



Award Winner

Upcoming Crisis in U.S. Caregiving

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As our population ages, more attention should be given to members of vulnerable populations, including older adults and their associated risks and support needs. Often, this older population segment is seen as consisting only of the oldest-old, especially those with special physical or cognitive needs. However, many children and disabled or ill adults also have similar needs. Many of these individuals require care and support, as evidenced by the large and growing number of caregivers, with the need for their support and services outstripping available supply.

Powerful demographic, economic, technological, and political forces are shaping the future of caregiving. As a result, its complex landscape is evolving and will continue to evolve. As our population continues to age, the demand for caregiving will continue to grow, primarily, but not exclusively, driven by the needs and composition of caregiving among an increasingly older adult population. This essay discusses both demand and supply issues that will contribute to an upcoming crisis in U.S. caregiving.

WHO NEEDS CARE

By 2030, the oldest baby boomers will reach age 80 (by 2032, those over 80 will exceed 20 million). This population segment is expected to more than double between 2025 and 2050, increasing by a factor of 2.6 by 2075. The population aged 90 years or older is projected to be 2.9 times larger by 2025 and 3.9 times larger by 2075 than it is today.¹

To provide perspective, Table 1 presents the projected number (in millions) of children through age 17, people aged 80 and older, and those aged 90 and older, at selected years. To summarize, the number of children is expected to stabilize or possibly decline, while the number at older ages is expected to grow significantly.

¹ Data from this paragraph and Table 1 are from Social Security Administration. (n.d.). *Social Security program data: Downloadable files*. Retrieved January 23, 2026, <https://www.ssa.gov/OACT/Downloadables/CY/index.html>

Table 1
NUMBER OF AMERICANS (MILLIONS) OVER AGE 80 AND 90

Year	Ages 0-17	Age 80 and older	Age 90 and older
2025	69.9	14.6	2.5
2030	73.1	18.7	2.9
2035	73.9	23.0	3.7
2040	76.9	26.9	5.0

Source: Social Security Administration, Office of the Chief Actuaries—estimates underlying the 2025 Trustees Report

Additionally, about 7.3 million disabled workers are beneficiaries of the federal Disability Insurance program. However, not all these individuals require intensive care. In any case, the need for their care will also be considerable. Even for the very young, whose numbers will decrease if the current historically low fertility rates continue, the number of young adults who will need care will not decline.

The caregiver burden is being overwhelmed in several ways—physically, financially, and emotionally. Their time commitment can be immense—in 2021, it was estimated that family caregivers provided about 36 billion hours of unpaid care, a two billion-hour increase from 2017, according to the AARP.²

The many senior programs that closed during the COVID-19 pandemic may be contributing to current needs. Spikes in caregiving time are also likely driven by an uptick in caregivers who live with a care recipient with a diagnosis such as a neurocognitive disorder that requires intensive and even 24/7 care. A 2024 report from the Alzheimer's Association³ indicated that more than 11 million family members and other caregivers were supporting someone with dementia in 2023. As the number of people who have dementia grows with our aging population, this will likely continue increasing. In another study, the hours family members spent on dementia caregiving increased nearly 50% from 2011 to 2022, bringing their weekly average to 31 hours.⁴

The growing number of older adults needing care is accompanied by rising concern regarding possible adverse health outcomes, both mental and physical. Rates of mental distress and depression, as well as of obesity, arthritis, and asthma, are higher among those who provide support to family members or friends with chronic health conditions or disability.⁵ Nearly all these adverse health indicators have increased since the same data were collected a decade earlier.

