Caregiving in America:

The Common Thread in Every Community

ARCHANGELS™

AUTHORS

ALEXANDRA DRANE
Co-Founder & CEO, ARCHANGELS

SARAH STEPHENS WINNAY
Co-Founder, ARCHANGELS

KRISTEN PURCELL, PHD
Executive Vice President, SSRS

SUSANNAH FOX
Peer-to-Peer Healthcare Expert, Internet Geologist

JORDAN REUTER, PHD
Senior Project Director, SSRS

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Executive Summary

A January 2025 survey of a nationally representative sample of n=2,012 U.S. adults finds that in the year prior to the survey, 36 percent of Americans provided unpaid care to a family member, friend, or neighbor who needed assistance due to aging, a disability, or a chronic health-related issue. That translates to approximately 93 million Americans providing unpaid care to at least one person in their lives.

The survey, sponsored by ARCHANGELS and conducted on the probability-based SSRS Opinion Panel, confirmed that unpaid caregivers continue to fill critical gaps in the U.S. healthcare and social systems—gaps that will likely grow wider with congressionally-approved cuts to Medicare, Medicaid, the Supplemental Nutrition Assistance Program (SNAP) and Affordable Care Act (ACA) subsidies.

The survey finds that unpaid caregiving is a universal experience for American adults:

- Caregiving is equally prevalent across genders, income levels, education levels, and areas of the country
- While caregiving is more prevalent among older adults, a full quarter (27%) of 18- to 29-year-olds report providing unpaid care to a friend or loved one. The average age of caregivers in the U.S. is 50.
- Caregiving is most prevalent among Black adults (45%), followed by Hispanic (40%) and White adults (33%).
- A majority of caregivers (58%) are also in the workforce, including 41 percent who are employed full-time.
- One in five caregivers (19%) are both employed full- or part-time and raising at least one child under 18.
- The caregiving population is fairly evenly split between Republicans (28%), Democrats (33%) and Independents (27%), making it an ‘all partisan’ experience.

The survey included the ARCHANGELS Caregiver Intensity Index, which measures twelve core ***dimensions*** of the caregiving experience.

Among this national sample of caregivers:

- Large majorities report ***feeling a sense of purpose*** (86%) and ***feeling supported*** (70%).
- At the same time, about half of caregivers report having ***no time for themselves*** (47%), ***feeling stressed out or depressed*** (51%), and ***not knowing what to expect*** (52%).
- Four in 10 experience ***money concerns*** (39%) and ***family disagreements*** (40%) related to their caregiving.
- Among caregivers who are employed full- or part-time, just 32% report ***feeling supported at work***.
- Employed caregivers are also more likely report ***feeling stressed out or depressed*** (55%) when compared with those who are not working (46%).[1]

While caregiving is universal, the caregiving experience itself can vary widely, bringing both rewards and challenges.

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[1] Throughout this report, subgroup differences are statistically significant at the 95% confidence level unless otherwise indicated.

When these varied dimensions of caregiving are combined into the ARCHANGELS Caregiver Intensity Score, one in four (24%) caregivers nationally scored 'in the red', or high intensity. Most (68%) fell in the yellow or moderate intensity range, while just eight percent were "in the clear" in the lowest intensity range.

Among the n=728 caregivers in this study, some patterns emerged:

- Younger (18-49) and older (age 50+) caregivers differ in their experiences, with caregivers under age 50 more likely to experience ***family disagreements*** and ***money concerns***, ***worrying that it is all too much***, and ***feeling stressed out or depressed***.
- Older caregivers in contrast are more likely than their younger counterparts (59% v. 47%) to say they are ***confident navigating money and benefits for others***.
- ***Feeling supported*** is a critical dimension of caregiving, with those who feel supported also being more likely to ***feel a sense of purpose*** and be ***confident navigating money and benefits for others***. Those who feel supported are also less likely to report ***feeling stressed out or depressed***, ***having no time for themselves***, ***family disagreements***, ***money concerns***, and ***worrying it is all too much***.
- Younger caregivers and those scoring red (high) on the intensity index are significantly more likely than others to seek out support in the form of seeing a mental health professional, seeking peer support online, or turning to AI for information about health conditions in the 12 months prior to the survey.

Together, these survey findings reinforce the scope and scale of caregiving in the U.S., along with its complexity and challenges. They also point to a continued need and desire for meaningful support services for what is likely to be a growing population.

While programs are needed to support all caregivers, younger and working caregivers are particularly subject to the stress and uncertainty that often come with taking on the responsibility of caring for another person.

Caregiving is Universal

Every day, millions of Americans quietly serve as caregivers, supporting their aging parents, children with disabilities, partners with chronic illness, or friends in need. Unpaid and often overlooked, these caregivers form the silent backbone of our healthcare and social systems. Caregivers are remarkable in their resourcefulness – with the formal, institutional assistance they so desperately need in short supply.

What is caregiving?

Caregiving is unpaid care provided to a friend or family member who needs assistance due to aging, disability, or a chronic health condition. It encompasses a broad spectrum of activities, from assistance with activities of daily living like dressing or bathing (ADLs) to help with household chores, managing finances, and general emotional support.

To identify caregivers in this study, respondents were asked a yes-or-no question designed to capture caregiving activity. Recognizing that caregiving can be either intermittent or sustained over time, the question focused on experiences within the 12 months preceding the survey. This timeframe was selected to provide a more accurate reflection of the prevalence of caregiving among U.S. adults ages 18 and older at the time of data collection.

CARE1. At any time in the past 12 months have you provided unpaid care or assistance to a friend or family member who needs assistance due to aging, a disability, or a chronic health-related issue?

By care or assistance, we are referring to providing help with activities (like bathing/dressing, grocery shopping, housekeeping, meal preparation, providing transportation to medical appointments, managing medications, help with bill-paying or managing their finances, arranging for outside services, etc.) for someone who needs assistance due to aging, a chronic condition, or other health issues.

In response to this question, 36 percent of U.S. adults ages 18 and older reported they provided unpaid care or assistance to a friend or family member at some point in the 12 months prior to the survey. This translates to approximately 93 million Americans providing unpaid care to at least one person in their lives. In other words, one in three neighbors, coworkers, friends, and extended family members are providing essential care to someone who needs their assistance due to aging, a disability or a chronic health condition.

Many American households are experiencing economic strain, and concerns about future changes to programs such as Medicare, Medicaid, SNAP, and ACA subsidies add to this uncertainty. At the same time, the responsibility of ensuring that friends and family members receive needed care is becoming more demanding. The millions of adults in the United States who provide this support require consistent and meaningful assistance to sustain their role.

