect the challenge of trying to manage care all on their own
- Lower income caregivers are more likely to be sole caregivers and higher income caregivers are more likely to share care which may reflect the lower income group's lack of capacity to pay for help

**Caregiver level of involvement in non-medical care of care recipient**  
Figure 12



## Sharing of Caregiving Responsibilities

More than one in three caregivers (37.8%) share responsibility with a relative or friend, which brings another dynamic to managing care for a recipient. Of those who share care responsibilities, almost half (48.4%) divide their responsibilities evenly with another individual(s). *Figure 13* provides a breakout of how shared caregiving is managed.

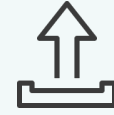
Although there are some demographic differences in the sharing of responsibilities among caregivers, most are not significant other than age. Older caregivers (ages 65+) who share care responsibilities, are more likely than their younger counterparts to say their caregiving partners have more responsibilities than they do (see *figure 14*).

**Division of responsibilities between those that share caregiving responsibilities with care partners (N = 814)**  
Figure 13



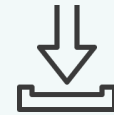
**48.4%**

We divide the caregiving responsibilities evenly



**27.4%**

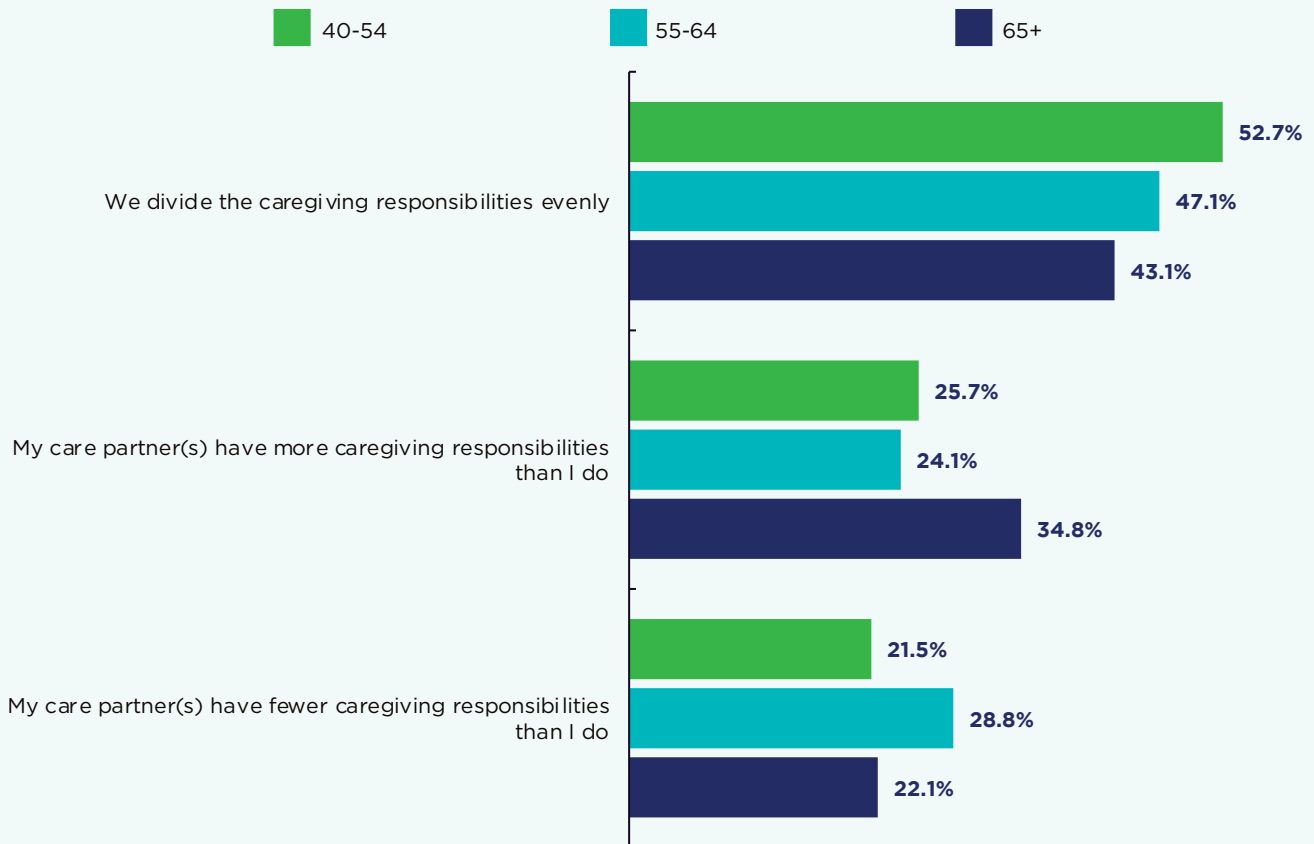
My care partner(s) have more caregiving responsibilities than I do



**24.2%**

My care partner(s) have fewer caregiving responsibilities than I do

**Division of responsibilities by age group among those that share caregiving responsibilities (N = 814)**  
Figure 14

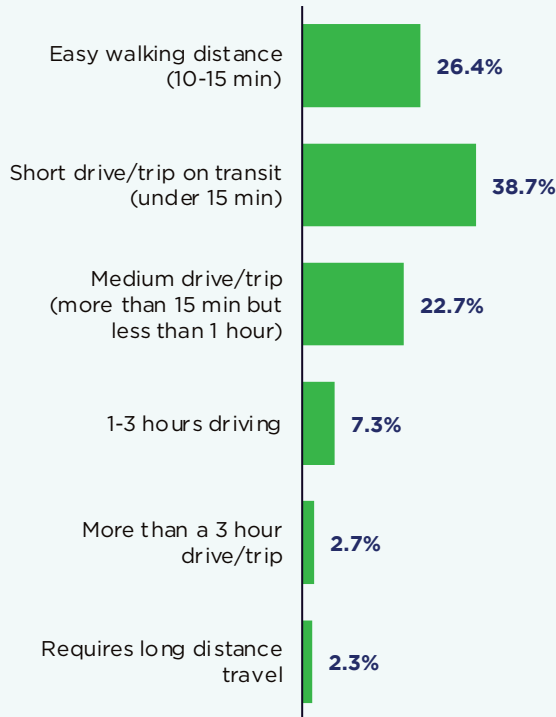




## Most Caregivers Live Within a One Hour Drive of Care Recipient

Of caregivers who say their care recipients are not living with them (54% of caregivers overall), nearly two-thirds (65%) say their care recipients live within easy walking distance or a 15-minute drive. Nearly nine in 10 (87.8%) caregivers say their care recipients live within a one-hour drive. Clearly there is a desire and/or practical need for caregivers to be within fairly close proximity to the care recipient (see figure 15).

**Distance between caregiver and care recipient among those who do not live together (N = 1161)**  
Figure 15



There is no significant difference in proximity to care recipient based on the age, gender, or working status of the caregiver, although the likelihood of living close to their care recipient is lower for caregivers who are divorced or living with a partner. Caregivers with lower incomes are more likely to live within a 15-minute drive of their care recipient(s) compared to higher income individuals.

It is noteworthy that caregivers living in rural areas (35.7%) are more likely than those living in suburban (21.9%) or urban settings (27.9%) to live within easy walking distance of their care recipient. This might seem counter-intuitive considering the potential distances that might have to be traveled within rural vs. more populous settings. It might, however, reflect a practical need (i.e., if the care recipient lives in a rural setting, so too would their caregiver) or a desire for rural dwellers to remain within their community (i.e., strong community attachment).

Sole caregivers are also much more likely than those who share responsibilities (39.1% vs. 19.5% respectively) to live within a short walking distance from their care recipient. Conversely, caregivers who share responsibilities are much more likely than sole caregivers (26% vs. 16.5% respectively) to say they live within a medium drive (more than 15 minutes/less than an hour) of their care recipient. These findings may reflect a greater need for help with caregiving based on a greater distance between the caregiver and care recipient.

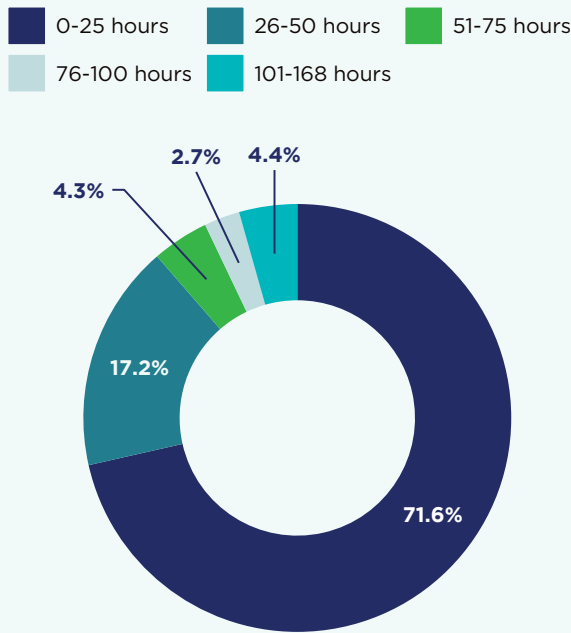
## Hours Spent Providing Care

The mean (average) number of hours spent on caregiving responsibilities per week by caregivers in the study was 26.7. It is noteworthy that more than a quarter (28.6%) of caregivers are spending 26 hours or more/week on their caregiving responsibilities and more than one in 10 (11.4%) are spending more than 50 hours/week. On average, female caregivers (27.7) say they are spending approximately three more hours per week providing care than their male counterparts (24.4).

For most caregivers, their responsibilities amount to the equivalent of a part-time job and for many it is a full-time or even around-the-clock job (see figure 16 – page 28).

**26<sub>h</sub>42<sub>m</sub>**  
average number of hours  
spent per week on caregiving

**Average hours per week that caregivers report spending on caregiving responsibilities**  
Figure 16

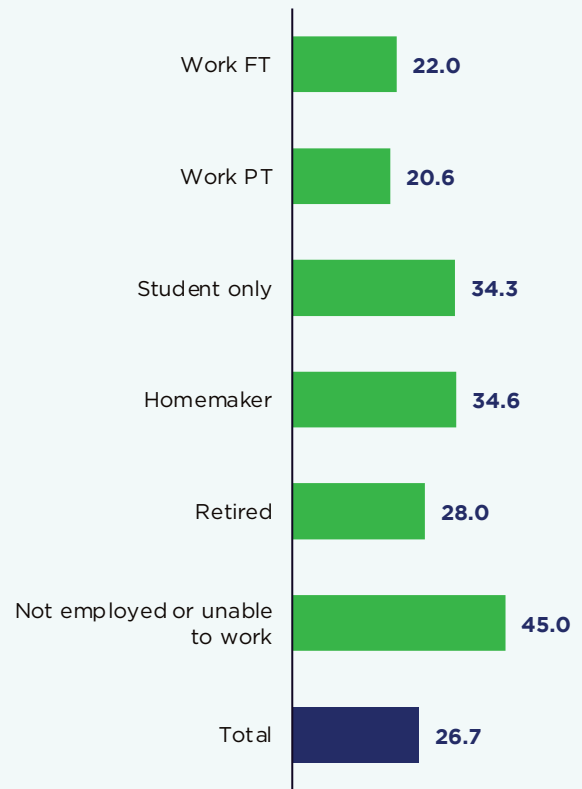


As might be expected, that the average number of hours spent per week on caregiving is significantly higher for sole caregivers (32.8) vs. those who share responsibilities (19.6). Caregivers who work full-time (22) or part-time (20.6) spend a lower average number of hours/week on caregiving vs. those who do not work, including those caregivers who are retired, are homemakers or who are unemployed/unable to work (see figure 17).

Another key variable impacting the average number of hours caregivers say they spend per week on caregiving is whether they live with the care recipient or not. It might potentially be more difficult for caregivers living with their care recipients to differentiate their “caregiving hours” from total hours spent with the care recipient. Still, it is noteworthy and likely to be expected that caregivers living with their care recipients say they spend a much higher average number of hours per week on caregiving vs. caregivers who do not live with their care recipient (see table 1).

The average number of hours spent per week on caregiving does not vary significantly by gender or age of the caregiver, however income level does appear to

**Mean hours spent per week on caregiving responsibilities by caregiver work status**  
Figure 17



be a factor. Those earning under \$100,000/year (29.4) are spending a much higher average number of hours/week on their responsibilities compared to those earning between \$200,000-\$499,999/year (17.8). This may reflect the limitations of lower income caregivers in being able to pay for caregiving help. Later in this report we show that caregivers with lower household income are more price sensitive when evaluating paid caregiving products and services compared to their higher income counterparts.

**Average hours spent per week on caregiving responsibilities by living situation**  
Table 1

Caregivers living with care recipients	Caregivers not living with care recipients
37.8	43.0

## Nature of Assistance Being Provided

The type of care being delivered by caregivers is varied and includes day-to-day needs like transportation, cleaning, cooking/meal prep/feeding, medication management, hygiene/personal care and maintenance. The assistance being provided, however, may also involve a range of other activities that the care recipient is unable to manage on their own like finances and technical needs.

Table 2 summarizes areas where caregivers indicate their care recipients require their help now and where they might need help from a professional (i.e., paid help).

While the numbers around the need for professional services or products now/in the future might seem modest, later in this report we address factors that might trigger a greater need for paid products/services to support caregiving needs, especially those related to the caregiver's own ability to provide help.

Within table 3 (page 30) are findings specific to where professional help was identified as being most required by segments within the larger caregiver group. While overall there were no dramatic differences in need based on demographic or other breakouts, generally caregivers who share

their responsibilities with others are more likely to say professional help is needed vs. sole caregivers. This may reflect the reality that, where caregivers can't be around their care recipients as much or where they may not have as much control over care on a daily basis compared to sole caregivers, they see a greater need for paid/professional support.

While the needs areas in table 3 are the most common for which help is

being delivered by caregivers, other specific needs were also identified by caregivers, which provide additional insights into their varied day-to-day responsibilities, including:

- Providing advocacy
- Monitoring for mental health (e.g., for signs of depression, anxiety, developmental conditions, and the effects of dementia)
- Providing basic companionship and entertainment
- Managing vehicle maintenance
- Health monitoring (e.g., checking vitals, providing wound care, administering oxygen)
- Organizing and coordinating appointments and information with service providers
- Pet care
- Facilitating communication/language translation
- Landscaping work and other outdoor tasks
- Managing paperwork, legal affairs
- Managing substance abuse

**Needs for which caregivers say care recipients need their help now/may need professional help now or in the future**  
Table 2

Needs area	% Caregivers who say care recipients need their help now	% Caregivers who say care recipients need professional help now/might need help in the future
Transportation	71.2%	6.1%
Cleaning	65.8%	12.9%
Tech/online support	58.5%	6.0%
Finances	57.2%	4.8%
Cooking/meal prep/feeding	56.9%	8.0%
Medication monitoring/management	52.9%	11.0%
Moving support	48.7%	13.8%
Physical/mental fitness	47.0%	21.5%
Home repairs/maintenance	43.6%	31.0%
Hygiene/personal care	29.0%	11.8%



**Caregiver groups most likely to say professional help is needed by needs area**  
Table 3

Needs Area	Caregiver groups most likely to say they need professional help
Transportation	<ul style="list-style-type: none"> <li>• Caregivers with household income of \$200,000-\$499,999 vs. any other income group</li> <li>• Caregivers who share responsibilities vs. sole caregivers</li> </ul>
Cleaning	<ul style="list-style-type: none"> <li>• Caregivers with higher incomes</li> <li>• Caregivers who share responsibilities vs. sole caregivers</li> </ul>
Tech/online support	<ul style="list-style-type: none"> <li>• Caregivers who share responsibilities vs. sole caregivers</li> </ul>
Finances	<ul style="list-style-type: none"> <li>• Highest income groups (\$200,000+) vs. lower income groups</li> <li>• Caregivers who share responsibilities vs. sole caregivers</li> </ul>
Cooking/meal prep/feeding	<ul style="list-style-type: none"> <li>• Male caregivers more likely than female counterparts</li> <li>• Older caregivers vs. younger caregivers</li> <li>• Caregivers who share responsibilities vs. sole caregivers</li> </ul>
Medication monitoring/management	<ul style="list-style-type: none"> <li>• Caregivers who share responsibilities vs. sole caregivers</li> <li>• Caregivers over the age of 55 vs. younger caregivers</li> <li>• Caregivers living in rural or suburban vs. urban communities</li> </ul>
Moving support	<ul style="list-style-type: none"> <li>• Older caregivers vs. younger caregivers</li> <li>• Caregivers living in urban vs. rural or suburban communities</li> </ul>
Physical/mental fitness	<ul style="list-style-type: none"> <li>• Caregivers who share responsibilities vs. sole caregivers</li> <li>• Caregivers who work full- or part-time vs. retired caregivers or those who are homemakers</li> </ul>
Home repairs/maintenance	<ul style="list-style-type: none"> <li>• Female caregivers more likely than male counterparts</li> </ul>
Hygiene/personal care	<ul style="list-style-type: none"> <li>• Older caregivers vs. younger caregivers</li> <li>• Higher income groups (\$100,000+) vs. those earning less than \$100,000</li> <li>• Caregivers who have been providing care for 5-10 years vs. newer caregivers</li> <li>• Caregivers who share responsibilities vs. sole caregivers</li> </ul>

## Who Pays for Care

Another dynamic at work within the world of family caregivers is the practical reality of who pays for the products, services and other needs associated with providing care. This financial burden must be borne by the caregiver(s) and/or the care recipient. *Connecting with Caregivers* looked at how these costs are being managed by caregivers who are sharing responsibilities with others.

A key finding is that nearly half (48.9%) of caregivers say their care recipients are either paying for all or at least some of the expenses associated with their care. This is likely a factor in them wanting to have a say in how their care is delivered and what products/services they use to support their care.

Among caregivers who are sharing responsibilities, the most common approaches used to split the costs associated with caregiving were: for only the care recipient to pay (28%); for the caregivers to share expenses equally (25%); and for caregivers to share the cost with the care recipient (21%) (see figure 18).