² Social Security Administration and AARP Public Policy Institute. *Valuing the Invaluable: 2015 Update: Undeniable Progress, but Big Gaps Remain* (2015), AARP. Retrieved January 23, 2026, from <https://www.aarp.org/pri/topics/lts/family-caregiving/valuing-the-invaluable-2015-update/>

³ Alzheimer's Association. *2023 Alzheimer's disease facts and figures. Alzheimer's & Dementia*, 19(4), 1598-1695. <https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.13016>

⁴ Johns Hopkins Bloomberg School of Public Health, *Number of family caregivers supporting older adults increased nearly one-third between 2011 and 2022*, Public Health (Feb. 4, 2025), retrieved January 23, 2026, from <https://publichealth.jhu.edu/2025/number-of-family-caregivers-supporting-older-adults-increased-nearly-one-third-between-2011-and-2022#:~:text=The%20study%20%2C%20published%20online%20February%203,in%202011%20to%2031.0%20hours%20in%202022.&text=For%20the%20econ%20two%20categories%2C%20the%20NSOC,caregivers%20in%202011%20and%202%2C122%20in%202022>

⁵ A 2024 report from the U.S. Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/mmwr/volumes/73/wr/mm7334a2.htm>

Although people with dementia represent a large proportion of the population with intensive caregiving needs, people with other conditions also require care. As the prevalence of multimorbidities, including diabetes, obesity, immobility, and other mental health conditions, continues to increase, there will inevitably be a growing need for assistive care. The number of those most affected, that is, those needing the most and most intensive forms of support, will increase, possibly beyond the ability of caregivers to provide services.

On average, minority and low-income seniors receive relatively poor-quality care. Partly because of higher mortality, the survivor of a couple may face a particularly bleak time in their older age.

As already indicated, not all those who need caregiver support are older adults. According to the National Alliance for Caregiving and AARP, about 14% of caregivers provide care for a child (under 18), and roughly 39.8 million caregivers provide care to adults (18 and older with a disability or illness, equal to about 16.6% of U.S. adults).⁶

WHO ARE THE CAREGIVERS

There are two categories of caregivers: those who are financially reimbursed for the support they provide and those who are not.

1. Formal caregivers include employees providing services in a specially designed facility or institution, or at the care recipient's home. They can provide their service as individuals or, more often, as employees of facilities or agencies. They also include those who provide services in a home or community setting, ranging from occasional visits to the residence to 24/7 care and support.
2. Informal caregivers include family, friends, or community residents and neighbors who may provide a broad range of services and support.

Women are the primary caregivers, with estimates ranging from 75% to 90%, depending on the specific role and setting.

It is important to note that estimates of the number of caregivers vary widely. Nevertheless, it has been estimated that in 2020, approximately 53 million Americans, or one in five adults, provided unpaid care to relatives, friends, or neighbors who needed health or functional support.⁷

However, the pool of available family caregivers is shrinking due to factors such as smaller family sizes, an increase in single-adult households, and a rise in dual-income households. In 25 years, there may be only three family caregivers for every person needing care, compared to seven caregivers for every person in 2010.⁸ Higher rates of divorce, more single-parent households and childlessness, and delayed marriage further reduce the availability of family caregivers. Increased labor force participation among women has further complicated traditional caregiving arrangements. Thus, the informal care population is coming under continuing stress.

⁶ The Guardian Life Insurance Company of America, *Caregiving in America: Caregiving Trends 2025: Workforce Insights & Support Solutions* (2025), retrieved January 23, 2026, from <https://www.guardianlife.com/reports/caregiving-in-america>

⁷ AARP and National Alliance for Caregiving, *Caregiving in the US 2025: Key Trends, Strains, and Policy Needs* (2025), retrieved January 23, 2026, from <https://www.aarp.org/pri/topics/lts/family-caregiving/caregiving-in-the-united-states/>

⁸ Caregiving in the US (National Alliance for Caregiving), *Caregiving in the US Report: 2025*, retrieved January 23, 2026, from <https://www.caregiving.org/research/caregiving-in-the-us/>

Family caregivers are predominantly women (61%). Additionally, 61% of family caregivers have a job, with 26% experiencing difficulty coordinating care (up from 19% in 2015).⁹ In addition, more Americans are caring for more than one person (24% compared with 18% in 2015). The percentage caring for someone with Alzheimer's or another form of dementia increased from 22% in 2015 to 26% in 2020.

In sum, an increasing number of older adults needing care will have to rely on paid caregivers. However, the supply of paid care workers is also under strain, as evidenced by severe labor force shortages and high turnover, with a projected need for at least 1.2 million additional direct care workers by 2030.