Caregiving is universal…

Caregiving is a universal experience across the U.S. population. The 36 percent of U.S. adults who describe themselves as caregivers cut across all major demographic groups. Caregiving is equally prevalent across genders, income levels, education levels, areas of the country, and political parties.

While caregiving is more prevalent among older adults, particularly among 50 to 64-year-olds—young adults are not exempt from this responsibility. Even among 18- to 29-year-olds, 27 percent report providing unpaid care to a friend or family member who needs assistance due to aging, disability, or a chronic health condition. The average age of caregivers in the U.S. is 50.

Non-Hispanic Black adults report the highest prevalence of caregiving at 45 percent. Among Non-Hispanic White adults that figure is 33 percent, and among Hispanic adults it is 40 percent.

Figure 1. Percent of each group who were caregivers in the 12 months prior to the survey

Total US adults	36
Gender	
Men	34
Women	38
Age	
18-29	27
30-49	36
50-64	44
65+	35
Household Income	
<$50,000	38
$50,000 to <$75,000	36
$75,000 to <$100,000	37
$100,000+	32
Education	
High School grad or less	34
Some college	38
College grad or more	37
Race/Ethnicity	
White, non-Hispanic	33
Black, non-Hispanic	45
Hispanic	40
Region	
Northeast	36
Midwest	34
South	38
West	34
Party ID	
Republican	32
Democrat	38
Independent	38

…but may be underreported.

Ironically, while caregiving is a universal experience affecting so many Americans, survey estimates likely do not capture the full scope of caregiving in the U.S. Individuals who provide unpaid care to others do not always self-identify with the term “caregiver.” Some view providing care and assistance as simply part of their role as daughter or son, spouse, partner, parent, friend or neighbor.

As a result, they may not reflect on the many ways they provide care and assistance to someone who is aging or who has a disability or chronic health condition. Subsequently, they may not acknowledge the impact that being a caregiver has on their own lives and wellbeing.

Caregiving is Both Rewarding and Challenging

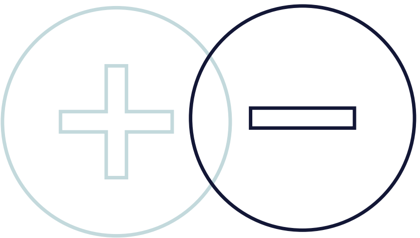
Caregiving is a complex, often intense role that can be both rewarding and challenging. Being a caregiver can have a wide range of impacts on an individual, including significant emotional, physical, and financial effects. Taking care of one's own health can fall to the wayside for caregivers[2], and they often experience significant impacts on their mental and physical health[3] as well as impacts on their financial wellbeing and employment.[4] These impacts can shift and change over time, as the intensity of one's caregiving responsibilities shift.

Positive and Negative Experiences and Sentiments of Caregivers

To characterize the full experience of caregiving, ARCHANGELS developed an Intensity Score Index that in its short form (used in this research) combines responses to a series of survey items into 12 core dimensions of the caregiving experience.

Two of these 12 dimensions are specific to caregivers who are employed full- or part-time. Both the short form and the expanded tool are designed to distill these dimensions into a single metric reflecting the intensity of an individual's caregiving experience at that moment—red (high intensity), yellow (moderate intensity), or clear (low intensity).

The ARCHANGELS Intensity Index (short form) was administered to the full nationally representative sample of n=728 caregivers in this survey. Each respondent was then scored on each of the 12 dimensions and received an overall Intensity Score.



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[2] See Tingey et al (2020); Schulz et al (2016).
[3] See Kilmer et al (2024); Czeisler et al (2021).
[4] See Hebdon et al (2023); Fuller (2024).

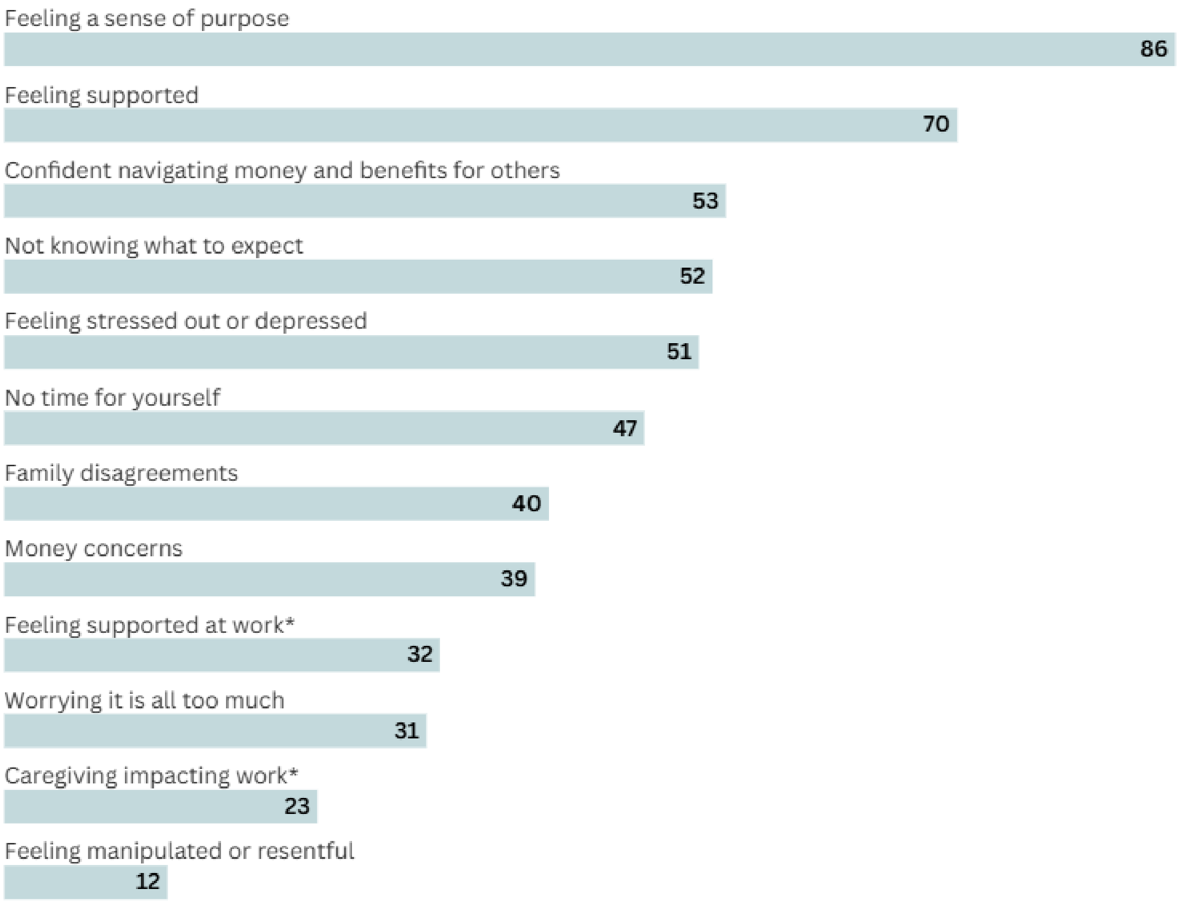
Results indicate that caregiving, while often demanding, is also a deeply meaningful experience for many:

- Large majorities report ***feeling a sense of purpose*** (86%) and ***feeling supported*** (70%).
- Yet caregiving comes with challenges:
  - About half of all caregivers (51%) report ***feeling stressed out or depressed***.
  - A similar portion (52%) report ***not knowing what to expect***.
  - Roughly four in 10 experience ***money concerns*** (39%) and ***family disagreements*** (40%) related to their caregiving.

Caregiving is Both Rewarding and Challenging

Percent experiencing each dimension of caregiving at the time of the survey

Based on total caregivers, n=728



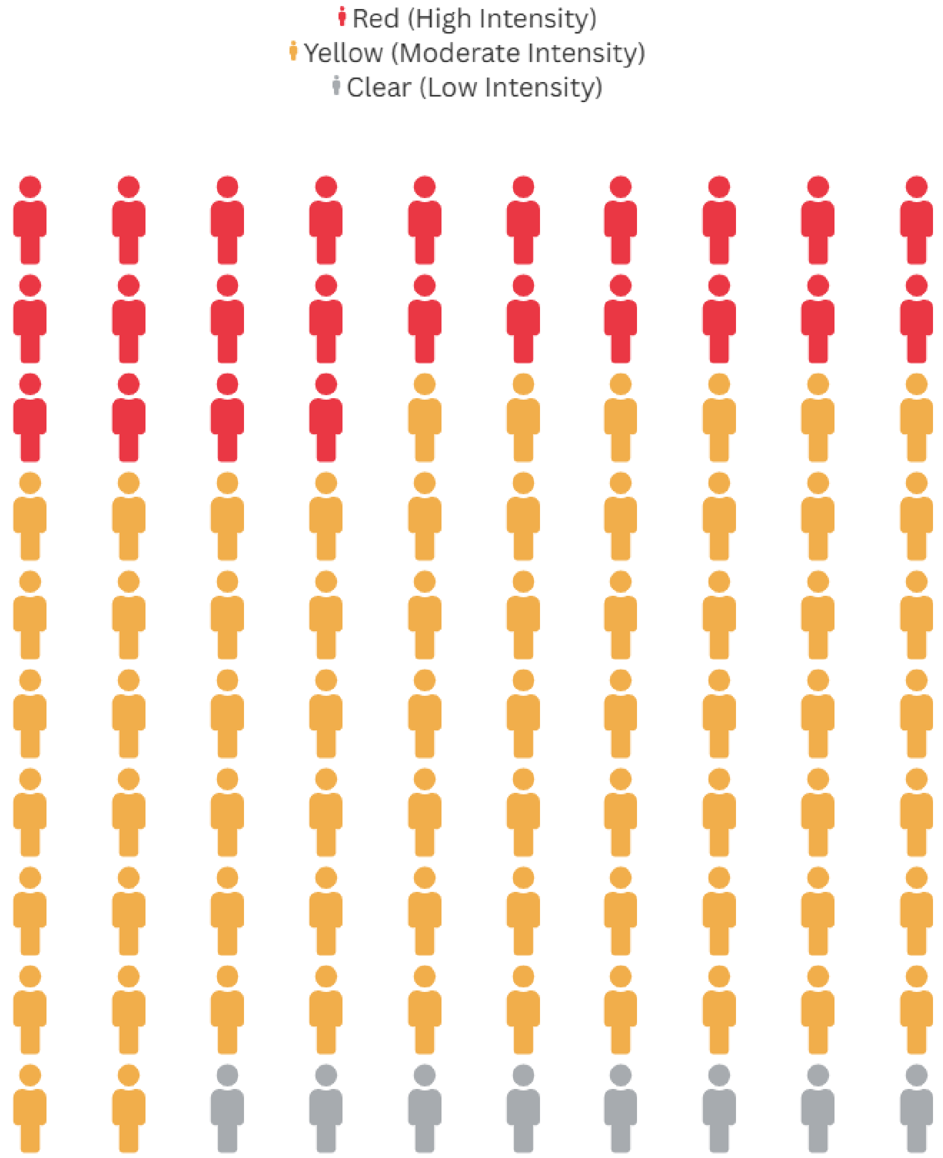
*Based on caregivers employed full- or part-time (n=437)

One-in-Four Caregivers Nationally are ‘In the Red’

A Caregiver Intensity Score was calculated for each survey respondent based on the 12 dimensions measured by the ARCHANGELS Intensity Index (short form). Among this nationally representative sample of caregivers ages 18 and older, one in four (24%) scored red, or high intensity. Most (68%) fell in the yellow or moderate intensity range, while just eight percent were “in the clear” in the lowest intensity range.

Caregiver Intensity Score Distribution

Among a nationally representative sample of n=728 caregivers ages 18 and older



Scoring based on ARCHANGELS Caregiver Intensity Score (https://www.archangels.me/for-caregivers)

Younger Adults Experience Caregiving Differently

While caregiving is a nearly universal role, the experience itself can vary widely. The intensity and emotional weight of caregiving can depend on many factors, such as the type and extent of care provided, the number of individuals receiving care, the caregiver's other life responsibilities, and their comfort with navigating healthcare and financial decisions. These variables can significantly influence whether caregiving feels manageable—or overwhelming.

This survey reveals some notable differences in the experiences of younger and older caregivers. For analytic purposes, responses of caregivers under age 50 were compared with those of caregivers age 50 and older. As shown in the chart below, younger caregivers are more likely than older caregivers to:

- Experience money concerns related to their caregiving
- Experience family disagreements related to their caregiving
- Worry it is all too much
- Feel stressed out or depressed
- Feel manipulated or resentful

These findings may reflect the reality that younger adults are more often juggling caregiving alongside work and raising children. While overall 19 percent of caregivers have a child under 18 living at home, that figure is 41 percent among caregivers under age 50 – making many of them 'sandwich caregivers.' Sandwich caregivers experience significantly greater mental health impacts than other caregivers.[5]

Older caregivers, in contrast, have life experience to draw on and are more likely to report being ***confident navigating money and benefits for others***.