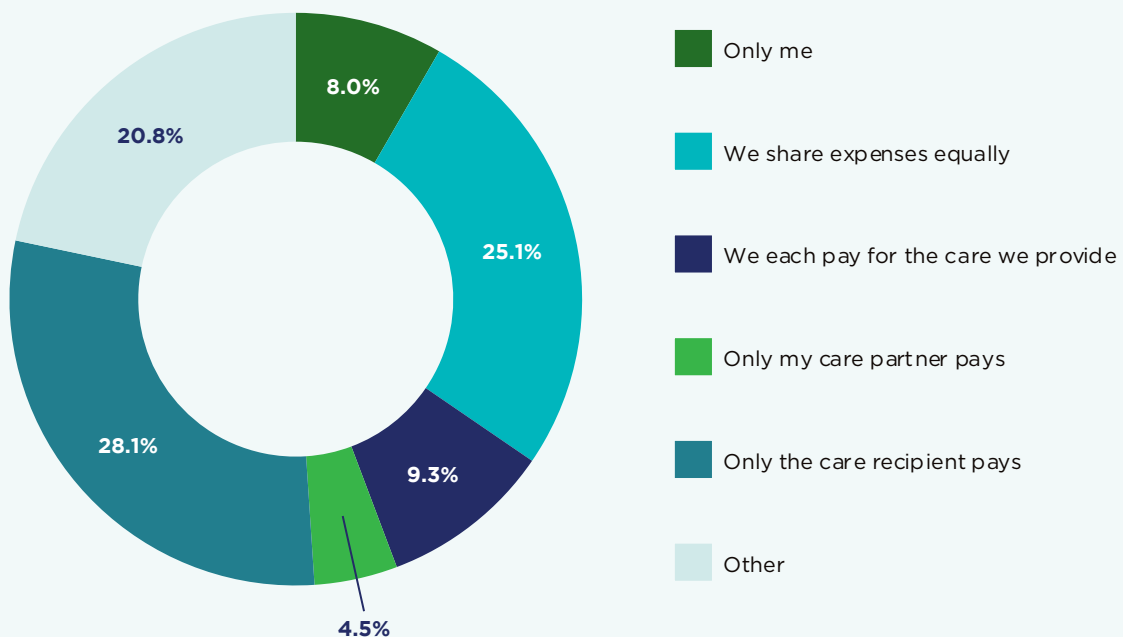
Overall, there are minimal differences in how caregivers are paying for or sharing the costs related to caregiving based on the demographics of the caregiver, with a few minor exceptions:

- Male caregivers who share their responsibilities (11.2%) are more likely than their female counterparts (6.7%) to say they pay for care all on their own
- Male caregivers who share their responsibilities (30.6%) are more likely than their female counterparts (22.6%) to say each caregiver pays for the care that they provide
- As the age of the caregiver increases, they become less likely to say that each caregiver pays for the care that they provide

It is worth noting that caregivers with less experience are generally more likely than others to say that only the care recipient pays for caregiving expenses, while caregivers with the most experience are more likely to say that expenses are shared equally by care partners (see table 4 – page 32).

### Party responsible for caregiving expenses among caregivers that share responsibilities with family/friends (N = 814)

Figure 18







**How caregiving expenses are paid by caregiver experience among those that share care responsibilities with family/friends (N = 814)**  
Table 4

How long respondent has been a caregiver	% who pay for caregiving expenses on their own	% who share care expenses equally with other caregivers
Less than one year	13.6%	20.5%
Between 1-5 years	7.6%	22.4%
Between 5-10 years	4.0%	30.6%
10 or more years	9.2%	30.9%

### Summary of Key Findings

- The proportion of caregivers who are fully responsible for care vs. those who share care is fairly even with just slightly over half of respondents report being the sole caregiver
- Only a relatively small percentage of caregivers (14%) are supported by some type of professional caregiver, suggesting a large opportunity to fill a need for support
- Whether caregivers are providing care on their own or sharing care may be dictated by practical factors, especially their need to juggle other responsibilities (like work) and their level of experience as a caregiver
- Of caregivers who share responsibilities with others, almost half (48%) say the responsibilities are divided equally, a little more than a quarter (27%) say they have fewer responsibilities than those they share care with, and about a quarter (24%) say they have more responsibilities
- Nearly nine in 10 caregivers say their care recipients live within a one-hour drive, suggesting there is a desire and/or practical need for caregivers to be within close proximity of their care recipient
- Sole caregivers are more likely than those who share responsibilities to live close to the care recipient, reflecting a practical need for support/help if caregivers can't be close by
- For most caregivers their responsibilities amount to the equivalent of a part-time job, but for many it is a full-time or even around-the-clock job
- The most common types of care being delivered by caregivers include day-to-day needs like transportation, cleaning, cooking/meal prep/feeding, medication management, hygiene/personal care, and maintenance, however, care may also involve a wide range of other activities that the care recipient is unable to manage on their own
- Nearly half of caregivers say their care recipients are either paying for all or at least some of the expenses associated with their care, a possible factor influencing how much say they may want to have in how their care is delivered and what products/services are used to support them

## Implications for Marketers

- Caregiving might include traditional jobs like cleaning, cooking, or providing personal care and almost any household task care recipients can no longer (or might never be able to) manage on their own - everything from providing maintenance and tech support to advocacy. This suggests an opportunity to support caregivers with a wide range of possible products and services to ease their burden, especially given the number of hours being devoted to caregiving and the small percentage of caregivers who currently benefit from some type of professional caregiving help
- The range of potential caregiving needs is broad. Needs may include tasks that the care recipient doesn't have the capacity to manage, tasks they can no longer do because of certain physical or cognitive limitations, or tasks they were never able to manage (e.g., tech support). From a caregiver perspective, there may be tasks they can't do because of logistical challenges (e.g., transportation, cooking, medication management, even pet walking) and tasks they just aren't capable of doing (e.g., tech support, financial management). Marketers will want to be conscious of the possible motivations (and pain points) for caregivers in seeking help so they can develop and best market the right solutions
- Nearly half of caregivers claim their care recipients are paying for part or all of their caregiving expenses, which may add to their desire to have even more say in the products/ services they use and that caregivers will help evaluate for them. Marketers should recognize this role. Later in this report we address the nature of caregiver-care recipient conversations and strategies that might help overcome objections raised by care recipients to options offered by caregivers



**“ Finding the best work-life balance is difficult. I must work for our financial survival, yet I worry about leaving her alone for extended periods of time due to her declining health. ”**

*- survey respondent*



# Caregiver – Care Recipient Relationships & Conversations

## Introduction

Decision-making around the appropriate type and level of care for an individual can add significant dynamics and stress to the caregiving experience. Understanding who is making decisions and how they are being made is critical for companies and organizations providing resources, products, or services in this area. In addition to the dynamics among caregivers and care recipients, there are other dynamics that occur when caregiving is a shared responsibility.

Integral to the decision-making process are the difficult discussions that must take place between caregiver and care recipient. This study explored which topics are most contentious, the approaches used by caregivers that result in more successful outcomes, and techniques that can be used to overcome pushback from the care recipient.

## Decision-Making Process

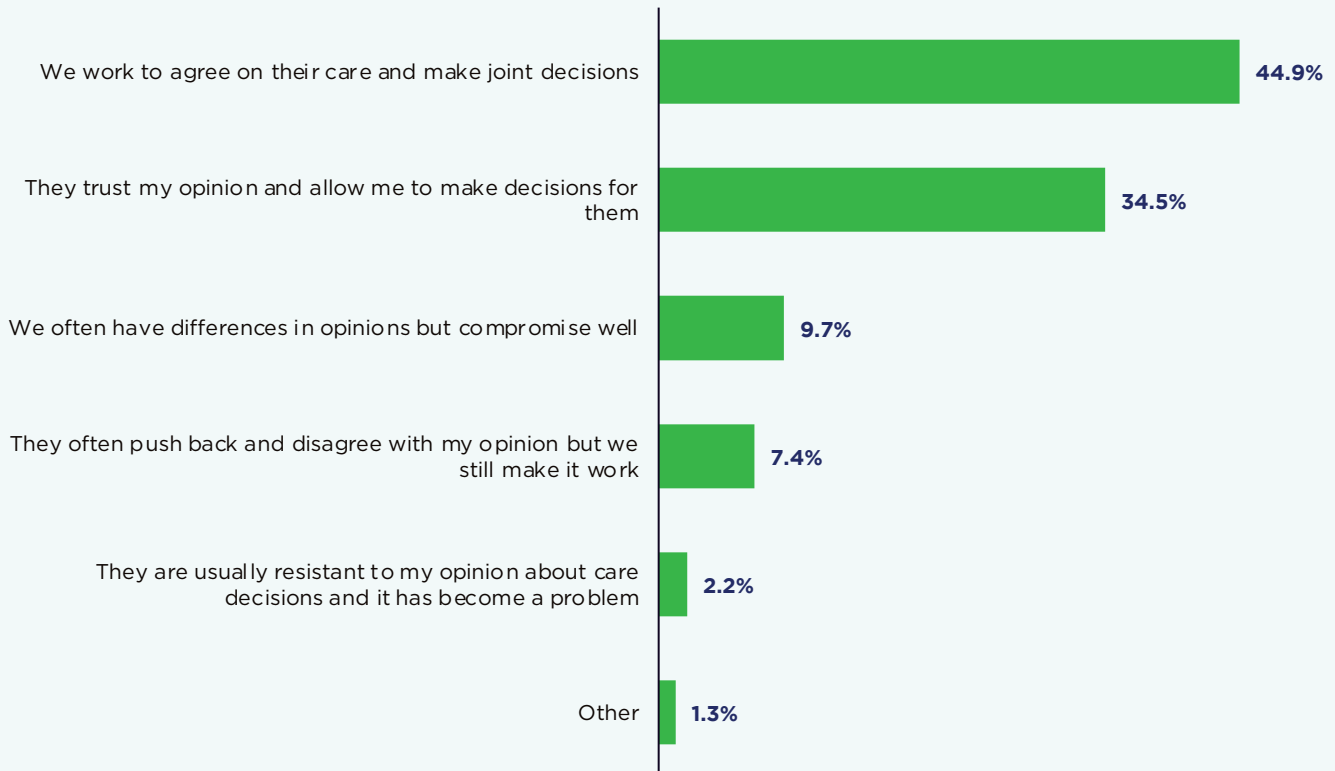
Almost half of all caregivers make joint decisions with their care recipient(s). The next most common approach sees the care recipient trusting their caregiver to make decisions for them. While one out of five caregivers encounters some disagreement and/or resistance in dealing with the care recipient, most of them ultimately make things work in the end (see *figure 19*).

“ He refuses help from professional services.”

- survey respondent

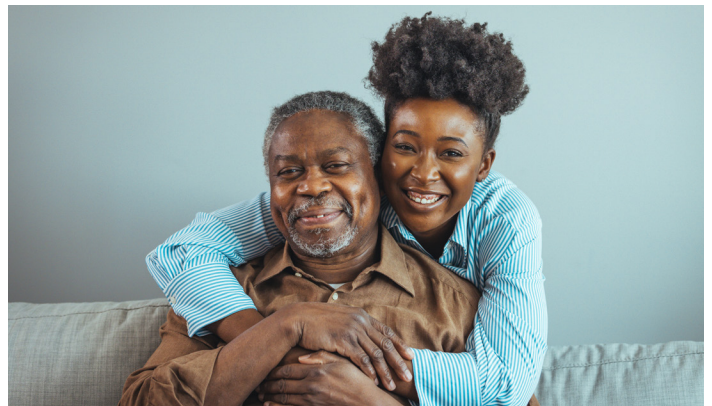
### Care recipient receptiveness of caregiver opinions and suggestions

Figure 19



## Demographics of Caregiving Decision-Making

Male caregivers are more likely to make decisions on behalf of their care recipients compared to female caregivers (39.9% vs. 32.0% respectively), whereas female caregivers (45.9%) are slightly more likely than male caregivers (42.9%) to work together with their care recipient in the decision-making process.



Younger caregivers (ages 40-54) are almost as likely to be making decisions on their own as they are to be making decisions jointly with the recipient, compared to caregivers ages 55+ who are much less likely to say that they are making decisions on their own than to be making joint decisions with their care recipient (see *table 5*).

It should not be assumed, however, that findings around the age of the caregiver are consistent with those around how long the caregiver has been playing this role. This is to say that younger caregivers are not necessarily less experienced than older ones. For example, in the earlier section on *Who are the care recipients?* we showed that caregivers, who are caring for a grandparent, are more likely to be younger vs. those caring for a sibling or spouse, however they are also less likely to have fewer than five years of experience in the role.

Similarly, we also see that younger caregivers are more likely than older ones to say that their care recipient trusts them to make decisions for them, while the less experienced the caregiver the less likely they are to say this (see *table 6*). It is also likely that the care recipient becomes less able to be involved in the decision-making process as they get older (i.e., the longer they have been receiving care).



## Sharing of Caregiving Responsibilities and Decision Making

As discussed in the *Nature of Care Being Provided* section almost half of all caregivers (46%) share their responsibilities with at least one other person. This can potentially add another layer of complexity for organizations trying to reach and engage these individuals.

How caregiving decisions are made by caregiver age Table 5		
Age of caregiver	I make joint decisions with my care recipient	My care recipient trusts me to make decisions for them (on my own)
40-54	41.9%	38.9%
55-64	46.9%	32.7%
65+	47.0%	31.1%

How caregiving decisions are made by caregiver experience Table 6		
Length of time as a caregiver	I make joint decisions with my care recipient	My care recipient trusts me to make decisions for them (on my own)
Less than 1 year	50.7%	28.0%
Between 1-5 years	46.9%	32.1%
Between 5-10 years	46.3%	34.3%
10 or more years	36.5%	43.2%



For those sharing their caregiving responsibilities with others, the vast majority of care decisions are either made jointly or by the main caregiver, with only a small percentage reporting some type of pushback or disagreement. Compared to sole caregivers, this group is much more likely to work together to make joint decisions vs. one person making decisions for everyone (see *figure 20*).

Male caregivers are more likely to be trusted to make decisions in shared caregiving responsibilities while female caregivers are more likely to work jointly to come to those decisions (see *table 7*).

As we see with sole caregivers, those who have been jointly caring for someone for 10 or more years are much more likely to be trusted to make decisions compared to those who have been providing support for a shorter period of time (see *table 8*).

### Care partner receptiveness to caregiver opinions and suggestions among those that share caregiving responsibilities with family/friends (N = 814)

Figure 20

**63.4%** 

We work to agree on our care recipient's care and make joint decisions

**2.5%** 

They often push back and disagree with my opinion but we still make it work

**23.8%** 

They trust my opinion and allow me to make decisions for the care recipient

**1.6%** 

They are usually resistant to my opinion about care decisions and it has become a problem

**7.9%** 

We often have differences in opinions but compromise well

**0.9%** 

Other

### How caregiving decisions are made between shared caregivers by caregiver gender (N = 814)

Table 7

Gender of caregiver	We work to agree on care recipient's care and make joint decisions	They (other caregivers) trust my opinion and allow me to make decisions for care recipient	We often have differences of opinion but compromise well
Men	58.7%	28.9%	8.3%
Women	65.5%	21.7%	7.7%

### How caregiving decisions are made between shared caregivers by caregiver experience (N = 814)

Table 8

Length of time as a caregiver	We work to agree on care recipient's care and make joint decisions	They (other caregivers) trust my opinion and allow me to make decisions for care recipient	We often have differences of opinion but compromise well
Less than 1 year	65.9%	22.7%	10.2%
Between 1-5 years	64.2%	22.9%	6.7%
Between 5-10 years	69.4%	17.7%	10.5%
10 or more years	54.6%	32.2%	7.9%

## Having Difficult Discussions

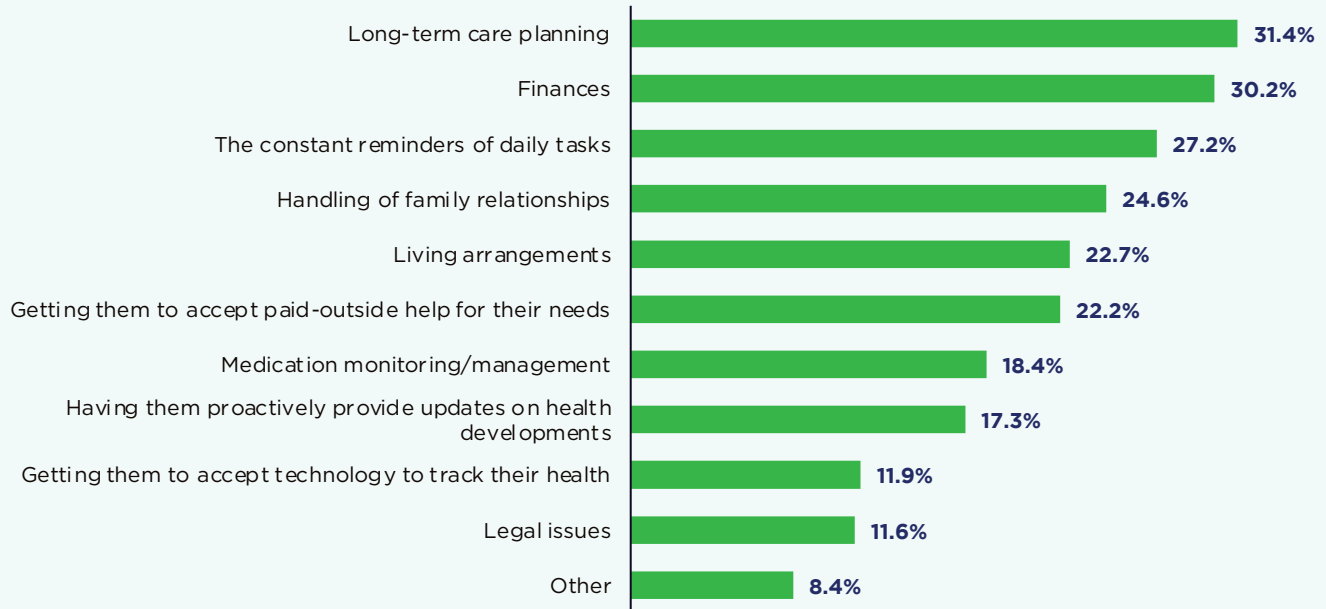
Given the uniqueness of each caregiver/care recipient relationship, it is not surprising that there are a wide variety of conversations that are difficult to have. Topping the list are discussions around long-term care planning and financial issues, followed by several other topics that can also be uncomfortable (see *figure 21*).

“ It’s mental illness.  
There is no one else! ”

- survey respondent

### Caregivers’ most difficult conversations with care recipients

Figure 21



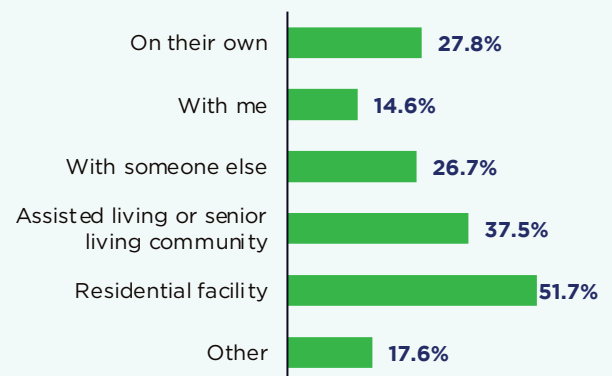
## Where Difficult Conversations Are Happening

We see specific types of conversations being less/more common with certain sets of caregivers:

- Difficult conversations about financial issues are much more common in the lowest income bracket, with three out of four caregivers with a household income of less than \$100,000 in income reporting this challenge vs. only one in five (19.7%) for those earning \$100,000-\$199,999
- Difficult conversations about living arrangements are least likely to be reported by caregivers who have care recipients living with them or within walking distance and are most common among those with care recipients living in residential facilities (see *figure 22*).

