THE HIDDEN COST OF UNPAID CAREGIVING

Supporting Caregivers in Michigan

CHRT

There are **1.4 million unpaid caregivers** across Michigan

Unpaid caregivers help friends, family members, and neighbors in many ways.

**Support for independence:** Such as completing household chores, shopping for groceries, preparing meals, managing finances, and providing transportation.

**Support for daily life:** Such as bathing, dressing, feeding, and toileting.

These services are valuable and keep residents from needing more costly care.

But studies show that unpaid caregivers need support, too:

**Health:** Caregivers are more likely to forgo their own medical, dental, and mental health care.

**Finances:** Nearly one-quarter (24 percent) of all caregivers report ‘not so good’ or ‘poor’ financial status.

Those providing more hours of caregiving are more likely to say that caregiving limits or impacts their own life.

Caregivers are stressed.

In the spring of 2020, prior to the COVID-19 pandemic, CHRT surveyed Michigan caregivers:

- **63%**...felt **ANXIOUS** about their ability to provide care
- **50%**...gave **FINANCIALLY** to those they care for
- **39%**...spent **6+ HOURS** caregiving per week

QUESTIONS? VISIT US AT CHRT.ORG
Unpaid caregiving has an **unrecognized** economic value.

According to the GenWorth Cost of Care Survey for Michigan:

Unpaid caregivers help Michigan residents access home and community-based services that **cost significantly less** than institutional care.

Each year, family caregivers provide **$10,350 per person** in unpaid hours of care.

Average cost of assisted living facilities **$48,000 per year**

Average cost of skilled nursing care **$100,000 per year**

Seniors without family caregivers are **seven times** more likely to be in skilled nursing care.

According to AARP, caregivers contribute **$7,000 per year** to caregiving activities.

**$7,000**

Supporting unpaid caregivers is **essential**.

**COMMUNITY PARTNERSHIPS**

Fund community organizations to provide adult day care services that allow caregivers the respite they need.

Current funding levels for respite care are not enough to ensure that these services are available to all unpaid caregivers.

**COVERAGE EVALUATION**

Encourage public and private payers to fund pilots and evaluate the impact of coverage for in-home and community-based services.

Providing benefits to caregivers and those they care for could delay the use of more expensive skilled nursing services.

**RETURN ON INVESTMENT**

Use evidence-based programs that have been shown to help caregivers provide better care.

When employing an innovative model, organize the program as a pilot or demonstration project to measure the return on investment.

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