41%

of caregivers under age 50 are balancing caregiving with raising children.

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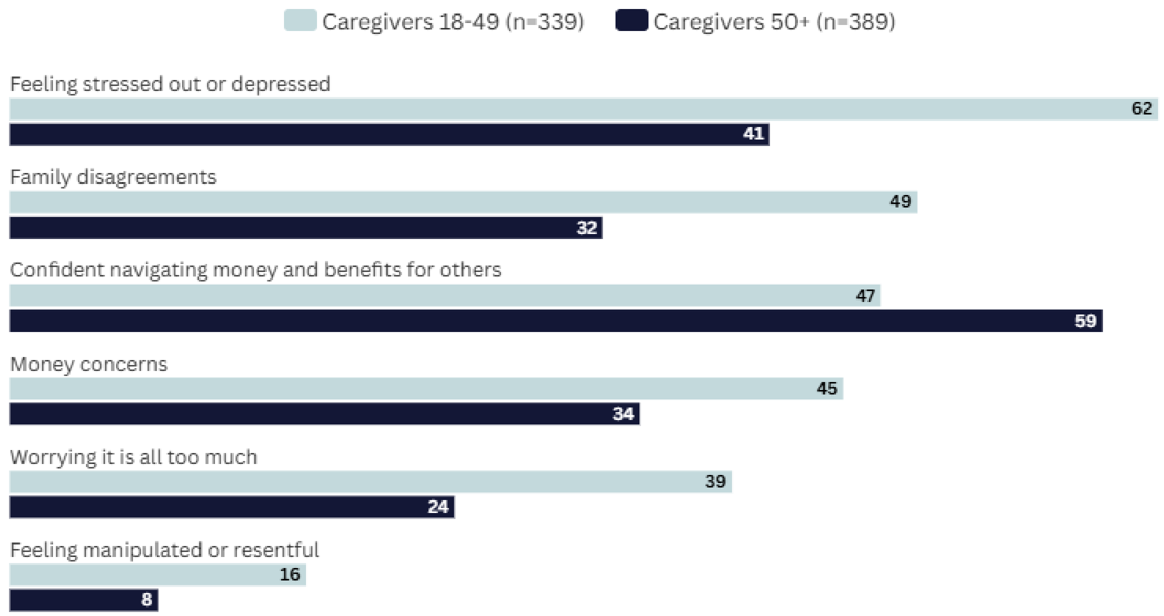
[5] See Czeisler et al (2021).

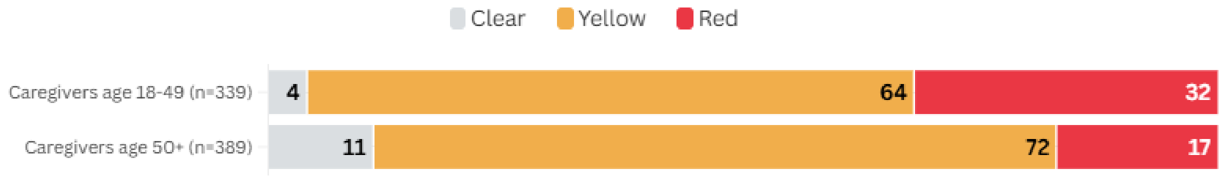


Younger and Older Adults Experience Caregiving Differently

Percent of each age group experiencing different caregiving dimensions

An additional finding stands out among younger caregivers: feeling you have ***no time for yourself*** is much more common among 18- to 29-year-olds (61%) than among 30- to 49-year-olds (47%) or caregivers age 50 and older (43%).

Given young adults' tendency to outpace older caregivers on many of the more challenging dimensions of caregiving, it is not surprising that 18-to-49-year-olds are significantly more likely to have an overall intensity score in the red.



Younger Caregivers are Twice as Likely to Score in the Red

Balancing Caregiving and Work

More than half (58%) of all caregivers are employed, including 41 percent who are employed full-time. For this group, the need to balance work and caregiving introduces an additional challenge into what is already a complex and often fraught experience. At the same time, work can often be a respite for caregivers who might be feeling overwhelmed outside of the workplace.

Who are working caregivers?

Caregivers who are employed full- or part-time skew younger than caregivers who are not working; the average age of working caregivers is 44, compared with 58 for caregivers not in the workforce. As discussed earlier, caregiving experiences often differ by age, likely influenced by the competing demands younger caregivers face as they juggle employment, caregiving responsibilities, and other life obligations. This balancing act shapes not only how caregiving is experienced but also the kinds of support and resources that are most needed.

Working caregivers are more likely than caregivers who are not working to be raising families. One in five caregivers (19%) are both employed full- or part-time and raising a child under 18. Among caregivers employed outside the home, one in three (33%) have at least one child under 18 living at home (sandwich caregivers).

Moreover, working caregivers tend to live in larger households than those who do not work: 61 percent of caregivers who work live in households with three or more people. Among non-working caregivers, in contrast, 14 percent live alone and 43 percent live in a household with just one other person. While living in a larger household may mean additional support in caregiving duties, it can also mean more household members who need an individual’s time, attention and economic support.

Caregivers Who Work Are Not all the Same

Caregivers who work are a diverse group with distinct needs shaped by employment status, income, and life stage. Full-time caregivers are more often male, partnered, college-educated, and in middle- or higher-income households, with most between the ages of 30 and 64. Part-time caregivers are more often female, Black or Hispanic, and earning less than $50,000, with a larger share either under 30 or age 65 and older.

These differences matter for both workplace design and public policy. A uniform approach to benefits or supports risks leaving certain groups underserved. Employers and policy makers who tailor solutions—such as flexible scheduling, targeted leave, financial protections, and career pathways—are better positioned to reduce strain, improve retention, and strengthen workforce participation.

By accounting for the diversity within the employed caregiver population, supports become more equitable and more effective.