### Percent of caregivers who rate conversations with care recipients about living arrangements as difficult by care recipient living situation

Figure 22



## Resolution of Conversations

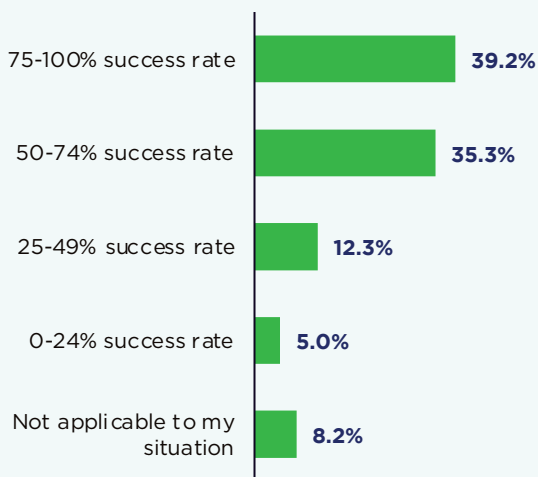
Given the sensitivity around a wide variety of issues related to a care recipient's needs, combined with individual personalities and relationship styles, it is interesting to view success rates related to these discussions. While three-quarters of all caregivers report success rates in at least half of their conversations with care recipients, almost one in five caregivers is dealing with less than a 50% success rate (see *figure 23*).

Noteworthy among the success rate findings:

- Older caregivers (ages 65+) have slightly higher success rates in the 75-100% range than younger caregivers; younger caregivers (ages 40-54) are more likely to report success rates in the 50-74% range than other age groups
- Retired caregivers are more likely to report the highest success rates vs. caregivers with other work status
- Over three-quarters (77.4%) of full-time working caregivers claim a 50% or higher success rate, which was higher than all other working status breakouts
- Higher success rates of 50% or more were also noted with grandparents

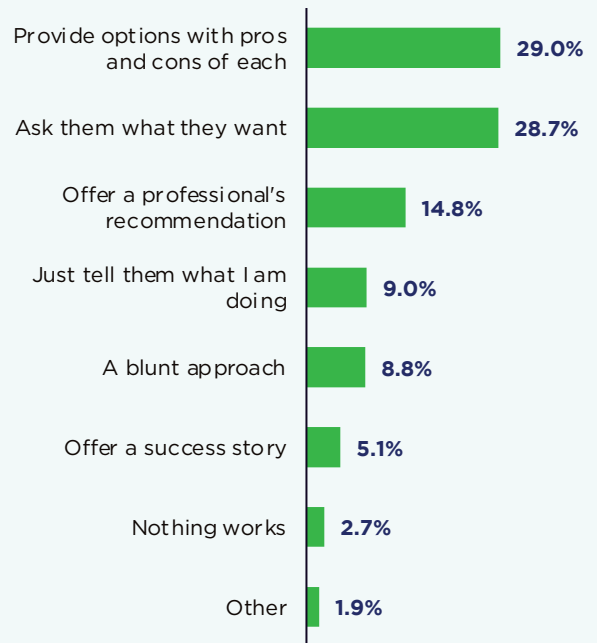
### Percent of conversations with care recipients that caregivers report having a successful resolution

Figure 23



### Approaches caregivers rate as most likely to improve chances of care recipient receptiveness

Figure 24



## Successful Approaches in Making Care Recommendations

Two options stand out when it comes to the approaches caregivers say are most likely to improve their chances that the care recipient will be receptive to recommendations about their care: 1) providing options with the pros and cons of each; and 2) asking care recipients what they want. Other options were selected with lower and varying success rates (see *figure 24*).

We see in several areas of the research the higher importance older caregivers place on healthcare professionals for information and advice, which may be related to a higher incidence of health issues in the older population and/or a higher trust in health professionals. Consistent with this we see that caregivers 65 and older are more likely to indicate that a recommendation from a professional, such as a doctor, will help improve care recipient receptiveness compared to younger caregivers (19.2% for those ages 65 vs. 13.6% for those ages 55-64 and 11.8% for those ages 40-54).

## Dealing With Care Recipient Pushback

When there is pushback or resistance from the care recipient, providing the pros and cons of various options is the preferred caregiver strategy, although other options that are more emotional in nature (such as expressing worry/empathy) are also being used or considered (see figure 25).

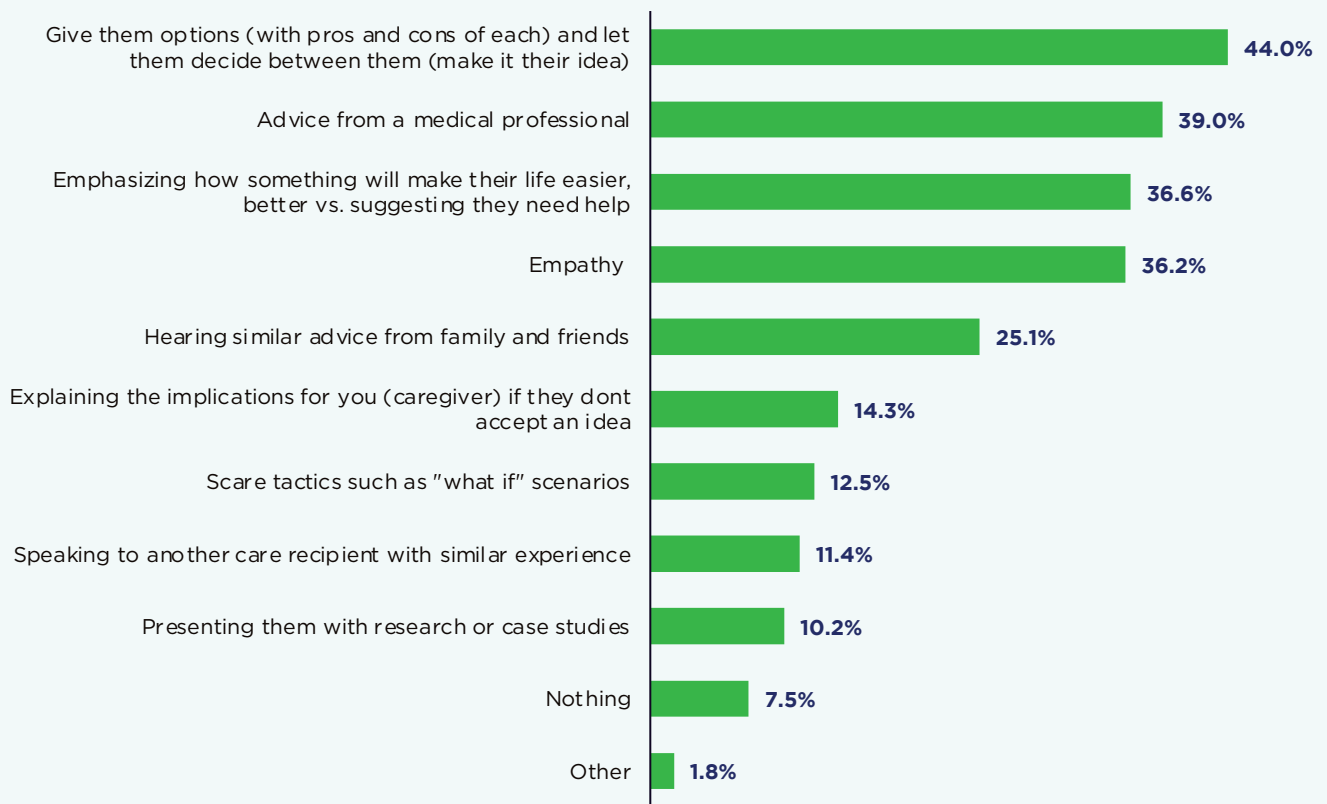
It is noteworthy that the majority of caregivers will use/try one or more approaches when trying to overcome obstacles with their care recipient. This suggests that different challenges require different tactics to gain agreement on the best approach moving forward.

Again, we see that advice from a medical professional becomes more important with older caregivers, with 42.6% of them using this tactic to overcome care recipient objections.



### Most helpful options for overcoming pushback/resistance from care recipient

Figure 25



## Summary of Key Findings

- Almost half of all caregivers make joint decisions with their care recipient(s), while the next most likely scenario sees the care recipient trusting the caregiver to make decisions for them. Male caregivers are more likely to be making decisions on their behalf compared to female caregivers (39.9% vs. 32.0% respectively)
- The longer caregivers have been in their role, the more likely they are to be making decisions on their own (on behalf of the care recipient)
- Almost half of caregivers share responsibility with at least one other person
- Caregivers find discussions around long-term care planning and financial issues the most difficult to have with care recipients
- While three-quarters of caregivers report success rates in at least half of their conversations with care recipients almost one in five caregivers is dealing with success rates under 50% (note: other caregivers indicated that the idea of difficult discussions was not relevant to them)
- There is no single approach that works in resolving caregiving issues and discussions as each circumstance and relationship is different, however outlining the pros and cons of options for care recipients and identifying their wants tend to result in more positive outcomes
- Overcoming pushback from care recipients may involve both the use of rational/factual data in supporting an idea as well as a more emotional approach

**42.6% of Caregivers**

**use advice from a medical professional to overcome care recipient objections**

## Implications for Marketers

- Understanding the decision-making processes that might be involved in caregiver-care recipient relationships is an important step for brands as they consider the customer journey
- Besides offering information and/or solutions, brands and organizations would do well to help facilitate discussions and decision-making between caregivers and care recipients (especially if there are shared responsibilities)
- Depending on the situation and the dynamics within each relationship, gaining acceptance related to the care of individuals can often involve a combination of providing the functional benefits of potential solutions as well as the emotional ones. For example, gaining acceptance for the use of fall detection technology might involve a mix of outlining the practical benefits of using such a device (i.e., quicker detection means quicker action) as well as the emotional ones (i.e., feeling less helpless or mitigating the fear of being unable to move for hours or days)







# The Caregiver Support System

## Introduction

Essential to the caregiver's capacity to deliver day-to-day support is the level of support or understanding they can rely on in balancing their various daily responsibilities. For caregivers, the ecosystem of individuals who have the capacity to impact their ability to deliver care may include their spouse/partner, family members with whom they share care responsibilities, employers, and medical professionals. Caregivers overall report enjoying a high level of understanding from individuals who might be directly impacted by or who may directly/indirectly impact their ability to deliver care.

Other key elements in the caregiver support system are the resources or individuals they may turn to for information and guidance for specific caregiving needs. While medical professionals top their list of sources, caregivers are largely relying on gut instinct, their own web searches, and advice from family and friends rather than turning to community resources or organizations.

## Most/Least Understanding Within the Caregiver Support System

Caregivers indicate that spouses/partners are most likely to be extremely/very understanding (77.7%) about their need to balance their caregiving responsibilities with other obligations, while employers are most likely to be not at all/slightly understanding (18.3%) (see *figure 26 – page 44*).

It is noteworthy that male caregivers report higher levels of understanding across most of the potential sources of support in their lives.

Female caregivers are less likely than their male counterparts to report family members as being supportive, which may play a role in how caregivers feel about the future - see *Looking to the Future* section (male caregivers are slightly more optimistic about the future than female caregivers). The reported level of understanding from employers is about the same for male and female caregivers (see *figure 27 – page 45*).

## Top Caregiving Resources

Study findings reveal that caregivers tend to look towards individuals with whom they have a trusted personal relationship (medical professionals, friends/family) for caregiving answers. This suggests that their questions may either be medical in nature or are ones for which they value the personal experiences of individuals closest to them. As *figure 28 reveals* (see *page 45*), other information sources such as community or health organizations, are of much lower priority.

## Caregiving Resource Needs | Gaps

Caregivers were also asked for ideas for information or resources they felt were most lacking that would help them in providing care. Their suggestions offer opportunities for marketers to look for ways to help fill the gap. While many comments appear to be emotionally driven and situation-specific, we have included a selection of those with potential application/action for marketers (see *page 46*).

Noteworthy is the desire for resources to help in planning for the future (what to expect), for how to access and pay for local support, to help navigate the healthcare system, and to help balance responsibilities.

### Summary of Key Findings

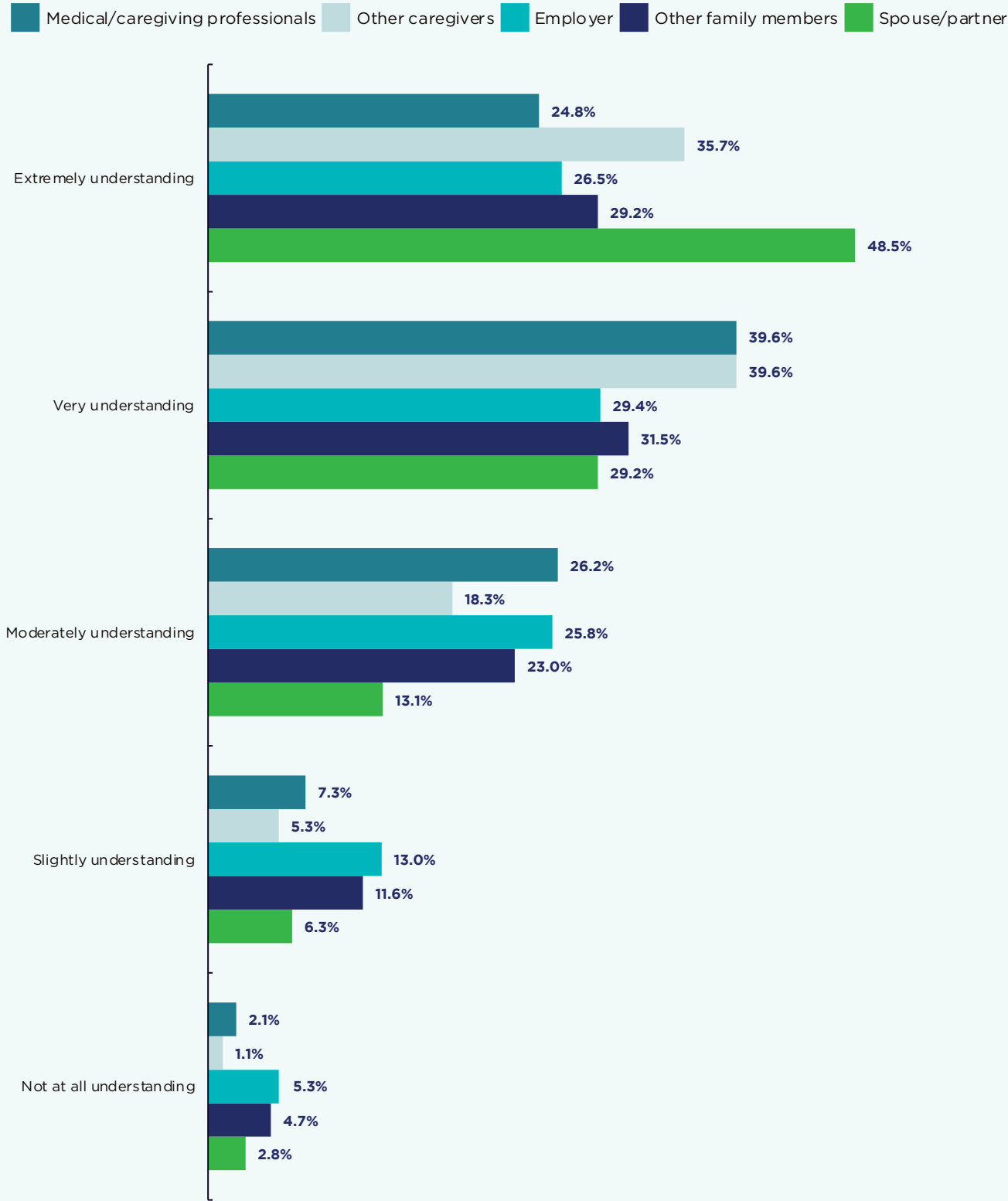
- In the *Looking to the Future of Caregiving* section later in this report, we see how a strong support system for caregivers may positively affect their confidence level in providing care. The findings here suggest the ability to provide care depends on factors beyond caregivers themselves to include other people in their lives
- We also see in the next section on *Paid Caregiving* that the strength of the support system for caregivers may be a factor in interest in paid services. Specifically, caregivers express more interest in several services if they feel the caregivers they share care with are not as understanding about their responsibilities
- Men and women prioritize their go-to sources for caregiving information in much the same way
- While the perceived level of understanding caregivers feel they get from the people in their lives is fairly consistent among female/male caregivers, female caregivers are significantly less likely than male counterparts to report that their family is understanding
- The older the caregiver the more likely they are to rely on their own gut instinct, (55% of those ages 65+, 51% for ages 55-64, 46.5% for ages 40-54), suggesting caregiving experience increases confidence in making decisions on their own
- The younger the caregiver the more likely they are to rely on web searches for caregiving answers (51.3% of those ages 40-54, 47.5% of those ages 55-64, 39.1% of those ages 65+)

“ Help with navigating the healthcare system. Trying to get things done is difficult. ”