As demand for their services increases, caregiver turnover will need to be addressed. Enhanced standards and training will be needed. More home health workers will be particularly needed, along with improved compensation and career structures. As the caregiver supply gap expands, partly due to increased demand, high turnover resulting from low compensation relative to job stresses, and the current undervaluation of the value of caregiving, employers, which range from agencies to health systems, and policymakers, will be compelled to adopt wage increases, benefits, and career development opportunities. Cost pressures will inevitably follow.

Virtual training, peer networks, and respite options will need to be expanded to meet the growing demand for higher-quality and trained caregivers. As more people choose to age in place, the need for caregivers who can support them in their homes and communities will continue to increase.

Half the family caregivers, primarily working-age adults, provide support services to older adults. That's part of the reason why those in their 30s to 50s have historically been referred to as the "sandwich generation," a term coined in the 1980s to describe the experience of raising children while also caring for one's parents.¹⁰ This has been exacerbated over the past decade as the sizeable baby boom generation has entered their advanced ages. This trend is expected to continue over the foreseeable future. According to the U.S. Census Bureau, adults aged 65 years or older are projected to increase from 17% of the total U.S. population in 2022 to nearly 23% by 2050, resulting in an additional 24 million people who may require caregiver support by mid-century. These family caregivers will continue to juggle their jobs, caregiving responsibilities, and parenting, many relying on remote work and flexible work policies.

People caring for a family member with special needs, such as a disabled child or adult, a convalescing partner, or an aging parent, often feel alone—but they aren't. In fact, before the COVID-19 pandemic, unpaid family caregivers comprised nearly one in five U.S. adults, or more than 50 million people. Some have estimated that this number has grown since then, especially people supporting older adults: between 2011 and 2022, this subset of caregivers increased from 18.2 million to 24.1 million.¹¹

⁹ AARP & National Alliance for Caregiving. (2020, May 14). *Caregiving in the United States 2020*. AARP. <https://www.aarp.org/pri/topics/ltss/family-caregiving/caregiving-in-the-united-states/>

¹⁰ Approximately 23% of U.S. adults are estimated to be part of the sandwich generation, meaning they are simultaneously providing financial or emotional support to both their children and their aging parents (<https://www.pewresearch.org/short-reads/2022/04/08/more-than-half-of-americans-in-their-40s-are-sandwiched-between-an-aging-parent-and-their-own-children/>)

¹¹ Wolf, Jennifer L., Jennifer C. Cornman, and Vicki A. Freeman. (2024). *The Number of Family Caregivers Helping Older U.S. Adults Increased from 18 Million to 24 Million, 2011-22*. *Health Affairs*, Advance online publication. <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.2024.00978>

21.3% of Americans are caregivers, having provided care to an adult or child with special needs at some point in the past 12 months, while in 2024, approximately 39% of U.S. family households included children under 18 (down from 48% in 2003). A brief discussion of caregivers and care receivers by age group follows:

- According to a 2023 study by Guardian Life, 41% of care recipients are older adults (i.e., primarily parents of the caregivers). According to the Bureau of Labor Statistics' American Time Use Survey, caregivers who look after someone aged 65 or older spend an average of 3.6 hours per day on eldercare.¹² The paid caregiver labor force is estimated to be between two and three million, comprising 1.5 million home health aides and 0.6 million nursing assistants.¹³ In 2021-22, approximately 37.1 million individuals (or 14% of the civilian population aged 15 and older) provided unpaid care for the elderly.¹⁴ Approximately 20% are between 45 and 54, 21% are between 55 and 64, and 15% are 65 years old or older.
- For care receivers aged 18 to 64, approximately 39.8 million unpaid caregivers (19.2% of adults) were caring for adults with disabilities or illnesses, including 3.6% who cared for both a non-working adult and a child. The paid labor force, including personal care aides and home health aides assisting working-age adults, is likely greater than two million.
- Approximately 14% of adults are unpaid caregivers for children under 18, with about 1.5% providing care beyond normal parenting duties. More than 1.4 million individuals aged 8 to 18 served as caregivers to relatives. Limited information is available regarding the number of paid caregivers in child-focused settings, such as childcare aides or in-home child health aides, but they may number several hundred thousand.