Demographic Profiles of Working Caregivers

Total Caregivers Employed FT or PT	**Caregivers Employed Full-time**	**Caregivers Employed Part-time**
Average Age 44	Average Age 44	Average Age 44
33% have a child <18 living in their household	35% have a child <18 living in their household	27% have a child <18 living in their household
53% Female	46% Female	69% Female
44% College degree or higher	51% College degree or higher	28% College degree or higher
51% White, 15% Black, 21% Hispanic	56% White, 12% Black, 20% Hispanic	39% White, 22% Black, 25% Hispanic
58% Married/Living with a Partner	62% Married/Living with a Partner	45% Married/Living with a Partner
HH Income 36% <$50,000, 31% $100,000+	HH Income 27% <$50,000, 37% $100,000+	HH Income 58% <$50,000, 16% $100,000+

Balancing Caregiving and Work

The survey included two Intensity Index items specific to caregivers who work full- or part-time:

- “My employer provides support to help me in my job as a caregiver”
- “My caregiving responsibilities have caused me to miss more work than normal”

Among the n=437 employed caregivers who completed the survey, about one in three (32%) report ***feeling supported at work***. While caregivers working full-time were slightly more likely than those working part-time to feel supported at work (34% v. 27%), the difference was not statistically significant at the 95% confidence level.

Despite the demands, and most not feeling supported by their employers, relatively few working caregivers (23%) report that it has caused them to miss more work than normal. That figure is slightly higher among caregivers who work full-time (26%) when compared with those working part-time (16%).

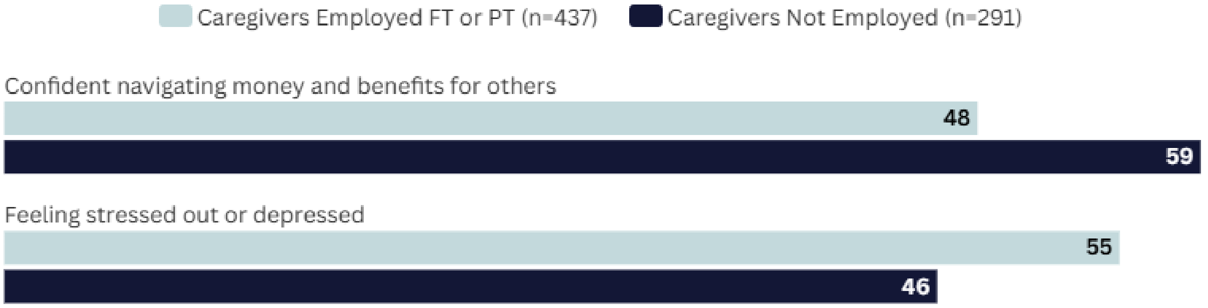
Caregivers who are employed outside the home can experience caregiving differently than those who are not in the workforce. Overall, working caregivers differ significantly from caregivers who are not working on two Caregiver Index dimensions. Working caregivers are more likely than those not working to report ***feeling stressed out or depressed***.

In contrast, those who are not working are more likely to be ***confident navigating money and benefits for others***. The latter may be due to non-working caregivers being older on average and having more life experience to draw on when managing benefits and financial issues. Importantly, the process of navigating money and benefits for others often involves calls to support infrastructure that is typically available during normal working hours.

Caregivers who are not working may have more opportunities to navigate these topics during those hours, while working caregivers’ hours may make accessing support difficult.

Employed Caregivers Differ on Two Caregiving Dimensions

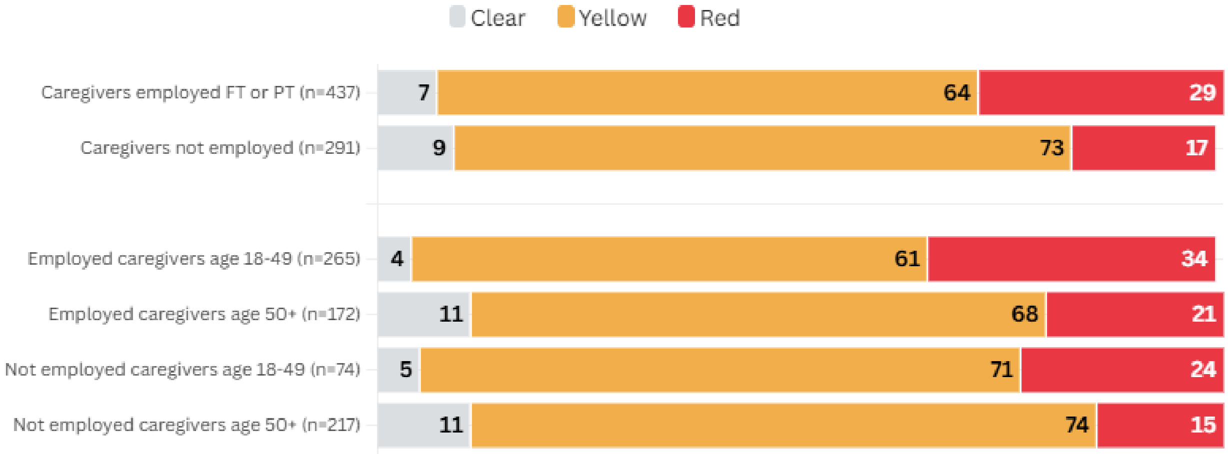
Percent of caregivers experiencing each dimension, by employment status



Overall, working caregivers are more likely than those not in the workforce to score in the red on the Caregiver Intensity Index (29% v. 17%). Younger working caregivers, those ages 18 to 49, are especially likely to score in the red, with 34 percent landing in the highest intensity group.