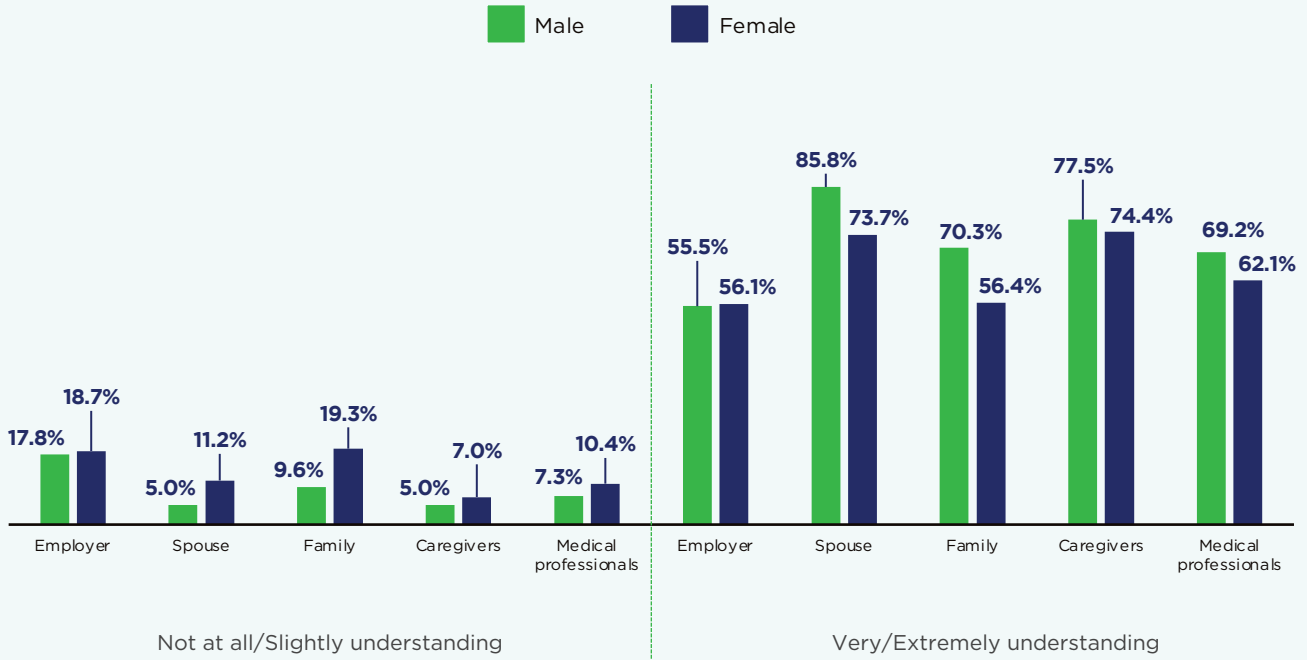
- survey respondent

**Level of understanding about balancing caregiving responsibilities and other obligations, as perceived by caregivers**

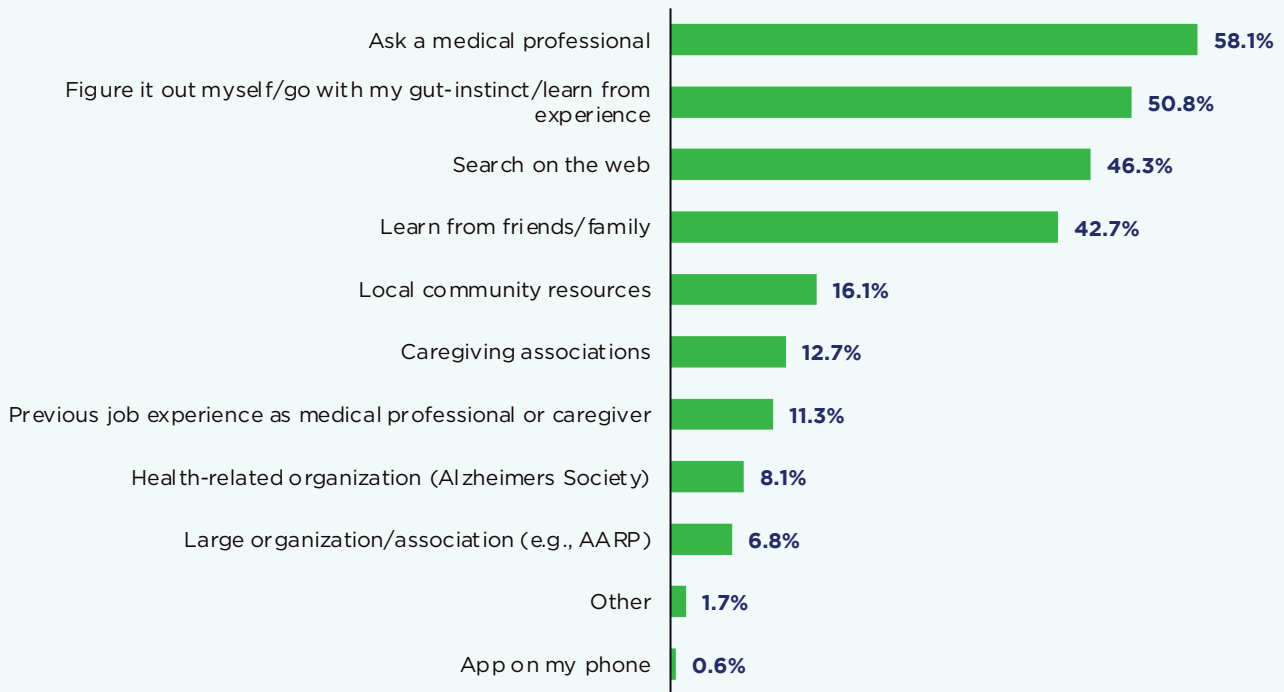
Figure 26



**Level of understanding about balancing caregiving responsibilities and other obligations as perceived by caregivers, by caregiver gender**  
Figure 27



**Caregivers' most often sought sources for guidance or information**  
Figure 28



## Information or resources that would help in providing care

(direct quotes from caregivers, edited for clarity/brevity)

“ I am not a medical professional so I lack expertise on current trends in caregiving and on areas of adjustments in medication. ”

---

“ I need more information about local resources for caregivers and options for helping me to pay for those services. ”

---



“ Projections of what the future holds, and how to prepare for it without breaking under the mental exhaustion as (her) dementia grows worse. ”

---



“ Easier access to information on what is available regarding financial, medical, legal, care assistance... would be a great help. ”

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## Implications for Marketers

- Findings suggest that caregivers may not go to brands or even non-profit organizations for help or guidance in providing care, however, brands can still build positive word-of-mouth among caregivers' immediate support system of friends and family, who may pass on their positive product/service experiences
- As caregivers often rely on their own instincts/experience when providing care, companies/brands might do well to acknowledge the important role caregivers are playing and the tough decisions they are making (vs. trying to give them the answers) and play a supportive role in building their confidence about their product choices by showing how those choices can make their and their care recipients' lives easier/better
- The findings also suggest that the support system caregivers draw from is very important to their ability and confidence in providing care - from the people they may share care with to family/friends and employers. This ecosystem of support helps caregivers do their job with less stress and worry. Companies/organizations may not play as important a role in this ecosystem, however they should look for ways to show caregivers that they support and acknowledge their efforts. They can also highlight examples of positive word-of-mouth and testimonials (from fellow caregivers) associated with the use of their products and services which will likely carry more weight than promotional language
- Companies/organizations can recognize that sometimes the caregiver needs more assistance or support in managing their personal needs than the care recipient (i.e., it may be a greater challenge for someone caring for someone with dementia than for the care recipient)
- Despite the availability of a wide variety of resources from companies, organizations and associations, caregivers are generally not aware of or looking for information from them. There is an opportunity for brands to raise awareness of their available resources for caregivers on a national and local level







## Interest in Paid Caregiving

### Introduction

A potentially key finding for marketers who are interested in reaching the caregiver audience is that caregivers are highly receptive to the idea of paying for services or products to support the care they are providing. Eight in 10 (80%) caregivers indicate they would consider paying for help to support at least one of their caregiving needs.

## Interest in Specific Paid Services

Interest is especially high in practical services that could enable care recipients to stay in their homes, that could offset day-to-day household chores being performed for care recipients, and/or that might help with jobs that otherwise pose a physical challenge (see figure 29).

Noteworthy is that female caregivers are more likely than their male counterparts (52.5% vs. 42.6%) to express interest in home repairs/maintenance services and in moving support services (40% vs. 28.1%). Male caregivers are more likely than their female counterparts to be interested in cooking/meal preparation services (26.1% vs. 20.8%) and in hygiene/personal care services (30.8% vs. 25.5%).

Overall, age of the caregiver is not associated with a dramatic increase/decrease in interest in services, however there are some differences of note. Younger

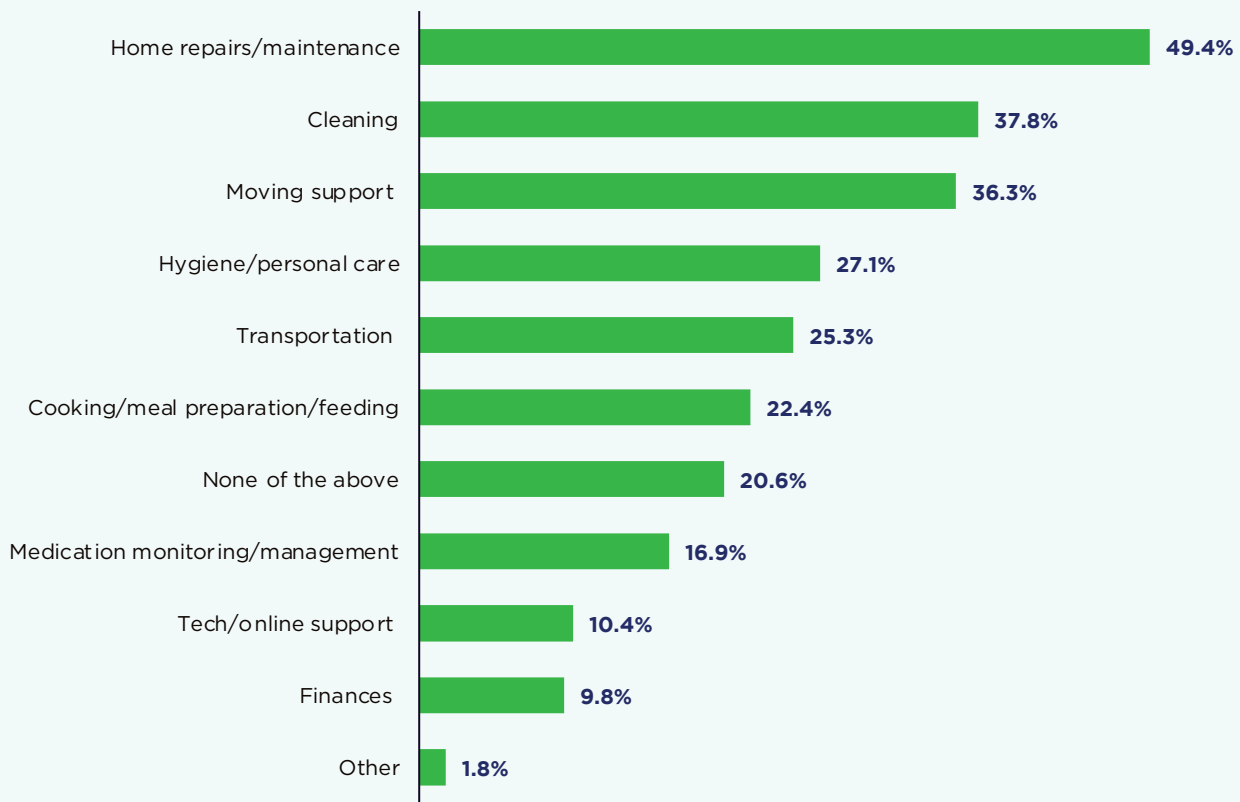
caregivers (ages 40-54) are more likely than their older counterparts to express an interest in transportation services (i.e., to assist with trips for shopping/appointments), financial services (i.e., helping pay bills/manage finances), and tech support. Older caregivers are slightly more interested than younger ones in moving services (see tables 9-11 – pages 50-51).

Almost across the board, interest in paid services increases with the household income of the caregiver suggesting a greater ability and willingness to pay for help. Note: numbers for the \$500,000+ income group, which show significant variance, are based on a small sample size (see table 11 – page 51).

Also examined was the potential relationship with interest in paid services by distance between the caregiver and care recipient. Across multiple service categories/needs we see a variance in the interest level in paid services according to the distance between caregiver and care recipient.

**Caregiving needs for which caregivers would consider paid help**

Figure 29



A significant factor appears to be whether the service addresses something the care recipient likely needs everyday such as cleaning help, personal care/hygiene help, and medication management. Noteworthy among these findings is:

- 67.7% of caregivers who live more than a three-hour drive from their care recipients are interested in cleaning services vs. 38.6% of those who live within easy walking distance
- 58.1% of caregivers who live more than a three-hour drive from their care recipients are interested in personal care/hygiene help vs. 23.5% of those who live within easy walking distance
- 45.2% of caregivers who live more than a three-hour drive from their care recipients are interested in help with medication management vs. 17% of those who live within easy walking distance
- 45.2% of caregivers who live more than a three-hour drive from their care recipients are interested in transportation help vs. 20.3% of those who live within easy walking distance

As referenced in the previous section of the report, we see that the level of understanding caregivers feel they enjoy in managing their responsibilities may also be a factor in their level of interest in certain paid services. Most notably, among caregivers who share responsibilities, those who feel their fellow caregivers are not as understanding are more likely to express interest in paid services such as cleaning services and personal care/hygiene help (see table 12 – page 51).

We also see that those working caregivers who feel their employers are not as understanding are more likely to express interest in transportation services (e.g., to/from appointments) and maintenance/repairs help.

One exception we see to this trend is that caregivers who say they enjoy higher levels of understanding are more likely to express interest in help with medication monitoring/management. That may reflect the importance of having support before even considering this type of service. Overall the level of understanding enjoyed from a partner/spouse did not seem to be a significant factor in interest in different paid services.

**Interest in services to support caregiving needs by caregiver age**  
Table 9

% Interested in services								
Caregiver age group	Home repairs/maintenance services	Cleaning services	Hygiene/personal care services	Moving support services	Transportation services	Cooking/meal prep/feeding services	Financial services	Tech/online support services
40-54	47.6%	38.1%	26.8%	35.4%	30.9%	26.6%	13.8%	12.7%
55-64	50.3%	37.5%	29.3%	34.9%	25.8%	21.1%	8.4%	9.2%
65+	50.2%	37.7%	24.8%	38.3%	18.2%	18.5%	6.5%	8.6%

**Interest in services to support caregiving needs by caregiver gender**  
Table 10

% Interested in services								
Caregiver gender	Home repairs/maintenance services	Cleaning services	Hygiene/personal care services	Moving support services	Transportation services	Cooking/meal prep/feeding services	Financial services	Tech/online support services
Women	52.5%	37.4%	25.5%	40.0%	25.4%	20.8%	8.8%	10.2%
Men	42.6%	38.9%	30.8%	28.1%	25.1%	26.1%	12.2%	10.8%



**Interest in services to support caregiving needs by caregiver household income**  
Table 11

% Interested in services								
Caregiver household income	Home repairs/maintenance services	Cleaning services	Hygiene/personal care services	Moving support services	Transportation services	Cooking/meal prep/feeding services	Financial services	Tech/online support services
Less than \$100,000	47.8%	34.0%	24.2%	34.4%	24.3%	19.9%	9.9%	10.0%
\$100,000-199,999	54.8%	46.9%	35.0%	40.3%	26.2%	29.4%	10.0%	10.7%
\$200,000-499,999	55.0%	56.5%	39.1%	46.4%	40.6%	30.4%	10.1%	17.4%
\$500,000+*	16.7%	25.0%	16.7%	41.7%	33.3%	16.7%	16.7%	8.3%

\*Variances seen in \$500,000+ group likely due to small sample size

**Interest in services to support caregiving needs by level of understanding from others**  
Table 12

Service	Caregivers they share care with		Employer		Partner/spouse	
	Not at all/slightly understanding	Very/extremely understanding	Not at all/slightly understanding	Very/extremely understanding	Not at all/slightly understanding	Very/extremely understanding
Cleaning services	53.2%	41.6%	44.7%	39.9%	39.4%	38.9%
Hygiene/personal care services	46.8%	31.5%	40.2%	28.2%	30.3%	27.9%
Transportation services	31.9%	25.0%	39.7%	27.5%	21.8%	24.7%
Home repairs/maintenance services	53.2%	50.6%	54.7%	48.2%	51.4%	48.9%
Medication monitoring/management services	12.8%	18.8%	19.0%	20.1%	15.5%	18.6%

## What Drives Interest in Services?

Study findings suggest that a range of factors might trigger caregiver need to secure paid services. They are, however, largely related to the need for expertise or health issues (caregiver's own health or that of their care recipient) (see *figure 30*).

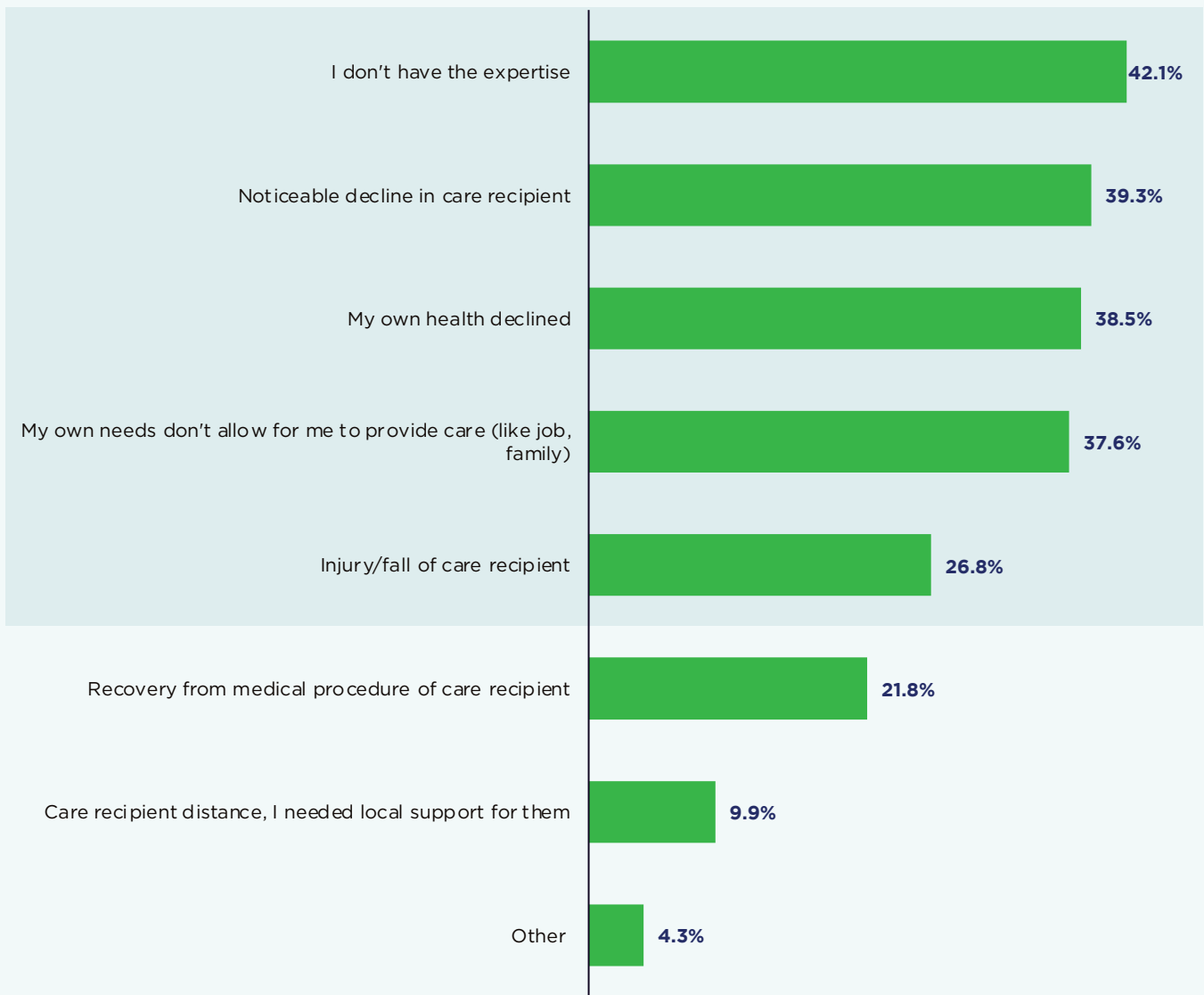
The demographics and circumstances around caregivers can impact the relative importance of specific triggers. Older caregivers (ages 65+), for example, are far more likely than their younger counterparts to say their own

declining health or an injury/fall to the care recipient would prompt the need for paid help.