Table 2
SUMMARY OF ESTIMATES OF CAREGIVERS BY AGE OF THOSE THEY PROVIDE CARE FOR

Age Group	Unpaid Caregivers	Paid Caregivers (aides and nursing assistants)
0-17	37 m (14% of adults), with 4 m (1.5%) providing care over and above normal parenting duties	2–3 m
18-64	40 m (16-17% of adults)	2 m
65+	(5-6%)	Several hundred thousand

SUPPLY OF FOREIGN-BORN CAREGIVER LABOR FORCE

In 2023, approximately 28% of the U.S. direct-care labor force in long-term care roles (including home care workers, nursing assistants, and similar roles) is foreign-born. This includes about 21% of those in nursing facilities and around 32% in home care settings (such as home health aides).¹⁵ The share of foreign-born Certified Nursing Assistants increased by about a third, from 13.6% in the early 2000s to approximately 19.1% by 2021, driven in part by a decline in the native-born caregiver population.

¹² U.S. Bureau of Labor Statistics, U.S. Department of Labor. (2023, October 2). *37.1 million people provided unpaid eldercare in 2021–2022*. The Economics Daily. <https://www.bls.gov/news.release/elcare.nr0.htm>

¹³ U.S. Bureau of Labor Statistics, U.S. Department of Labor. (2025, September 25). *Unpaid Eldercare in the United States — 2023–2024: Data from the American Time Use Survey*. <https://www.bls.gov/opub/ted/2023/37-1-million-people-provided-unpaid-eldercare-in-2021-2022.htm>

¹⁴ U.S. Bureau of Labor Statistics, U.S. Department of Labor. (2025, September 25). *Unpaid Eldercare in the United States — 2023–2024: Data from the American Time Use Survey*. <https://www.bls.gov/opub/ted/2023/37-1-million-people-provided-unpaid-eldercare-in-2021-2022.htm>

¹⁵ Kaiser Family Foundation. (2025, April 2). *What role do immigrants play in the direct long-term care workforce?* <https://www.kff.org/medicaid/what-role-do-immigrants-play-in-the-direct-long-term-care-workforce/>

The American Immigration Council¹⁶ reported that in 2021, around 6.9% of home health aides and 4.4% of personal care aides were undocumented immigrants. Large-scale surveys, such as the American Community Survey, generally categorize workers as either naturalized citizens or non-citizens, without distinguishing between legal and undocumented status. This suggests that the actual number of unauthorized workers is likely undercounted, particularly in informal ("gray market") care settings.

Based on the above American Immigration Council report and other available information, a reasonable estimate is that between 4% to 7% are likely undocumented, with the remainder being legal non-citizens or naturalized citizens. This includes 21% of those in nursing facilities and 32% in home settings.¹⁷ These percentages, especially for those providing home services, have gradually increased over the prior decades. However, the undocumented share appears to have been relatively stable, although the percentages are somewhat uncertain. Nevertheless, a reduction in the number of undocumented workers may lead to a decrease in the supply of total available caregivers.

According to research from 2017 to 2021 conducted by the Center for American Progress, there were nearly 350,000 undocumented healthcare workers,¹⁸ including personal care aides, home health aides, and nursing assistants.

TECHNIQUES THAT MAY LESSEN THE LOAD

Will technology transform caregiving through artificial intelligence, robotic assistants, telehealth and virtual consultations, and remote monitoring? Digital platforms, combined with smart homes equipped with sensors and IoT devices, will facilitate more effective emergency identification and response. Wearables and voice assistants will enable caregivers and those in need to monitor vital signs, detect falls, track medication use, and utilize easy-to-use tools to summon help. These technologies will certainly expand, but not everyone over a certain age will be able to afford or be willing or able to use these tech support tools. In addition, some individuals may overcome loneliness by using robotic aides, but there may be limits to what such technological advances can achieve.

Although we will undoubtedly see improvements from these developments, an open question is whether they will be enough to overcome the potential shortfall in the supply of caregivers.