Caregivers Working FT or PT are More Likely to Score in the Red

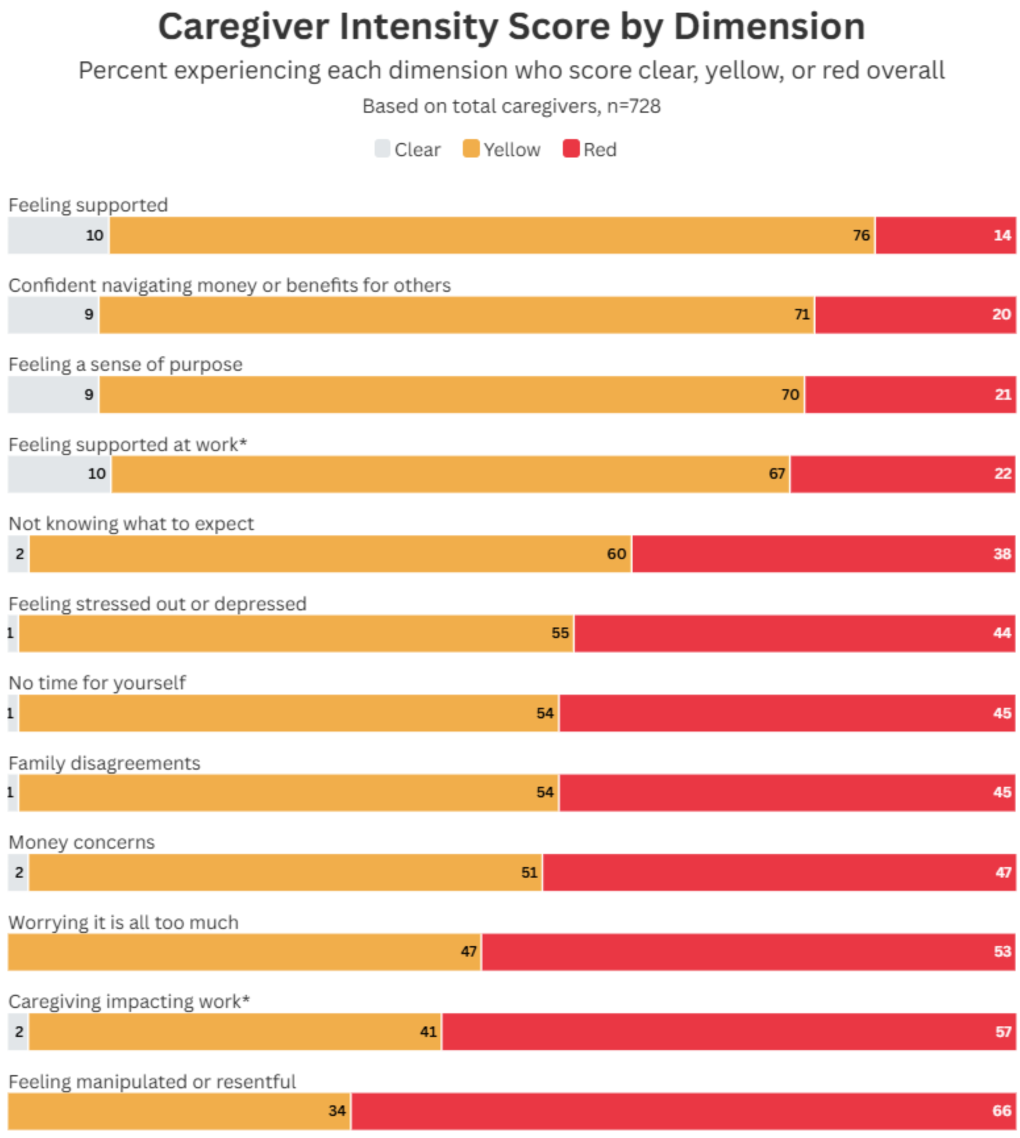
When combined with age, one in three working caregivers under age 50 (34%) score in the red



The Importance of Support

Feeling Supported Makes a Difference

Among the dimensions measured by ARCHANGELS' Intensity Index, ***feeling supported*** stands out both in how few caregivers who report ***feeling supported*** score 'in the red' (high intensity) overall, and in how ***feeling supported*** appears to affect other aspects of being a caregiver. While 24 percent of caregivers overall score in the red, that figure drops to 14 percent among those ***feeling supported***. In contrast, among those ***feeling manipulated or resentful***, 66 percent score in the red.



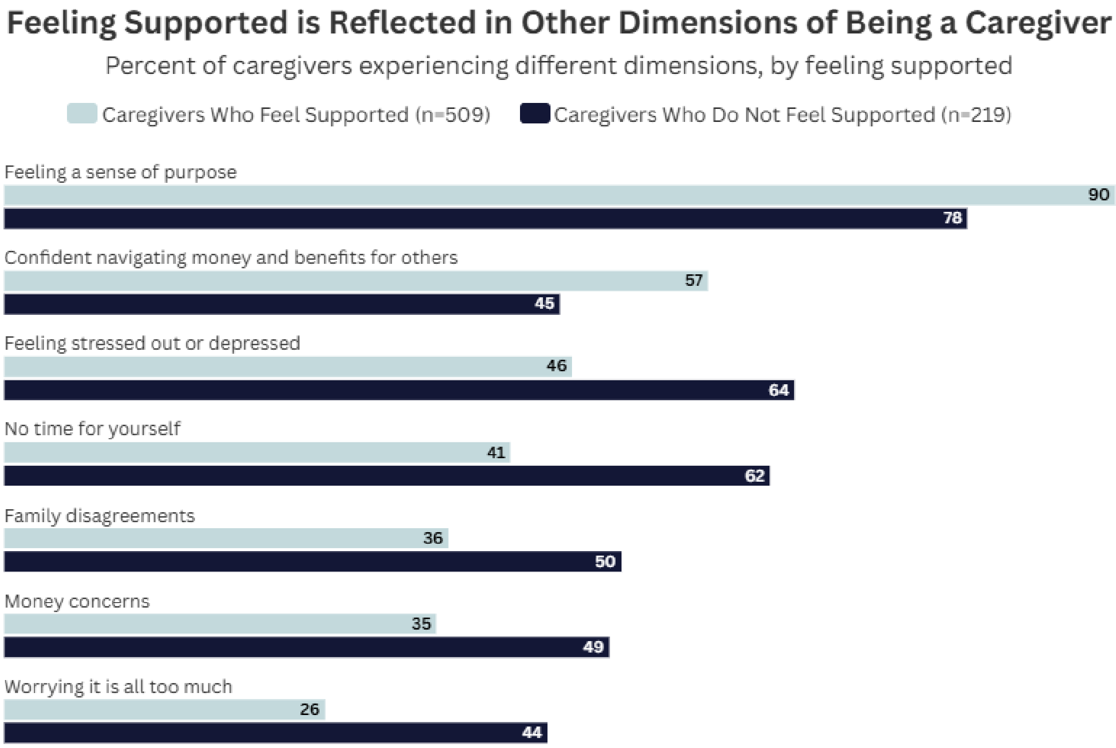
Caregiver Intensity Score by Dimension

Percent experiencing each dimension who score clear, yellow, or red overall

Based on total caregivers, n=728

*Based on caregivers employed full- or part-time (n=437)

The low proportion of caregivers who feel supported and score in the red can be explained by the apparent effect feeling supported has on multiple other dimensions of caregiving. Those who report ***feeling supported*** are more likely to also report ***feeling a sense of purpose*** and being ***confident navigating money and benefits for others***. They are also less likely to report ***feeling stressed out or depressed***, ***having no time for themselves***, experiencing ***family disagreements*** or ***money concerns***, or ***worrying it is all too much.***



Seeking Support

To probe this dimension of caregiving, the survey measured caregiver utilization of several different resources and types of support in the 12 months prior to the survey. These included visits with doctors or mental health professionals (in person or via telehealth), connecting online with others facing similar health concerns, and using AI to learn about health conditions.