Sole caregivers (on whom the burden of care falls entirely) are also more likely (vs. those who share these responsibilities) to say their own health decline would prompt a need. Caregivers, who are also balancing the needs of full- or part-time employment, are more likely than their non-working counterparts to say their own needs (that might interfere with their ability to provide care) would trigger a need for help.

### Factors that have prompted caregivers to seek out paid support

Figure 30



**Triggers likely to prompt the need for paid caregiving services and groups most likely to say those situations will trigger the need**  
Table 13

Don't have expertise (42.1%)	Decline in care recipient (39.3%)	My own health declined (38.5%)	Own needs don't allow for delivery of care (37.6%)	Injury or fall to care recipient (26.8%)	Medical recovery of care recipient (21.8%)
<b>Groups Most Likely to Say Above Situations Will Trigger Need</b>					
Share care with a professional service (49.6%)	Share care with a professional service (56.5%)	Ages 65+ (54.1%)	Work full-time (45.5%)	Ages 65+ (30.6%)	Ages 65+ (24.7%)
Work part-time (47.5%)	Work full-time (43.2%)	Retired (52.2%)	Share care with medical and caregiving professionals (44.6%)	Retired (29.3%)	Work part-time (24.5%)
Ages 65+ (44.2%)	Ages 55-64 (41.6%)	Sole caregiver (44.1%)	Ages 40-54 (41.9%)	Share care with a professional service (40.9%)	Share care with medical and caregiving professionals (37.6%)

## Impact of Caregiver Life Events, Situations, Stresses

*Connecting with Caregivers* explored a range of family, work, or financial situations caregivers might have experienced within the past five years to see how they might shape the overall caregiver situation, their desire for products and services, and/or their receptiveness to marketing messages. For example, a caregiver's own declining health is seen as one of the most likely possible triggers of the need for care, however the study explored if respondents, who had actually experienced health issues, were more interested in any paid services.

Overall, eight in 10 (81.5%) caregivers have experienced some form of personal health issue over the past five years, two thirds (66.4%) have experienced work-related changes, more than half (51.6%) have experienced changes in their household (51.6%) or a change to their family situation (51.3%), and nearly half (46.1%) have experienced financial changes/pressures.

*Table 14* (page 54) provides a detailed look at situations caregivers have experienced within the last five years. These have been coded by theme.

So what, if any, are the implications of these life events/changes for marketers, and more specifically on potential interest in paid services? The findings suggest that these caregiver experiences are not triggers on their own but may be factors in pushing them towards considering paid options.

Of the various situations experienced within the past five years (see *table 14*) the three most likely to potentially contribute to interest in paid services to support caregiving are:

- The worsening of the caregiver's own health
- Added stress at work
- The need for repairs/maintenance on the caregiver's home



## Life situations experienced by family caregivers within the last five years

Table 14

	Death of a close family member	38.7%
	Quality of own sleep worsened	34.4%
	Their own physical health worsened	25.9%
	Experienced added stress at work	24.8%
	Experienced a cut in pay/salary	23.6%
	Home required significant repairs/maintenance	20.5%
	Moved	17.4%
	Own mental health worsened	16.4%
	Renovated home	13.7%
	Changed jobs/work schedule	13.4%
	Changes to retirement plans (retired earlier/later than expected)	11.8%
	Withdrew investments/savings earlier than expected	11.7%
	Lost/left job unexpectedly	10.9%
	Pay/salary increased	10.8%
	Children/grandchildren moved in with them	6.7%
	Got divorced/separated from spouse/partner	5.9%
	Had to work extra jobs	5.5%
	Suffered a minor injury	4.8%

### Legend Table 14.1





			
Family/living situation	Health issue	Financial situation/stress	Work change

Figure 31 illustrates how those caregivers who indicated that their own health had worsened in the past five years are more interested (vs. those who had not experienced worsening health) in a variety of paid services and especially in those that could be described as more physically taxing. For example, these caregivers are 11% more likely (than those not experiencing worsened health within the past five years) to be interested in cleaning services, 10% more interested in home repair/maintenance help and 9% more likely to be interested in moving support.

Figure 32 (page 56) highlights how caregivers who experienced added stress at work within the past five years are more interested in a range of paid services (vs. those who had not experienced added work stress), including transportation services, cleaning services, and help with medication management/monitoring. These can

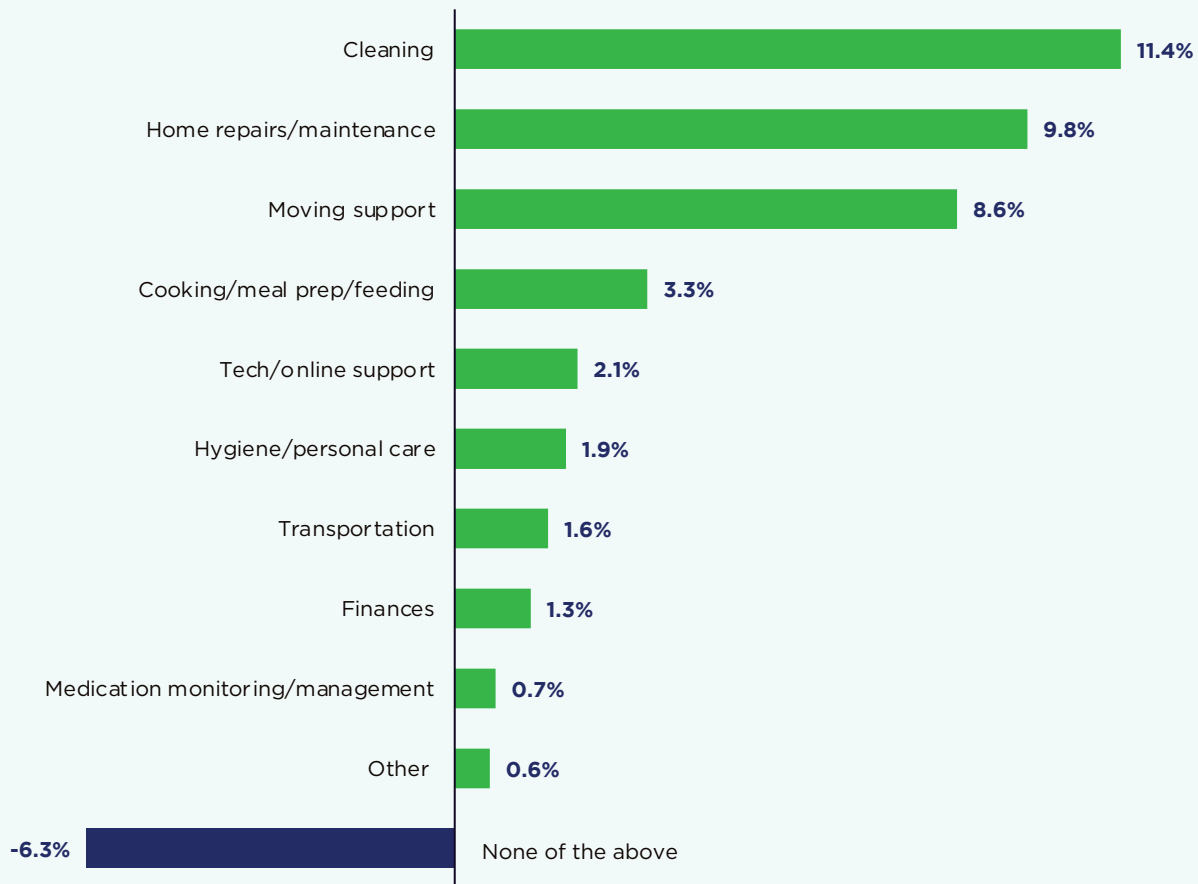
all be considered daily tasks expected of caregivers that might interfere with their work responsibilities.

Figure 33 (page 56) highlights how caregivers who made significant repairs/maintenance to their homes within the past five years are more interested in a specific paid services (vs. those who had not made repairs/maintenance). Perhaps not surprisingly, these caregivers are more likely to be interested in home repairs/maintenance services (15% more likely than caregivers who had not made significant repairs/maintenance within the past five years) having experienced this specific need already.

Overall, the findings suggest that the experience of having to make repairs or to invest in maintenance might increase interest in related services, such as moving and cleaning help (i.e., needs that could be associated with repairs/maintenance).

### Likelihood of seeking paid help on caregiving tasks by decrease in caregiver physical health

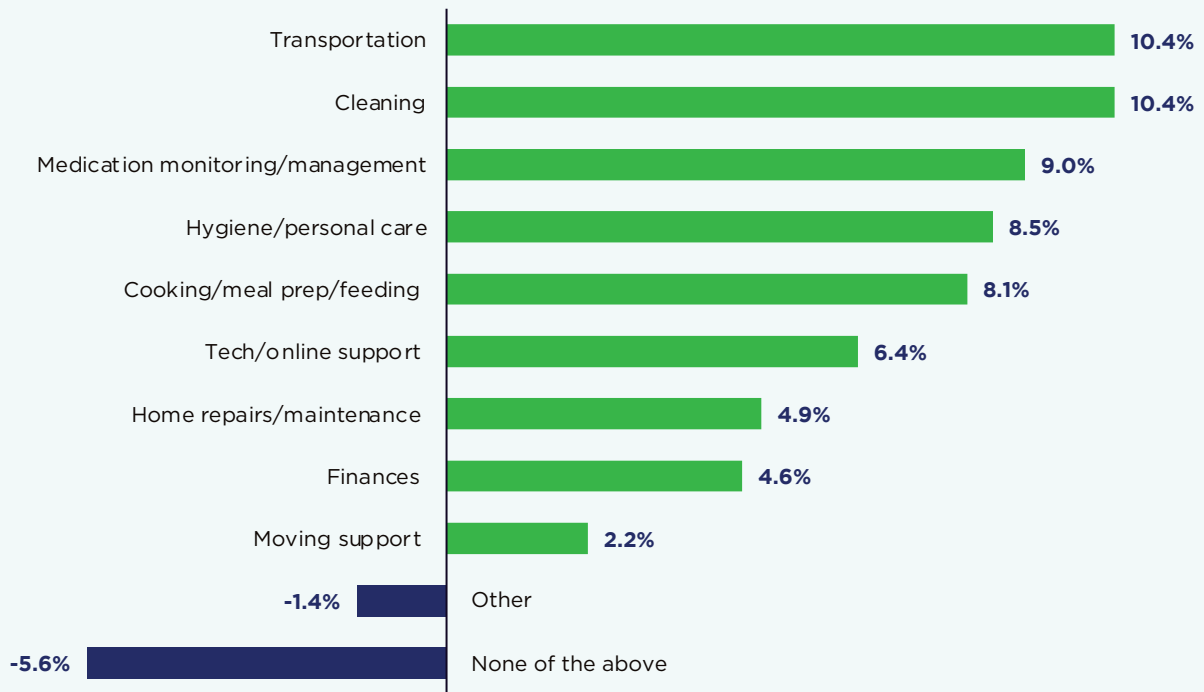
Figure 31



How to read chart: for example, caregivers who have experienced a decrease in physical health in the last five years are 11.4% more likely (than caregivers who have not experienced a decrease in physical health) to seek paid help for cleaning and are 6.3% less likely to not seek paid help on any caregiving task

### Likelihood of seeking paid help on caregiving tasks by added stress at caregivers' work

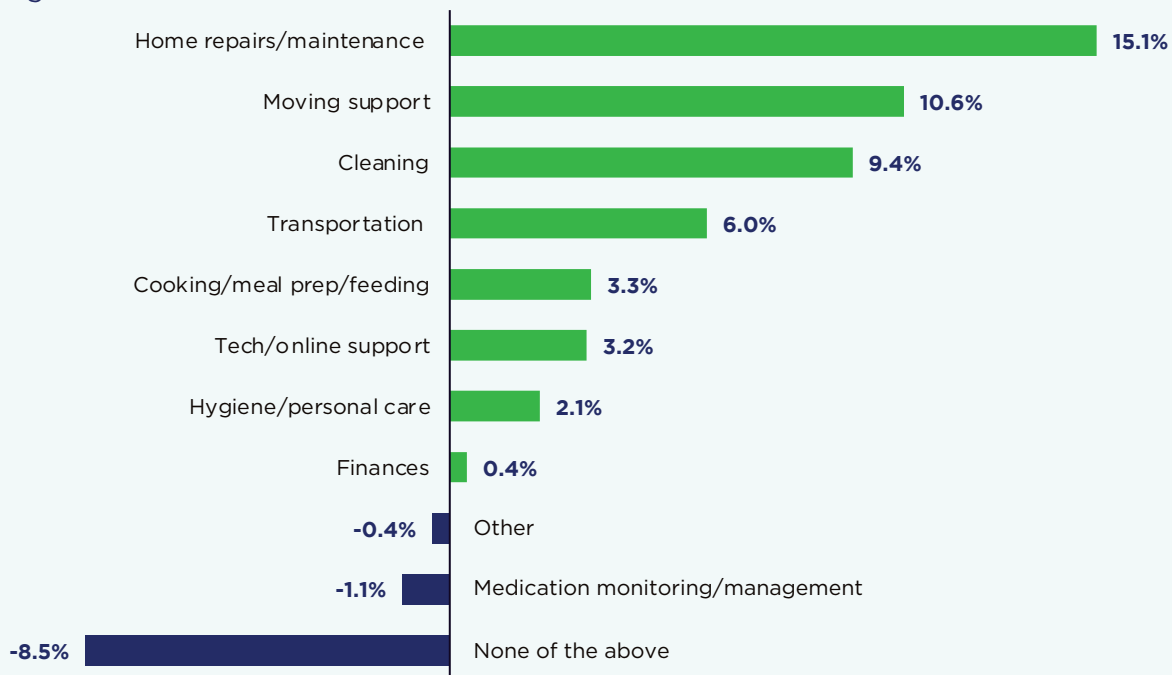
Figure 32



%s shown indicate how much more likely caregivers who had experienced the situation are interested in the services vs. caregivers not experiencing it within the past five years

### Likelihood of seeking paid help on caregiving tasks by significant repairs/maintenance required to caregivers' home

Figure 33



%s shown indicate how much more likely caregivers who had experienced the situation are interested in the services vs. caregivers not experiencing it within the past five years

## Summary of Key Findings

- Caregivers are very receptive to the idea of paying for services or products to support their caregiving responsibilities with eight in 10 (80%) indicating they would consider paying for help to support at least one of their caregiving needs
- Interest is highest in paid services that could enable care recipients to stay in their homes - especially those that could offset day-to-day household chores being performed by caregivers and/or that may help with jobs that otherwise pose a physical or time challenge - such as home maintenance services, cleaning services, help with moving/lifting, personal care services, and transportation help
- For most product/service areas interest grows with household income, reflecting the simple reality that higher income households are more able/willing to pay for help
- To some extent findings suggest that interest in paid services appears to fall along more traditionally associated gender roles. For example, male caregivers are more likely to be interested than their female counterparts in cooking/meal preparation help, while female caregivers are more likely to be interested than their male counterparts in home repairs/maintenance help and moving services
- Age of the caregiver is not associated with a dramatic increase/decrease in interest in services, however younger caregivers (ages 40-54) are more likely than their older counterparts to express an interest in transportation services, financial services, and tech support. Older caregivers are slightly more interested than younger ones in moving services
- Overall, the factors most likely to drive interest in using specific paid services are largely related to health issues experienced by the caregiver and/or by the care recipient as well as to the need for specific expertise. Time pressures experienced by caregivers and the pull of other responsibilities (such as work) are also possible factors as they are obstacles to them being able to deliver care on their own. Essentially, as caregivers are physically less able to provide services themselves or find it harder to do so because of time constraints, they may be more likely to turn to paid services
- Another factor that may drive interest specifically in personal care/hygiene, cleaning, and transportation services is the distance between caregiver and care recipient. Those caregivers who live a three-hour drive away or more are much more interested in these services than those living within a short walk of their care recipient



**“ I can always use more information to make my husband’s care more enjoyable. ”**

***- survey respondent***



## Implications for Marketers

- The door is open to market products or services that make the lives of caregivers and care recipients easier, however caregivers may view paid or professional help as something to consider on an as-needed basis (i.e., they would consider it only if it becomes difficult for them to provide services on their own). Appealing to caregivers based on their own needs may help build brand affinity in advance of that time when they require similar services/products for their care recipient
- Marketers may be able to increase the appeal of their offerings to caregivers by incorporating messaging that focuses on their practicality in saving caregivers time and in supporting their own needs as well as their care recipient (e.g., special home maintenance offerings/deals for both homes)
- Overall, there is value to marketers in better understanding the experiences, needs, and pressures that caregivers might be going through so they can be sensitive when developing and marketing products and services. It is all part of better anticipating interests and helping caregivers be proactive in addressing their own as well as their care recipients' needs. They may be making decisions with both themselves and care recipients in mind. If marketers can address both at once, it's a win-win that will build brand affinity





## Caregiving Products/ Services Opportunity

### Introduction

While ultimately price is the top consideration determining caregivers' choice of products or services for their care recipients, getting a referral from friends/family, who have previous experience, or from healthcare professionals is almost nearly as important (see *figure 34*).



## Factors that most determine caregivers' choices of products or services for their care recipients

Figure 34



These findings are consistent with what caregivers cite as their top sources for caregiving information, as discussed in the section on Caregiver Support System. Noteworthy among the findings is the importance of “good information or answers from product/service providers” in their final choice of products.

The relative importance of price, referrals from family/friends, and healthcare endorsements is fairly consistent between male and female caregivers with the exception

that female caregivers (46.9%) are much more likely than men (35.4%) to say they rely on referrals from friends/family with previous experience when choosing products/services.