Some policies, such as the 2022 HHS National Strategy to Support Family Caregivers, aim to support caregivers, e.g., through respite care, financial security, and labor force development. In addition, efforts will continue to better integrate family caregivers more fully into caregiving teams.

An increase in community-based care and support, whether through community-based care, villages, or shared-housing models, is also occurring, but may be limited in appeal or unaffordable for many. Additionally, as Medicaid faces financial and political pressure, it is uncertain whether this expansion will be able to meet the demand.

¹⁶ American Immigration Council. (n.d.). *Amid a severe shortage of home health aides, immigrants help care for our seniors.* <https://www.americanimmigrationcouncil.org/blog/shortage-home-health-aides-immigrants/>

¹⁷ Kaiser Family Foundation. (2025, April 2). *What role do immigrants play in the direct long-term care workforce?* <https://www.kff.org/medicaid/what-role-do-immigrants-play-in-the-direct-long-term-care-workforce/>

¹⁸ Mathema, S., et al. (2024, March 14). *Improving the experiences of immigrant women in the health care sector.* Center for American Progress. <https://www.americanprogress.org/article/playbook-for-the-advancement-of-women-in-the-economy/improving-the-experiences-of-immigrant-women-in-the-health-care-sector/>

CONCLUSIONS

As the baby boom generation enters the age range during which more care and support will be needed, more attention needs to be given to caregivers—who they are, their roles, and the support they need. At the same time, governments are coming under increasing financial and political pressure, already hitting the Medicaid population, which consists of at least a third of lower-income aged individuals.

Private-sector LTC insurance is not expanding. Over forty states are adopting or piloting programs to improve caregiver support. Medicaid and Veterans Affairs funding for home care is helping some. Overall, caregiver support is expanding, with private health insurers, Medicare Advantage, and private insurers funding respite care, remote monitoring, or live-in aides as preventive measures.

As single-person households (solo-agers) increase, traditional family caregiving support is growing less sustainable. This trend, coupled with a higher labor force participation by women and declining fertility rates, will lead to a decline in the availability of unpaid family caregivers. Consequently, support systems will be under pressure to transition from relying on family caregivers to professional home care solutions. This will increase costs if professional caregiving replaces unpaid family caregivers; however, in any case, as the demand for such caregiving increases, wages are likely to continue to rise.

Public policies may need to expand to better address long-term care needs and costs, reflecting demographic realities regarding both those needing care and those who provide care, the latter of which has become increasingly non-native born.

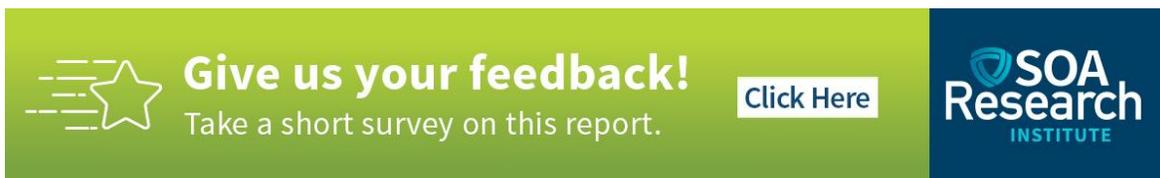
Various policy recommendations could include expanding home-based care services, developing further technological solutions (such as the use of telehealth, wearable devices, and other technologies to monitor health and other support needs), encouraging co-housing arrangements or shared caregiving cooperatives for solo agers to pool resources and support, and introducing tax breaks or financial support for retirees needing care or to incentivize the number and quality of caregivers.

While caregiving is deeply personal, it is also a societal issue that requires a collective response. Without better, proactive caregiver support, we risk higher costs for our healthcare and support systems, greater strain on safety-net programs, and higher personal costs, as well as lost economic productivity across many sectors.

As the needs continue to grow over the next two decades, the future of caregiving in the United States will need further attention. Caregiving consists of complex, multifaceted dimensions. Human compassion, increased professionalism, and supportive infrastructure encompassing both formal and informal caregiving segments need to continue to be addressed and given high priority.

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