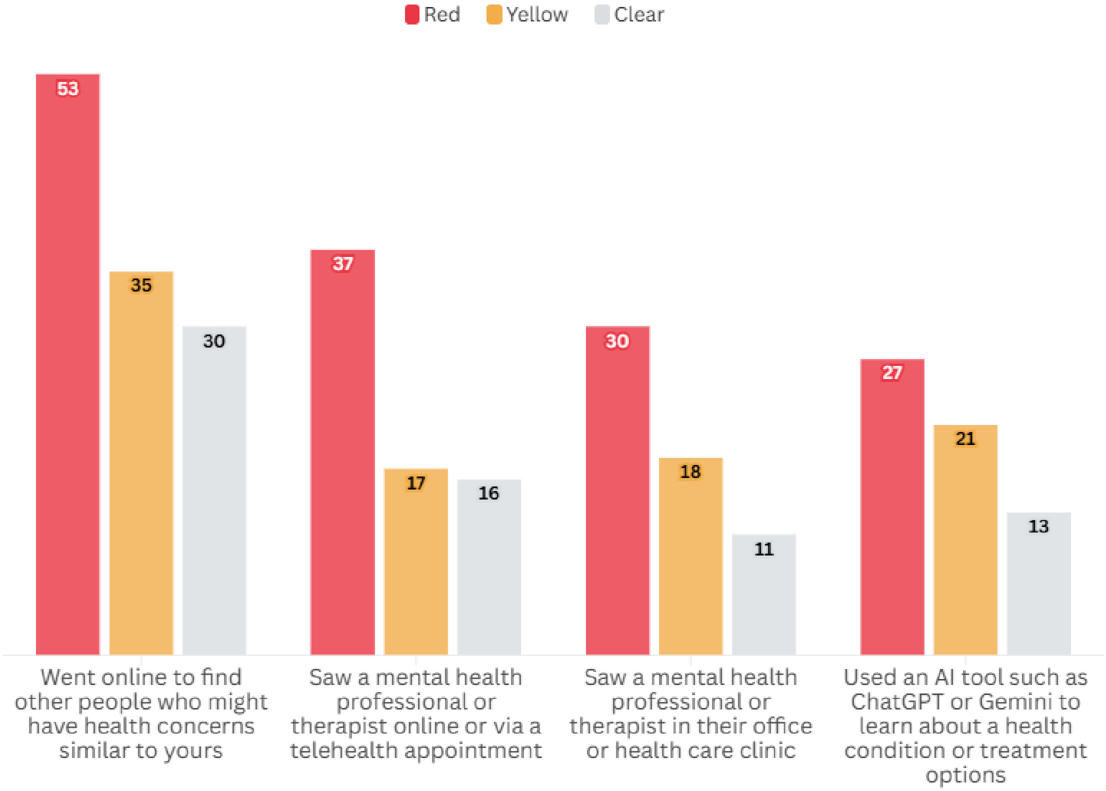
Interestingly, overall utilization rates of each of these resources are similar between caregivers and non-caregivers. However, among caregivers, several groups are more likely than others to have sought out these resources in the months leading up to the survey.

- Caregivers who scored red on the ARCHANGELS Caregivers Intensity Score were more likely than other caregivers to have seen a mental health professional, sought peer support online, and turned to AI for information about health conditions in the 12 months prior to the survey.
- Younger caregivers (ages 18 to 49) are also more likely to have seen a mental health professional, sought peer support online, and turned to AI for information about health conditions in the 12 months prior to the survey.
- Caregivers aged 50 or older, in contrast, are more likely to have seen a doctor or other healthcare provider in person

Caregivers in the Red Seek Support at Higher Rates

Percent who used each health and wellness support in the past 12 months, by intensity score

Based on total caregivers, n=728



Seeing those with red intensity scores seek out support at higher rates than others is heartening but ideally support would reach caregivers before they are experiencing high intensity. Effective interventions should be aimed at maintaining moderate or low intensity levels and reducing the number of caregivers scoring in the red. With over 60 percent of caregivers ‘in the yellow’, employers should focus on targeting resources not only to those ‘in the red’ but also to those with moderate caregiver intensity to prevent rising risk.

Support of any kind—whether from physicians, mental health professionals, peers, new technologies, or other sources—can make a critical difference to someone managing caregiving responsibilities.[6] Understanding which sources of support are accessible or appealing to different parts of the caregiving population enables more targeted interventions. Knowing that 86 percent of older caregivers have seen a doctor or other healthcare provider in their office or in a health clinic in the past year speaks to the value of situating targeted support services in that setting.

Likewise, knowing that half of all caregivers “in the red” looked for online peer support in the past year indicates the importance of that medium for triaging caregivers at the high end of the intensity index.

Survey results bear out the effectiveness of peer support: among caregivers who looked for peer support online, those who found it were much more likely than those who looked and did not find support (79% v. 50%) to indicate ***feeling support*** in the Caregiver Intensity Index.