More variance in the prioritization of factors considered when choosing products/services is seen among different age groups (see *table 15*). Noteworthy is the greater emphasis adults 65+ place on a healthcare endorsement over their fellow younger caregivers, that the older the

## Factors determining choice of products/services for care recipients by caregiver age

Table 15

Purchase consideration factor						
Age Group	Price	Referral from family/friends	Healthcare endorsement	Good information from provider	Online reviews	Range of options
40-54	50.8%	40.3%	36.8%	31.4%	24.4%	23.5%
55-64	48.5%	47.5%	41.8%	31.8%	18.6%	24.2%
65+	42.7%	42.6%	50.2%	35.2%	13.5%	25.2%

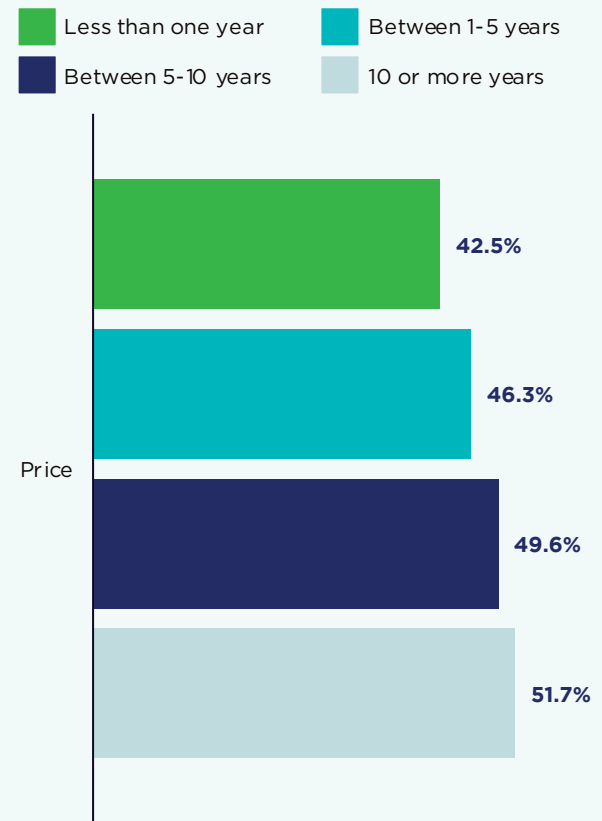
caregiver the less price sensitive they appear to be and that the youngest group of caregivers (ages 40-54) is more likely to rely on online reviews than their older counterparts.

Income level of the caregiver appears to be another determinant of how purchase factors are prioritized. Most noteworthy, and perhaps not surprisingly, is that those with lower household incomes tend to be more price sensitive, while caregivers with higher household incomes tend to favor referrals from healthcare professionals (see table 16).

Beyond the age and household income of the caregiver, the length of time for which the respondent has been a caregiver may also play a role in the relative importance of price. Specifically, the longer the respondent has been a caregiver, the relative importance of price to their purchase decision increases (see figure 35). This might reflect a higher level of savviness and a desire to compare options that comes with more experience.

Beyond the factors that may play into caregiver purchase decisions, a key question is if any specific products or services have stood out as having done a good job in marketing to caregivers, or helping caregivers sell ideas to their care recipients.

**How price determines caregivers' choices of products or services for their care recipients by caregiver experience**  
Figure 35



**Factors determining choice of products/services for care recipients by caregiver household income**  
Table 16

Household Income	Purchase consideration factor					
	Price	Referral from family/friends	Healthcare endorsement	Good information from provider	Online reviews	Range of options
Under \$100,000	51.8%	41.9%	41.2%	31.6%	17.8%	24.5%
\$100,000-\$199,999	37.3%	46.3%	46.3%	37.5%	23.0%	23.9%
\$200,000-\$499,999	31.9%	52.2%	44.9%	30.4%	24.6%	27.5%
\$500,000+*	33.3%	33.3%	50.0%	16.7%	8.3%	8.3%

\*Small sample size for household income of \$500,000+ may account for number variances

In essence, are there any good examples for marketers to follow in engaging caregivers?

The answer to the question – from the study findings – is that the vast majority of caregivers could not identify any products or services doing an especially good job (see *figure 36*). This suggests a significant opportunity for companies or organizations to step up to the challenge and stand out with caregivers.

While most caregivers could not cite specific examples of companies or brands, many did offer ideas (through an open-ended question) of approaches that have or might make them feel more inclined to use a product or service to make their lives easier.

The dominant themes that emerged from respondent comments/advice can be summarized as:

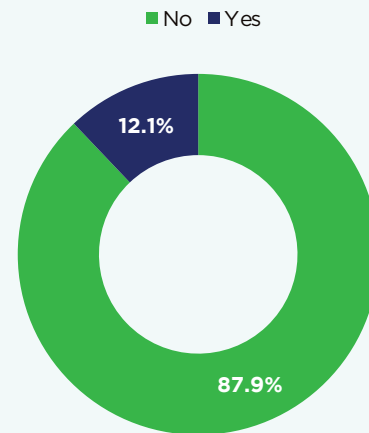
- Show more empathy/concern for the needs of the care recipient
- Do not disrespect or devalue the person for whom care is being given, especially as their situation is hard enough; help them live as normally as they can
- Offer more options to address the physical limitations (especially poor vision) of care recipients and more broadly look for features that are more aging-friendly
- Overall, better inform caregivers of product/service options so they know what is available to them and their care recipients

# Nearly 9 in 10

**caregivers could not identify any products or services that do an especially good job engaging caregivers**

### Caregiver awareness of products or services that have done a good job in marketing to caregivers or helping sell an idea to care recipient

Figure 36



### Summary of Key Findings

- Price, referrals from family and friends, and an endorsement from medical professionals are the top three most important factors for caregivers when evaluating products/services to support their caregiving needs. The youngest caregiver group (ages 40-54), the lowest income group (<\$100,000), and caregivers with more experience are most price sensitive. The oldest caregiver group (ages 65+) and those with the highest income group (\$500,00+) are most likely to prioritize endorsement from medical professionals
- Nearly nine in 10 (87.9%) caregivers could not identify any products or services doing an especially good job engaging caregivers, suggesting a significant opportunity for marketers to step up and build brand affinity
- Caregivers offer a range of ideas for better supporting their own and their care recipients' needs; most notable among these is acknowledging that care recipients want to live as normal a life and to remain as independent as possible

## Implications for Marketers

- It is revealing that nearly nine in 10 caregivers cannot name any products or services doing an especially good job engaging caregivers. This reveals that caregivers are craving attention and looking for products and services to meet their specific needs and circumstances
- Product/service providers clearly have a role to play in providing solid information to help caregivers make choices. Delivering competitive pricing and getting solid referrals (word of mouth) may get their foot in the door, but they will still need to deliver substance in their offerings
- Establishing brand affinity with caregivers by helping them cater to care recipient needs may translate to longer-term use. For example, care recipients or their caregivers may discover products or services that they want to keep using. An example of this could be personal care products that might be soothing to use for care recipients (help them feel better while undergoing care/treatment)
- The opportunity to build affinity with caregivers can cut across a variety of categories, especially by showing understanding and care. While respondents did not cite many companies that stood out for great service, more than one cited their oxygen tank suppliers as being especially concerned with their care recipient's well-being. If you are meeting a caregiver/care recipient's functional needs the opportunity still exists to build an emotional connection
- Look for opportunities to play a direct role in helping caregivers sell-in products/services to their care recipients with in-home visits
- Recognize that care recipients (despite their needs) still want to live as normal a life as possible. Marketers should look for ways to help them maintain some sense of independence and dignity

## What was a message or marketing approach from a product or service that resonated with you?

*(direct quotes from caregivers, edited for clarity/brevity)*

**“ Empathy is key. I know they care and listen to concerns. ”**

**“ The oxygen (tank) company is very helpful always makes sure my dad is okay. ”**

**“ It wasn't a marketing approach it was finding something that made her feel calm. ”**



## What is one thing that companies, products, services could do to make your life easier as a caregiver?

*(direct quotes from caregivers, edited for clarity/brevity)*

“ Independence of the individual is of the highest importance. ”

---



“ Find better ways to make us aware of products that could help us in our caregiving. ”

---

“ More outreach... provide a clear list of services they provide... home visits to meet with me and my mother to sell her on the idea of accepting help... explaining what, if any, services are covered by Medicare. ”

---



“ You do not wish to disrespect or devalue the person for whom care is being given. ”

---

“ Companies have to provide the option to caregivers to have the least invasive resources which are most effective in caring for others... ”

---



# Technology and its Role in Caregiving Now and in the Future

## Introduction

While technology cannot replace the human interaction necessary for some elements of the caregiving experience, the exponential growth in technology and its applications related to thriving at home and helping with tasks will undoubtedly change the dynamics involved in caregiving.

The use and application of technology will require both a desire and willingness among caregivers to look for this type of support and a receptiveness among care recipients to accept the technology and use it in a meaningful way. Organizations marketing new technology will need to appeal to both groups to be successful.

Over 90% of all caregivers are either currently using technology or see it playing some role in their caregiving future, with only 7.8% seeing no role for technology across all categories of care.

Caregivers who see no role for technology in caregiving are more likely to be:

- Women vs. men (8.3% vs. 6.5%, respectively)
- An older (aged 65+) vs. younger (aged 40-54) caregiver (9.4% vs. 6.5%, respectively)



Conversely, nearly half (45%) of all caregivers believe that technology will play a major role in at least one area (category) of caregiving, with these respondents tending to be in the younger age cohort and having one to five years of experience as a caregiver. This may reflect greater interest among caregivers who are still navigating their experience and who are not set in their ways when it comes to how care should be administered.

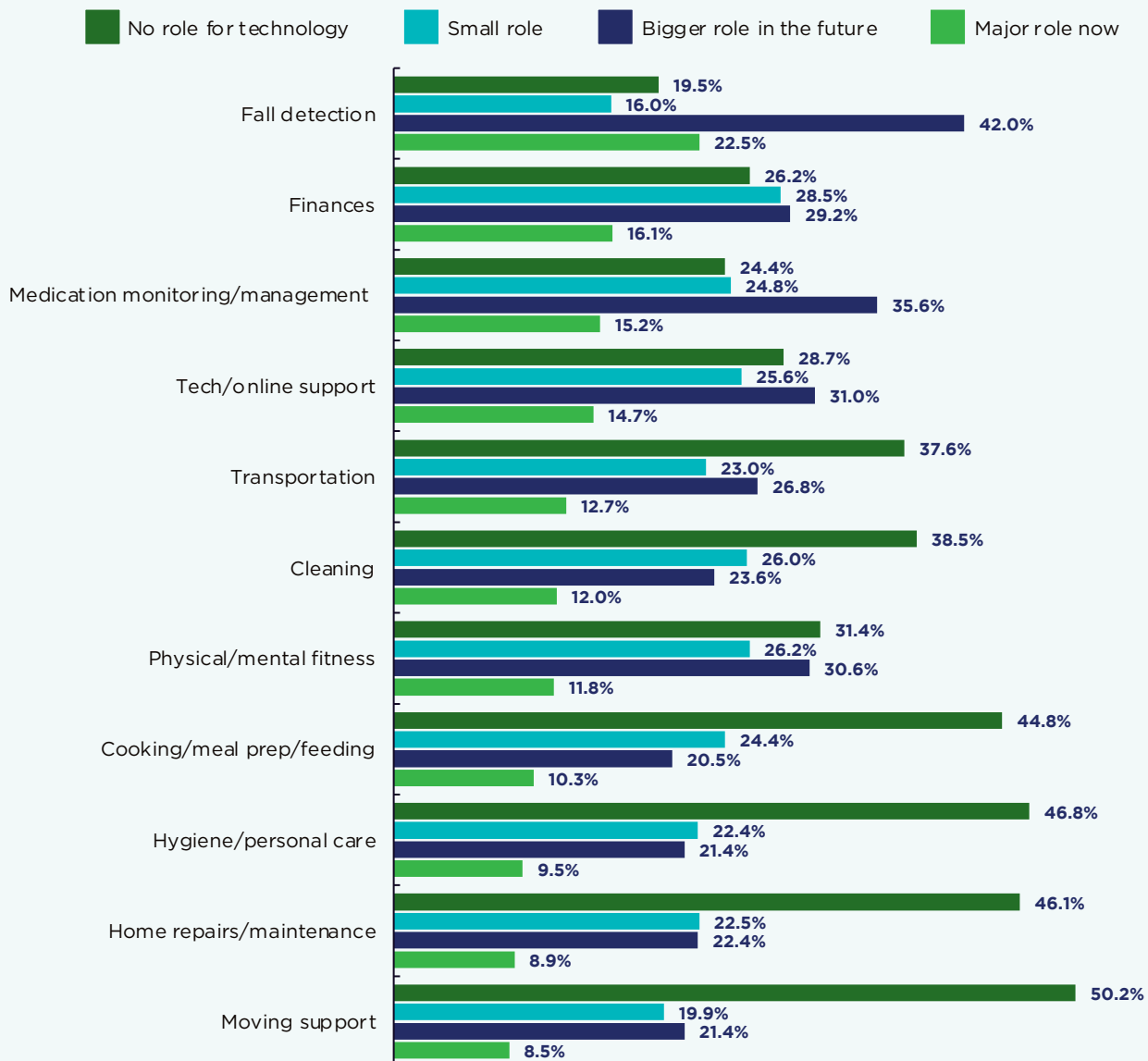
There are certain tasks or activities that do not lend themselves (at least currently) to technological applications, with moving support and personal care/hygiene leading the list. While some services and/or

products may already exist to assist caregivers, most individuals are either unaware of them or do not see a role for technology in these areas.

On the other hand and at the opposite end of the spectrum, some caregivers are already using technology in a major way, with fall detection leading the way. More than one in five caregivers (22.5%) uses some form of technology to assist in this area. This includes wearable devices as well as other technology that sees or senses falls in the home.

Figure 37 provides a look at current and potential future technology adoption rates by task or care activity.

**Caregivers' perceived role of technology by needs area**  
Figure 37



Caregivers also provided input on other types of technology support for caregiving they would like to see, including virtual medical visits and technology that improves eyesight or vision issues.

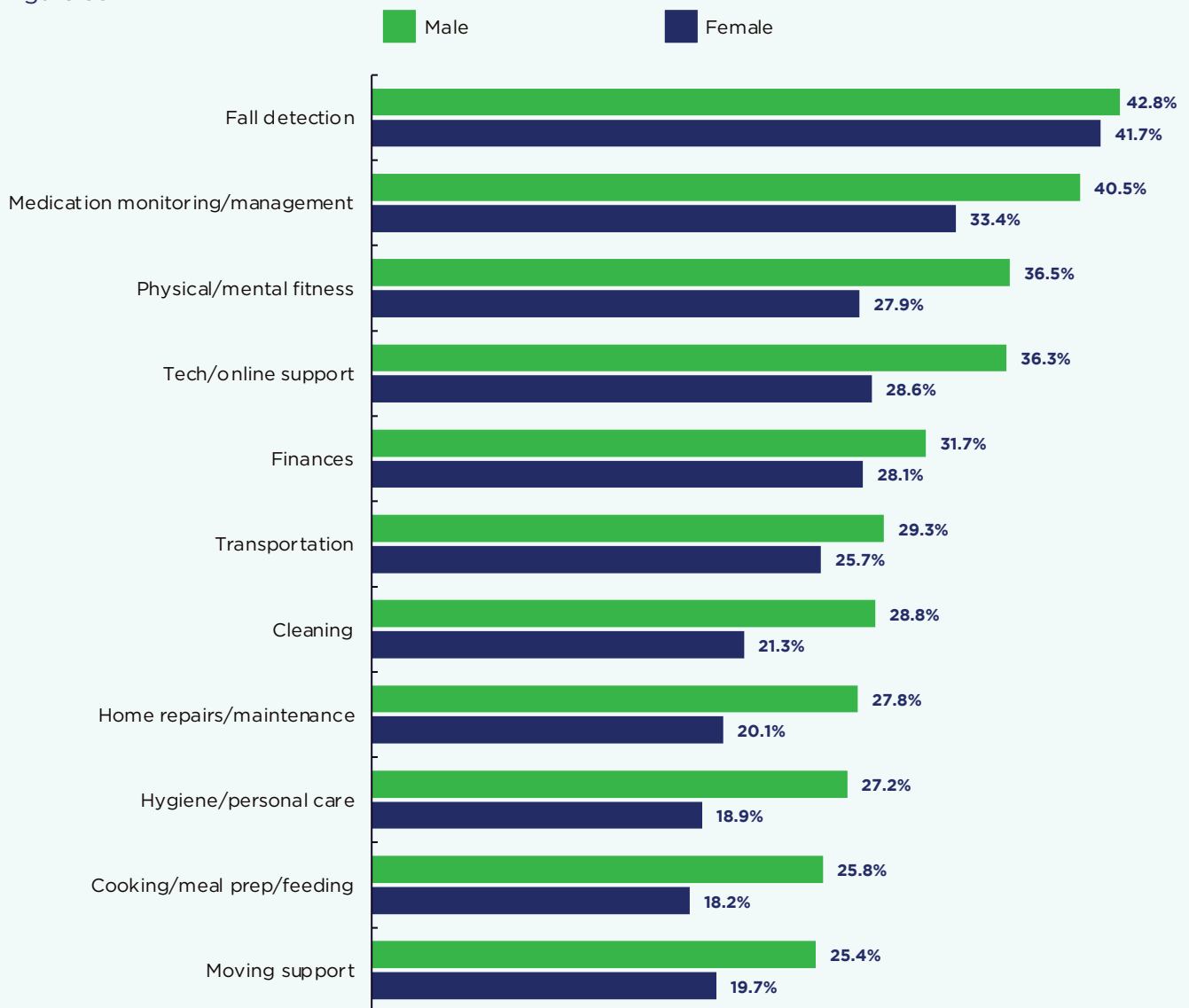
Beyond fall detection, technology-assisted caregiving is playing a major role across a wide variety of areas. Noteworthy is that technology is being used to support many areas that go beyond health to include elements such as financial help and online technical support. Caregivers may be using one or more technologies to support their care for a loved one.

Male caregivers are more likely than their female counterparts to report that technology, across all categories, is already playing a major role in how they deliver care or will play a greater role in the future. The largest difference, by gender, in how technology is being used now is in transportation services, with 17.3% of men using technology (e.g., Uber or Lyft) vs. only 10.7% of female caregivers.

Gender differences are even more pronounced when looking at the potential future role caregivers see technology playing, particularly to support physical/mental fitness and personal care/hygiene (see *figure 38*).