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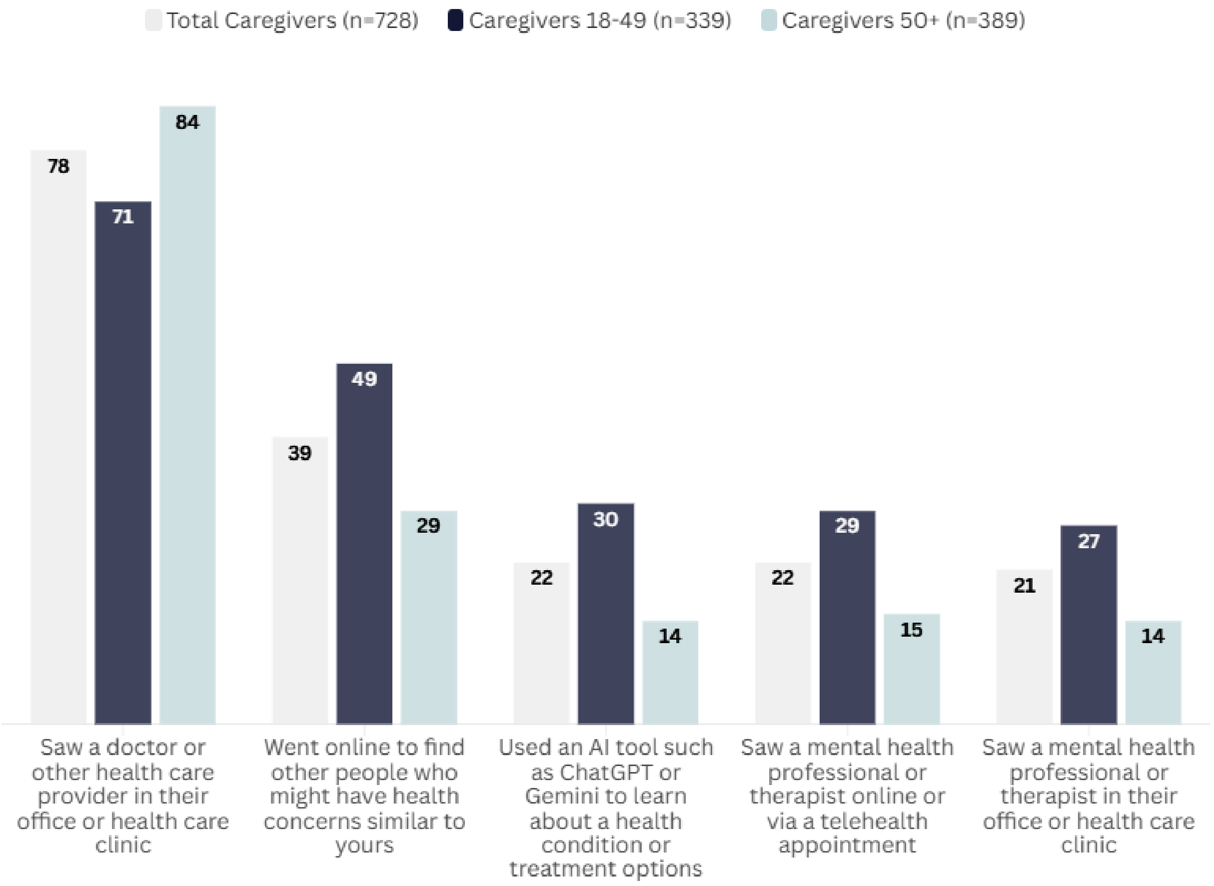
[6] See, for example, Smith et al (2025); Piau et al (2023; Mento et al (2019); del Pino Casado et al (2018); Marasinghe (2015).



Younger Caregivers are Twice as Likely to Seek Out Some Kinds of Support

Percent of caregivers who used each support in the past 12 months, by age

Key Takeaways

This survey of a nationally representative sample of caregivers confirms that caregiving is a universal experience for U.S. adults, cutting across all demographic subgroups. At any given time, one in three adults are providing care to at least one friend or family member who needs assistance due to aging, disability, or a chronic health condition.

The caregiving role is both rewarding and challenging. Using the ARCHANGELS Caregiver Intensity Index reveals that a majority of caregivers feel supported overall and feel a sense of purpose. Yet at the same time, sizeable portions feel stressed out or depressed, face family disagreements or money concerns, do not know what to expect, have no time for themselves, and do not feel supported in the workplace.

When these myriad feelings are combined, one in four caregivers score ‘in the red’ for high intensity on the ARCHANGELS Caregivers Intensity Index, while just eight percent are ‘in the clear’ experiencing low intensity. The remainder fall somewhere in the middle.

While the caregiving role is common across all demographic groups, the emotional and practical experience of caregiving varies significantly. Younger, female, and working caregivers are all more likely to score in the red than their counterparts. All three of these groups are more likely to report feeling stressed out or depressed. Younger caregivers are also more likely to experience family disagreements and money concerns, and to wonder if they’re doing it right. Female caregivers are similarly more likely to experience family disagreements and worry it is all too much, and to have no time for themselves.

Understanding how different groups experience caregiving is not about keeping score of who is faring better or worse. It provides guideposts for what kinds of support are needed and by whom, to better target programs and supports aimed at alleviating the intensity caregivers experience.

All evidence indicates that support matters. But while the majority of caregivers report ***feeling supported*** generally, only one-third of caregivers who work full- or part-time ***feel supported at work***. There is clearly room for employers to do more, and for legislators to implement policies that spur meaningful workplace initiatives.

Providing support to *all* caregivers is critical. As the survey reveals, those facing the most intense caregiving experiences are also most likely to seek mental health support, look for peers who share their health concerns, and use AI tools to learn about health conditions and treatment options. When caregivers are aware of resources, those who need support will utilize them. However, support should ideally reach caregivers before they are ‘in the red’, reducing the proportion in the red and instead preventing upward migration of those in the yellow and increasing the proportion who are in the clear.

Methodology

This study was conducted by SSRS on its Opinion Panel Omnibus. The SSRS Opinion Panel is a national, probability-based panel of more than 50,000 U.S. adults ages 18 and older. Twice monthly, SSRS conducts an Omnibus survey with a representative sample of n=1,000 U.S. adults. More information about the SSRS Opinion Panel can be found at www.ssrs.com.

Data collection for this study was conducted on two consecutive waves of the omnibus, from January 17 to January 21, 2025, and from February 7 to February 10, 2025, among a total sample of N=2,012 respondents, which included n=728 caregivers. The survey was conducted via both web (n=1,952) and telephone (n=60) based on panelist preference and administered in English. The same questions were asked on both waves with no changes to question order or wording.

All SSRS Opinion Panel Omnibus data are weighted to represent the target population of U.S. adults ages 18 or older. The margin of error for total respondents in this study is +/- 2.6 percentage points at the 95% confidence level. For results among the n=728 caregivers, the margin of sampling error is +/- 4.3 percentage points. View the Topline >>

ARCHANGELS Caregiver Index Methodology

Caregiver intensity was assessed using the 12- or 14-item ARCHANGELS Caregiver Intensity Index (CII). The CII is composed of three subscales: Caregiver Load based on four items (situation stability, impact on expenses, family strife, and preparedness), Caregiver Impacts based on four items (emotional state, work, personal time, and stress), and Caregiver Buffers based on six items (support, insurance knowledge, self-efficacy, financial knowledge, sense of purpose, and employer support). Caregivers who were also employed completed all 14 items, while those who were not employed at the time of the survey completed all items except for the work and employer support items.

The sum of items in each subscale is normalized from 0–100, and the normalized sum of the three subscales is used to categorize total CII scores as Low (0–25), Moderate (26–55), or High (≥56).