**Percent of caregivers who see a greater role for technology in the future by needs area and caregiver gender**

Figure 38



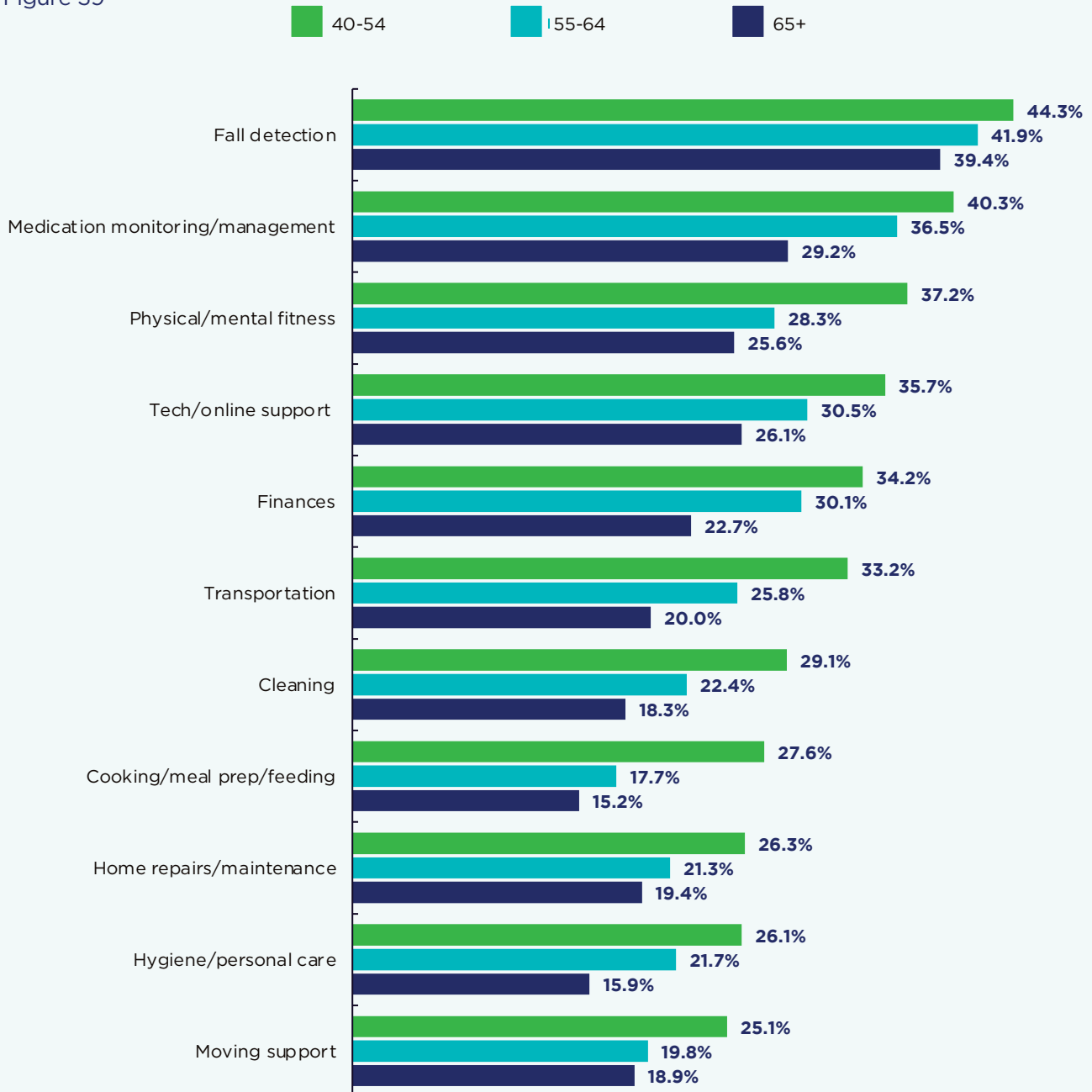
Caregivers of all ages agree that technology to support fall detection is already playing a major role or will take on a greater role in the future. Across multiple areas of caregiving needs, younger caregivers are keener than their older counterparts to use technology to support the needs of their care recipient(s) (see figure 39). This is not surprising given that younger adults in general grew up with more technology and its applications compared to their older counterparts.

“ It (technology) takes away the humanity and empathy that’s required in caregiving. My mother doesn’t want an app...” ”

- survey respondent

**Percent of caregivers who see a greater role for technology in the future by needs area and caregiver age**

Figure 39



## Receptiveness to Technology (Caregivers vs. Care Recipients)

Overall, caregivers report being more receptive to multiple types of technology compared to their care recipients, with just over three-quarters (77%) of caregivers being receptive to at least one technology tool compared to 58% of care recipients.

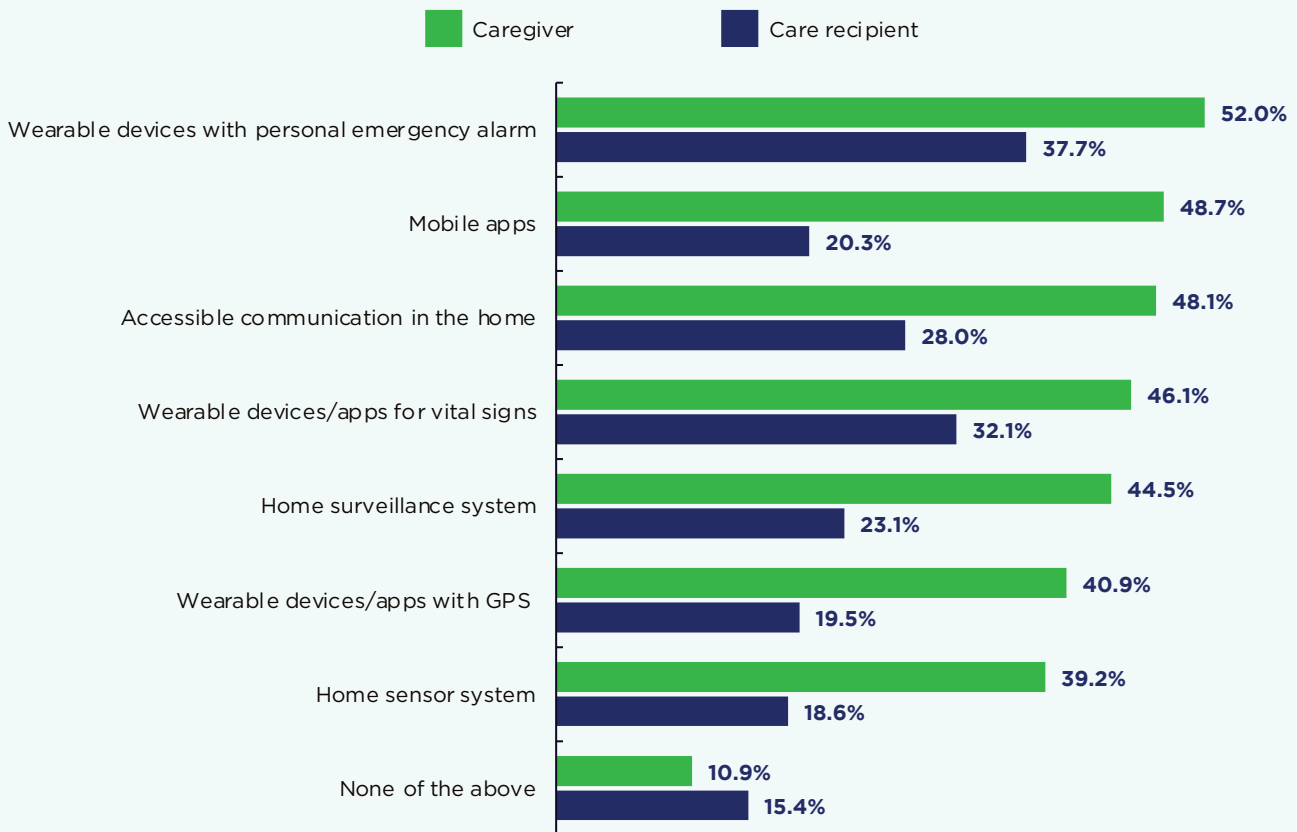
Of the various tools presented, the greatest receptiveness among both caregivers and recipients was for wearable devices with personal emergency alarm capabilities,

followed by wearable devices or apps for tracking vital signs. These two applications see the smallest gap (14%) between caregivers and care recipients in terms of their receptiveness to technology (see figure 40). Generally, we see a lower usage of technology by care recipients and potentially greater hesitancy on their part to be monitored by technology in their own homes.

Asked about the perceived receptiveness of their care recipient to at least one type of technology to support their care, male and younger caregivers are more optimistic in their responses (see table 17).

**Caregiver and perceived care recipient receptiveness to technology tools for caregiving**

Figure 40



**Perceived receptiveness of care recipient to at least one type of technology by caregiver gender and age**

Table 17

	Caregiver gender		Caregiver age group		
	Male	Female	40-54	55-64	65+
<b>Care recipient receptive</b>	64.4%	55.7%	64.1%	55.6%	54.2%
<b>Care recipient NOT receptive</b>	35.6%	44.3%	35.9%	44.4%	45.8%

## Summary of Key Findings

- More than 90% of caregivers are either currently using technology to support their caregiving or see it playing some type of role in the future
- Almost half of caregivers believe technology will play a major role in at least one area of caregiving now or in the future
- More than one in five caregivers is already using some form of technology to assist in fall detection
- Male caregivers are more likely to be using technology today or in the future to help provide care and support for their care recipient(s)
- Younger caregivers are more likely to be using technology today and/or to be receptive to using technology tools in the future to support their caregiving responsibilities
- Wearable devices to track vital signs and for fall detection enjoy the highest receptiveness levels among both caregivers and care recipients



## Implications for Marketers

- While many caregivers are using or are open to future use of technological tools to manage the caregiving process, care recipients are less receptive. This gap will likely decrease over time as future care recipients are more likely to have a higher comfort level in the overall use of technology in their day-to-day lives
- Linked with a desire to thrive at home, many care recipients are attempting to hold on to as much of their independence as possible. Technology can be seen as an intrusive element in their lives that takes away their independence, thereby creating another barrier to usage. Marketers and organizations need to position technology tools and applications as a way for care recipients to maintain their independence instead of seeing technology as taking it away
- As technology tied to wearable devices has higher acceptance and receptiveness levels compared to other tools, use of such products and applications may be a good entry point for caregivers to bring technology into their “practice” before moving on to other applications (e.g., home sensor systems). Brands that can integrate their products into wearable devices may find higher usage rates compared to other (stand-alone) products

**“ Everything is done for the sighted; it would be nice to have more apps or options for people with poor vision or blind. ”**

*- survey respondent*



# Looking to the Future of Caregiving

## Introduction

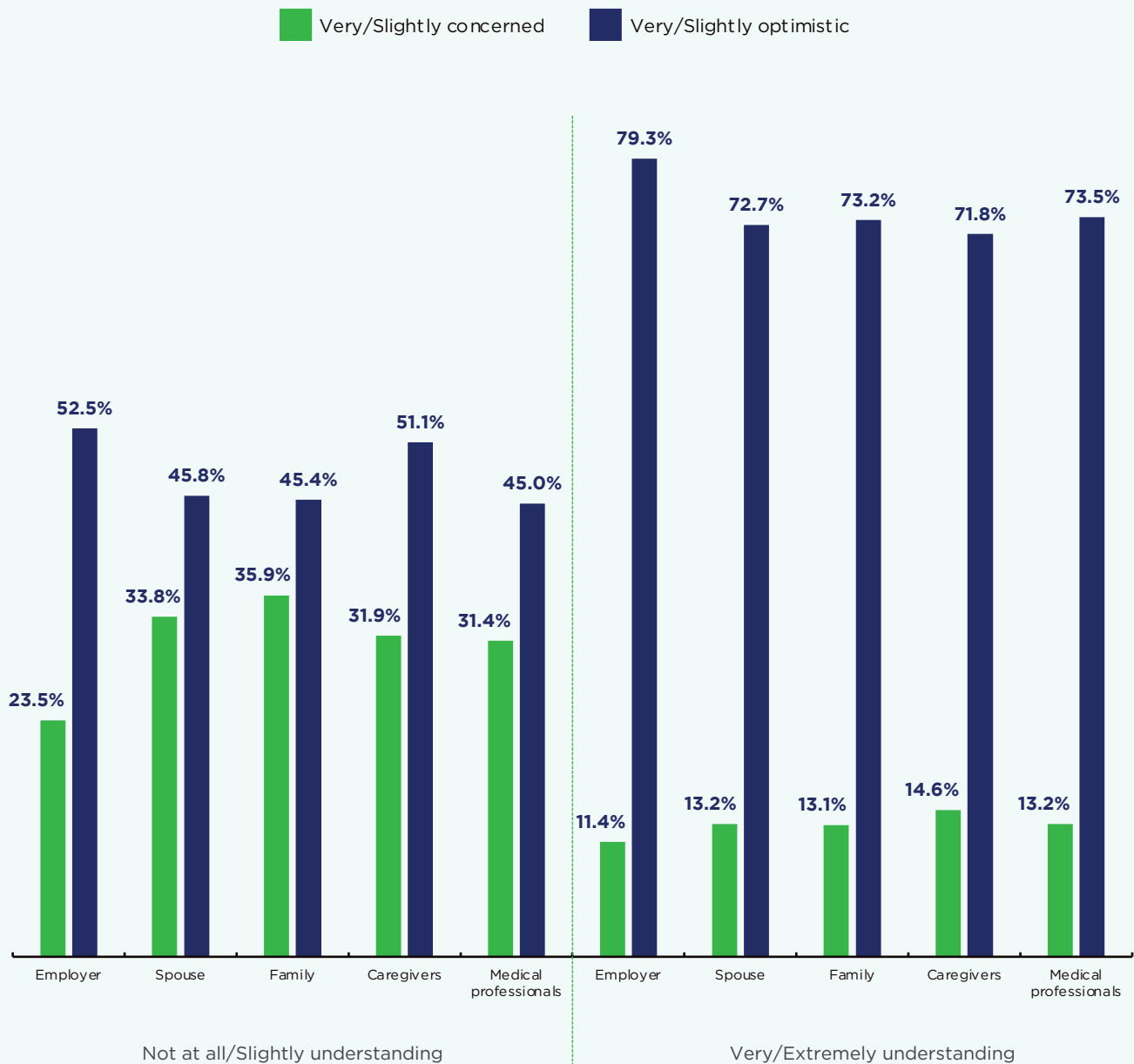
To gain a deeper sense of how caregivers are feeling about their situation, the *Connecting with Caregivers* study explored the top concerns caregivers have about their ability to provide care and their level of optimism for the future. The findings suggest caregivers' own health status and aging are their top concerns with respect to their ability to continue providing care. It is a theme discussed elsewhere in this report where personal caregiver health status is likely a key factor in their choices about providing care and possibly having them consider paid help.



Still overall, about two-thirds (65.4%) of caregivers are feeling slightly or very optimistic about the future in terms of their ability to provide care and to fulfill their care recipients' needs. It is noteworthy that the research suggests a strong correlation between how understanding caregivers believe their family, employers, and fellow caregivers are and how they are feeling about the future.

Figure 41 shows that, across the board, caregivers who feel different people in their lives are understanding about their caregiving responsibilities, are much less likely to feel concerned and much more optimistic about their ability to provide care compared to caregivers who do not feel those around them are understanding. These findings strongly suggest that the support system for caregivers itself might be crucial to their success.

**Caregiver concern/optimism about the future by level of understanding enjoyed from different groups**  
Figure 41





## Top Concerns Around Ability to Provide Care (% who ranked concern in their top three)

For the most part the top concerns are consistent among male and female caregivers, with some minor differences highlighted in *table 18*.

Other notable findings among the top concerns around the perceived ability to provide care include:

- The older the caregiver, the more likely they are to include “my own health and aging” in their top three concerns
- The older the caregiver, the less likely they are to include “financial responsibilities” in their top three concerns
- The older the caregiver, the more likely they are to include “my own mobility and dexterity” in their top three concerns
- Caregivers who have been providing care for less than a year are most likely to include “limits to my freedom and leisure” within their top three concerns (perhaps reflecting the immediate impact that caregiving had on their lives and personal time specifically)

See *table 19* for caregivers’ top concerns around ability to provide care by caregiver age.

**Caregivers’ top concerns around ability to provide care, overall and by caregiver gender**  
Table 18

Top concerns among caregivers overall	Top concerns among male caregivers	Top concerns among female caregivers
My own health and aging (78.7%)	My own health and aging (76.9%)	My own health and aging (79.4%)
Stress and strain from caregiving (65.6%)	Stress and strain from caregiving (60.5%)	Stress and strain from caregiving (67.9%)
Financial responsibilities (50.4%)	Financial responsibilities (56.2%)	Financial responsibilities (47.9%)
My mobility and dexterity (42.6%)	<b>Limits to my freedom and leisure (44.4%)</b>	<b>My mobility and dexterity (43.6%)</b>
Limits to my freedom and leisure (40.3%)	<b>My mobility and dexterity (40.4%)</b>	<b>Limits to my freedom and leisure (38.4%)</b>
Isolation and loneliness for myself (18.2%)	Isolation and loneliness for myself (17.7%)	Isolation and loneliness for myself (18.3%)

**Caregivers’ top concerns around ability to provide care by caregiver age**  
Table 19

Top concerns (caregivers aged 40-54)	Top concerns (caregivers aged 55-64)	Top concerns (caregivers aged 65+)
My own health and aging (69.4%)	My own health and aging (77.9%)	<b>My own health and aging (90.5%)</b>
Stress and strain from caregiving (64.8%)	Stress and strain from caregiving (66.3%)	Stress and strain from caregiving (65.8%)
<b>Financial responsibilities (63%)</b>	Financial responsibilities (48.4%)	<b>My mobility and dexterity (51.2%)</b>
Limits to my freedom and leisure (42.9%)	My mobility and dexterity (42.4%)	Limits to my freedom and leisure (37.7%)
My mobility and dexterity (36.2%)	Limits to my freedom and leisure (39.4%)	<b>Financial responsibilities (37.4%)</b>
Isolation and loneliness for myself (20.8%)	Isolation and loneliness for myself (19.9%)	Isolation and loneliness for myself (13%)

## Level of Optimism About Future Ability to Provide Care

As referenced earlier, caregivers are feeling relatively optimistic about their future ability to provide care, however it is notable that under a quarter (22%) are feeling 'very' optimistic (see *figure 42*).

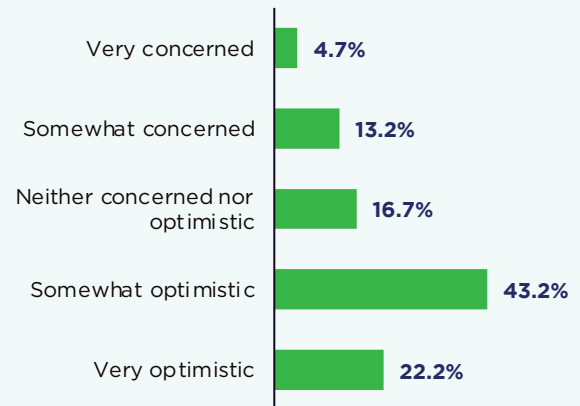
We have seen that the level of understanding caregivers enjoy from the people in their lives may impact their level of concern and optimism, however the research revealed a few other possible variables of note:

- Male caregivers (70.1%) are more likely than their female counterparts (63.4%) to say they feel 'slightly' or 'very' optimistic about their future ability to provide care
- Those who are unemployed/not able to work (46.2%) are much less likely to feel optimistic about their future ability (very/slightly) to provide care than respondents overall (65.4%)
- Caregivers with a household income of less than \$100,000 (63.5%) are less likely than those earning \$100,000-\$199,999 (71.6%) or \$200,000-\$499,999 (71%) to feel optimistic (very/slightly)
- Caregivers who are more likely to express interest in different forms of technology to support caregiving needs also tend to feel more optimistic about their future ability to provide care. The same holds true for caregivers who are more likely to say their care recipients are interested in technology. While the findings do not reveal a strong link between technology and level of optimism they do suggest that interest in/comfort with technology may be a factor in supporting a more positive outlook and confidence level among caregivers (see *figures 43, 44*)

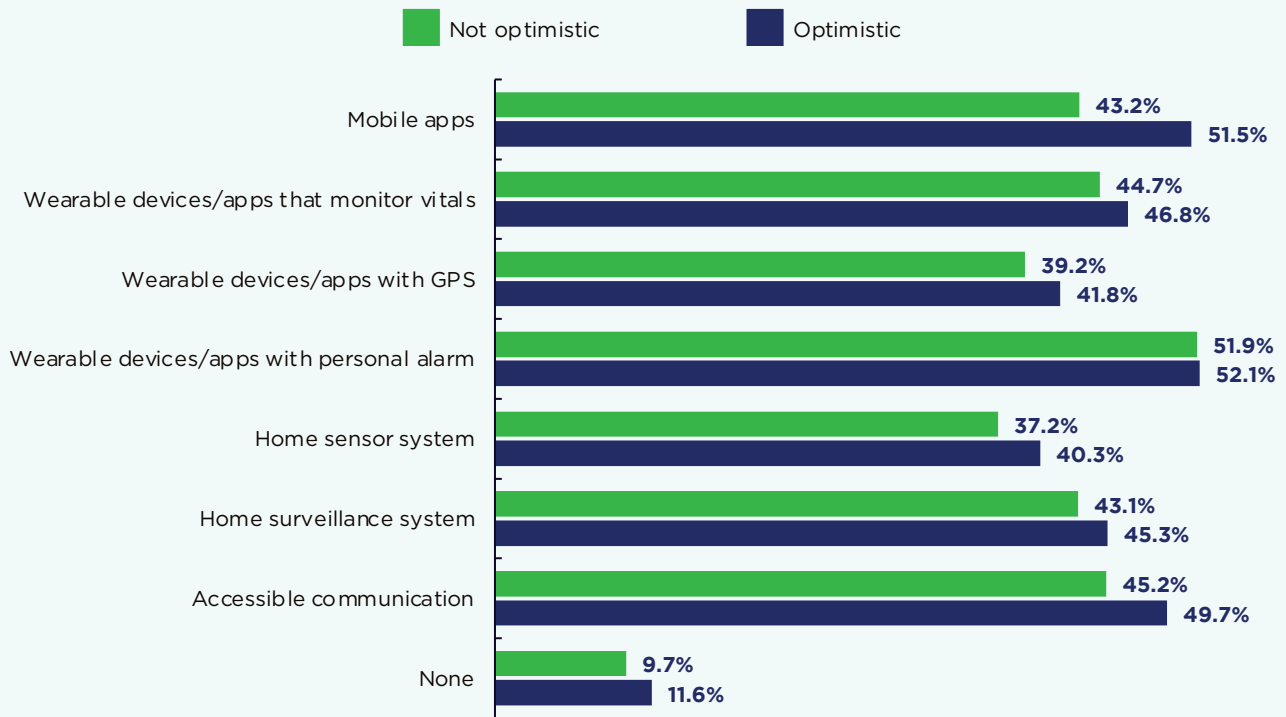
# 22%

**of caregivers are feeling 'very optimistic' about the future**

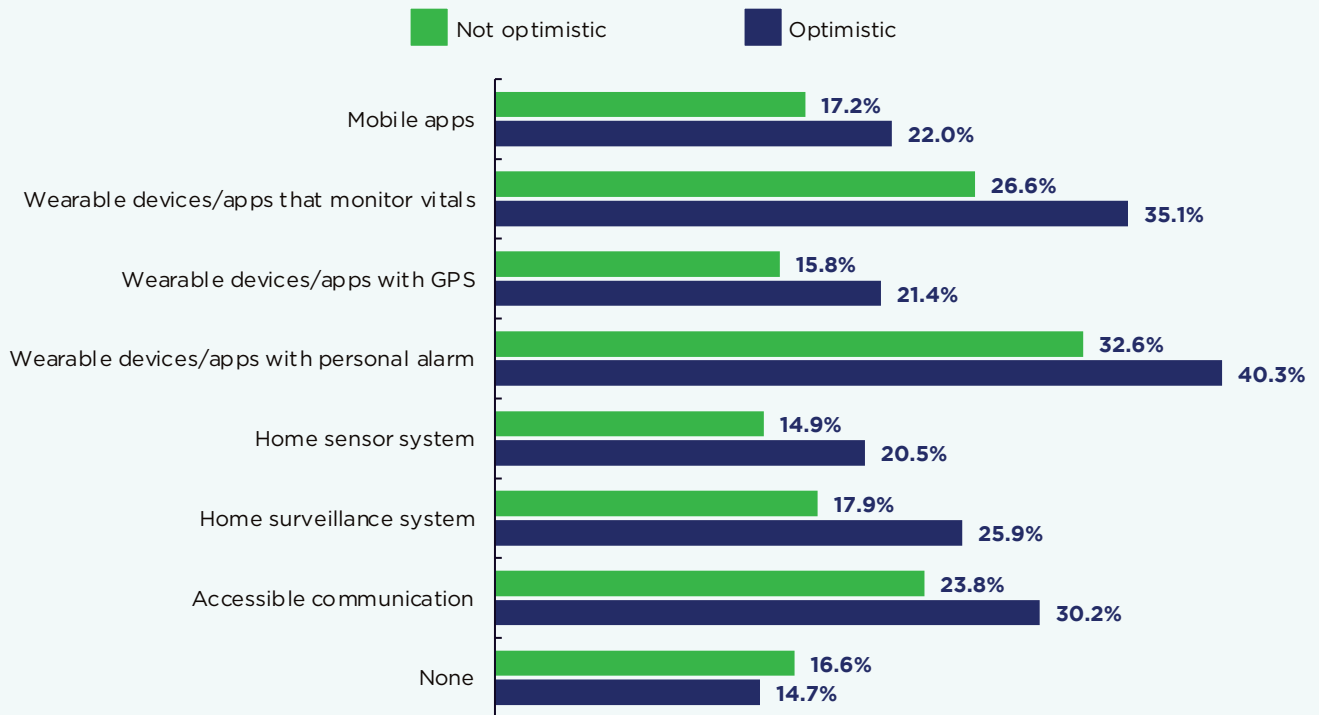
**Caregiver optimism/concern about ability to meet care recipient's needs in the future**  
Figure 42



**Caregiver interest in using technology to assist caregiving by optimism about meeting future caregiving needs**  
Figure 43



**Predicted care recipient interest in using technology to assist caregiving by caregiver optimism about meeting future caregiving needs**  
Figure 44





## Summary of Key Findings

- While caregivers are reasonably optimistic about their ability to provide care in the future, this may very well depend on how well supported they feel by the people in their lives
- The top concerns around future ability to provide care are very much related to the health of the caregivers themselves. Clearly, their own health is a defining factor in their caregiving overall
- The top concerns related to caregiving vary by somewhat predictable lines, with older caregivers being more concerned about their health, aging, mobility, and dexterity, while less-experienced caregivers are more concerned about the limits placed on their freedom



## Implications for Marketers

- Marketers should recognize the role that people surrounding caregivers can play in their caregiving success. For example, there may be opportunities to encourage their audiences “to celebrate” or support the caregivers in their lives or to promote offerings that show caregivers are supported
- A major takeaway from the research overall is the role the caregiver’s own health plays in the care they provide. Marketers might have opportunities to support the well-being of caregivers along with that of their care recipients as part of their product/service offerings (i.e., their wellness matters as much as their care recipient). For example, is there an opportunity to help caregivers take time out for themselves or to find ways of supporting their own wellness?
- It is possible that as adoption of technology for caregiving grows, including the receptiveness among care recipients, it may help ease some caregiving concerns. There might be an opportunity to communicate the mutual benefits of technology in reducing caregiver stress while supporting care recipient independence (which we have seen may be critical to their acceptance of technology)

**“ I purchased a set of tools to make my mom’s life easier and give her more independence. She especially loves her button hole device so that she can button her own blouse. ”**

**- survey respondent**

## Wrap | Summary

Today's family caregivers cannot be treated as a homogeneous group. Marketers must consider the dynamics of demographics, needs, and caregiver-care recipient relationships within the larger caregiver group in attempting to reach and appeal to this audience.

Similarly, care recipients are also a diverse group with needs and desires based on their situation, whether it has caregivers caring for a mother, stepmother, or mother-in-law, father, stepfather, father-in-law, spouse/partner, grandparent, sibling, neighbor, or friend.

Companies and organizations supporting care recipients (through caregivers) should recognize that, despite their situation, care recipients want to maintain some sense of normalcy and dignity in their lives and may respond well to products and services that help them do so.

A variety of factors and events may be at work in triggering the need for care, with escalating health and safety needs topping the list. When their help is required, family caregivers are investing an average of nearly four hours/day in their responsibilities, but for many it is an around-the-clock job.

The care most commonly being delivered includes providing transportation, cleaning help, cooking/meal prep/feeding, medication management and hygiene/personal care. Noteworthy for companies and organizations is that eight in 10 caregivers would consider paying for help, which they are most likely to do on an as-needed basis vs. them taking proactive steps.

A key takeaway from this study is the opportunity to build affinity with caregivers across a variety of categories. Even for products or services that are highly functional in nature (e.g., oxygen tank suppliers), the opportunity exists to build an emotional connection when they are delivered with empathy and attention to the caregiver and their care recipient.



If you have questions about the research and/or are interested in further exploring how to best reach and engage family caregivers, please contact us:

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**Age of Majority**

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# Caregiver Profiles

As this report has shown, the needs and dynamics associated with every caregiver-care recipient relationship are different. For this reason, it is impossible to paint a picture of a “typical” caregiver.

However, there are some notable differences between different caregiver groups. The profiles below are intended to provide a snapshot or overview of some of these key differences to better understand how to reach and engage them.



## Gender profiles

### Male caregivers (31% of all caregivers)

#### Male caregivers are more likely to:

- be married
- live in urban areas
- be working
- care for a father or spouse
- spend an average of 24.4 hours on caregiving tasks per week
- consider paying for hygiene/personal care and cooking/meals/feeding support
- have experienced added stress at work within the past 5 years
- have reported their care recipients as being receptive to at least one technology tool to help with care
- be concerned with financial responsibilities and limits to their personal freedom/leisure

### Female caregivers (69% of all caregivers)

#### Female caregivers are more likely to:

- fall within the 55-64 age range
- be in the lowest income level (under \$100k)
- not work
- spend an average of 27.7 hours on caregiving tasks per week
- consider paying for home repairs/ maintenance and moving support
- have experienced a decline in their own health and wellness within the past five years, including:
  - Worse sleep
  - Worse physical health
  - Worse mental health
- have reported that their care recipient would NOT be receptive to any type of technology tool to help with care
- be concerned with the stress/strain of caregiving on their ability to provide care

## Caregiver age cohort

### Youngest: ages 40-54 (37% of all caregivers)

#### Younger caregivers are more likely to:

- have never been married and least likely to be married
- be working
- have kids in the household, especially teenagers
- have been a caregiver for 10 or more years
- be caring for a parent or grandparent
- have an average age of 47
- consider paying for transportation, cooking/meals/feeding and getting financial support
- be prompted to pay for support by a concern that their own needs (i.e., job, family) might interfere with their ability to provide care; and less likely to be prompted by a concern for their own health
- have experienced divorce, added stress related to work and worsened mental health
- choose rated reviews online in their decision-making process for caregiving products/services
- select at least one category where technology plays a major role currently and will play a bigger role in the future in their caregiving
- be more receptive overall to all categories of technology tools including mobile apps and GPS location services
- rate their care recipients as being receptive to at least one type of technology tool
- be concerned most about financial responsibilities

### Oldest: ages 65 and over (31% of all caregivers)

#### Older caregivers are more likely to:

- be married
- not work
- not have kids in the household
- be caring for a spouse/partner
- be a sole caregiver
- have the care recipient living with them
- have an average age of 70
- be prompted to pay for a product/service to support their caregiving due to their own declining health, due to an injury/fall to their care recipient, or because they lacked the expertise needed
- value healthcare endorsements (even above price) when determining what products/services to buy to support caregiving
- be the least receptive to any technology tools
- be concerned about their own health/aging and mobility/dexterity in their ability to provide care

## Experience as a caregiver

### Newer caregiver (<5 years of experience) (61% of all caregivers)

#### Less experienced caregivers are more likely to:

- be caring for a recipient who is living on their own
- have an average age of 59
- spend an average of 23.7 hours on caregiving tasks per week
- be concerned with financial responsibilities and limits to their personal freedom/leisure
- more likely than experienced caregivers to consider paid help for hygiene/personal care

### Experienced caregivers (5+ years of experience) (39% of all caregivers)

#### Experienced caregivers are more likely to:

- have kids in the home
- be a sole caregiver
- have the care recipient living with them
- have an average age of 57
- spend an average of 31.5 hours on caregiving tasks per week
- report that their care recipient needs help with hygiene/personal care and financial management

## Sole vs. shared caregiving responsibilities

### Sole caregivers (54% of all caregivers)

#### Caregivers with sole responsibility are more likely to:

- be experienced caregivers
- care for father figures
- care for a spouse/partner
- have the care recipient living with them
- spend an average of 32.8 hours on caregiving tasks per week
- report that they would not consider paid help for any caregiving tasks
- report that price would determine their choice of products/services

### Shared caregivers (46% of all caregivers)

#### Caregivers with shared responsibility are more likely to:

- not fall within the oldest age group (65+)
- have a household income of greater than \$75k
- care for mother figures
- have the care recipient living on their own or with someone else
- spend an average of 19.6 hours on caregiving tasks per week
- report that their care recipients need help with transportation, hygiene/personal care, and technology
- consider paid help with cooking/meal prep/feeding, cleaning, hygiene/personal care, medication management
- report that referrals from family/friends would determine their choice of products/services

## Work status

### Non-working caregivers (48% of all caregivers)

#### Non-working caregivers are more likely to:

- be female
- be in the oldest age group (65+)
- have the lowest income level (under \$100k)
- live in rural areas
- not have kids in the home
- care for a spouse
- be a sole caregiver
- have the care recipient living with them
- have an average age of 63
- spend an average of 32.2 hours per week on caregiving tasks
- be the least receptive to all types of technology
- be concerned about their own mobility and dexterity
- be less optimistic than working caregivers

### Working (full-time or part-time) caregivers (52% of all caregivers)

#### Working caregivers are more likely to:

- be male
- be in the youngest age group (40-54)
- have kids in the home, especially teenagers
- care for a parent
- have a care recipient that lives on their own
- have an average age of 54
- spend an average of 21.7 hours per week on caregiving tasks
- consider paying for products/services, especially cooking, cleaning, transportation and medication management support
- care more about online reviews and customer testimonials when evaluating products/services to support caregiving
- be receptive to all types of technology and to report their care recipients as being more receptive to all types of technology (for caregiving)
- care more than non-working caregivers about financial responsibilities

## Living situation

### Care recipient lives on their own (37% of all caregivers)

#### Caregivers whose care recipient lives on their own are more likely to:

- not be in oldest age group
- be working
- be a relatively inexperienced caregiver (1-5 years of experience)
- care for a mother
- have an average age of 57
- spend an average of 18.1 hours on caregiving tasks per week
- consider paying for home repairs/ maintenance support
- be receptive to all technology tools

### Care recipient lives with caregiver (46% of all caregivers)

#### Caregivers whose care recipient lives with them are more likely to:

- be in oldest age group (65+)
- be married
- be in lowest income group (under \$100k)
- not be working
- to have 10+ years' experience as a caregiver
- to be caring for a spouse/partner
- to be a sole (vs. shared) caregiver
- have an average age of 59
- spend an average of 37.8 hours on caregiving tasks per week
- assist the care recipient with cleaning, cooking and financial help
- have experienced poorer health within the last 5 years, including worsened sleep quality, declining mental and physical health
- prioritize price, when deciding to purchase products/services, more so than caregivers with care recipients in other living situations

## Presence of children in the household

### Caregivers with kids (26% of all caregivers)

#### Caregivers with kids living in the home are more likely to:

- be married
- not be in lowest income bracket
- be working full-time
- be experienced caregivers
- be caring for a male (father figure/grandfather)
- have an average age of 50
- spend an average of 25.9 hours on caregiving tasks per week
- consider paid help for transportation, cooking/meal prep and financial affairs
- report that online reviews determine their choice of products/services
- be receptive to all technology tools to assist in caregiving
- rank financial responsibilities or stress and strain from caregiving as their top concerns

### Caregivers with no kids (74% of all caregivers)

#### Caregivers with no kids living in the home are more likely to:

- have an average age of 61
- spend an average of 27 hours on caregiving tasks per week
- consider paid help with home repairs/maintenance
- report that a lack of expertise or their own declining health would prompt them to seek paid support
- report that healthcare endorsements and referrals from family and friends determine their choice of products/services
- report that neither they or their care recipient would be receptive to technology tools to support caregiving
- rank their own health and aging as their top concern



# Appendix

## Demographics of Caregivers

Characteristics		
Gender	Male	30.9%
	Female	69.1%
Age	Range	40 - 93 years
	Average	58.2 years
Marital status	Married or living with a partner	67.5%
	Divorced or separated	12.9%
	Never Married	10.0%
	Single, no further info	4.8%
	Widowed	4.5%
Population of living area	Rural	21.1%
	Suburban	50.5%
	Urban	28.4%
Country	US	84.7%
	Canada	15.3%
Annual household income	Less than \$75,000	54.0%
	\$75,000 to \$99,999	17.3%
	\$100,000 to \$199,999	21.8%
	\$200,000 to \$499,999	3.2%
	\$500,000 or more	0.6%
Work status	Work Full Time	40.3%
	Work Part Time	12.1%
	Homemaker	8.7%
	Retired	30.2%
	Not employed or unable to work	8.4%
Children in home	Yes	26.0%
	No	74.0%
Length of time as a family caregiver	Less than 1 year	10.3%
	1-5 years	50.4%
	5-10 years	18.1%
	10+ years	21.2%

If you have questions or are interested in further exploration please contact us:

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