FAMILY CAREGIVERS IN NEW YORK CITY



A SNAPSHOT OF WELLBEING USING POVERTY TRACKER DATA



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Executive Summary

In addition to its core mission of tracking dynamics of poverty, hardship, and wellbeing in New York City, the Poverty Tracker also allows for an in-depth examination of important issues facing New Yorkers. This spotlight focuses on one such issue, family caregiving (providing care to aging or health-challenged family members).

We find that:

- Caregiving is broad-based with similar rates across demographic and social groups.
- About one in six adults in New York City provides regular care for an ill or disabled family member.
- Many caregivers in New York City experience significant financial, emotional, and physical difficulties related to providing care.
- Overall, caregivers experience elevated levels of hardship. Low-income caregivers face especially elevated levels of hardship.
- Caregivers' use of support services varies by demographic group.

Introduction

Family caregiving, or providing care for aging or health-challenged family members, is a challenge for many New Yorkers. Family or other informal caregivers provide at least 80 percent of "community-based long-term care" (New York State Family Caregiver Council, 2009, p. i). In 2016, the Family Caregiver Alliance found that around 43.5 million family caregivers in the United States have provided unpaid care for a loved one. As of 2007, the estimated economic value of this work in the United States was \$375 billion a year. In New York State, this figure stands at over \$25 billion a year (New York State Family Caregiver Council, 2009). In this brief, we use the Poverty Tracker data to examine the prevalence of family caregiving in New York City, and document the difficulties caregivers face in providing care, as well as the hardships and levels of wellbeing they experience in comparison to other New Yorkers.





What is the Poverty Tracker?

The Poverty Tracker is a study carried out in partnership between Columbia University and Robin Hood. The Poverty Tracker follows a sample of nearly 4,000 New York City households, with follow-up surveys conducted every three months, offering the ability to look closely at diverse groups of New Yorkers on a number of measures of poverty and wellbeing.

In addition to its core questions, the Poverty Tracker asks about family caregiving in New York City. We identified caregivers as those who indicate that they provide regular care to a family member with a disability or chronic illness who either lives with them or lives nearby. We further ask about how difficult caregiving is for them and whether they utilize support services for family caregivers.

Family Caregiving Questions in the Poverty Tracker

Do you provide regular care to a family member who either lives with you or lives nearby, and who has a disability or chronic illness?

Even if it can be rewarding, helping a family member who is ill or disabled can sometimes be difficult. On a scale from 1 to 5, where 1 is not very difficult—

- How difficult is it financially?
- How difficult is it emotionally?
- · How difficult is it physically?

In the last year, have you gone to a support group for people who provide care for others?

In the past year, have you received help from a home health aide, respite care service, or any other service that helps people take care of their family members?

This brief provides information on how family caregiving is related to poverty and wellbeing in New York City. We document the prevalence of caregiving in New York City, overall and by demographic groups, and the difficulties associated with caregiving. We compare hardship rates among caregivers and New Yorkers as a whole, with additional focus on low-income caregivers. We conclude by examining caregivers' use of services related to their caregiving.

Results

Prevalence of Family Caregiving is Broad-based in New York City

The experience of caregiving is widely shared across demographic groups (table 1). In total, 16% of New Yorkers are engaged in family caregiving. Across most demographic groups, between 9% and 21% report that they engage in caregiving. Some groups are slightly more likely to say they are caregivers: respondents who are US-born, living with a spouse or partner, aged 50-64, or living in Brooklyn. Staten Island residents are also more likely to report being caregivers, but due to the sample size, this pattern should be interpreted cautiously. Caregiving is an experience shared by New Yorkers across all walks of life.

Table 1. Family Caregiving is Broad-based

Category	inniy caregiving is	Caregiving Rate	Total Numbers (n)
Overall		16%	2,914
Gender	Male	15%	1,136
	Female	16%	1,778
Foreign Born	U.Sborn	17%	1,849
	Foreign-born*	13%	885
Race/Ethnicity	White	15%	1,052
	Black	18%	721
	Other	18%	270
	Hispanic	13%	871
Educational Status	Less than high school	13%	378
	High school or GED	19%	563
	Some college	18%	689
	BA or above	13%	1,284
Borough	Manhattan	9%	773
	Brooklyn***	19%	799
	Bronx*	15%	586
	Queens	14%	600
	Staten Island***	33%	156
Lives with Spouse	No	13%	1,835
or Partner	Yes*	18%	1,079
Age	18-34	11%	749
	35-50*	17%	689
	50-64***	21%	857
	65+	15%	619
SPM Poverty Level	<100 percent	12%	598
	100-200 percent	16%	835
	>200 percent*	17%	1,481
Job Status	Working full-time	14%	1,126
	Working part-time	15%	369
	Other	17%	1,409

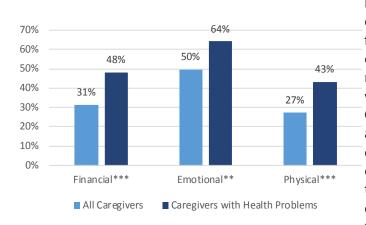
Figures are weighted to be representative of the New York City population and are not adjusted for other characteristics. Sample sizes are unweighted. Categories marked with asterisks (*** - .001, ** - .01, *-.05) indicate a statistically significant difference in caregiving rates.

Reference groups for each category are listed in bold.

Caregivers Experience Significant Financial, Physical, and Emotional Difficulties

The Poverty Tracker also asks caregivers about the difficulties they experience related to their caregiving. Respondents were asked how difficult caregiving was on a scale from 1 (low) to 5 (high); those who responded with 4 or 5 were classified as having difficulties. Such difficulties are common among caregivers, particularly among those who themselves report personal health problems. The most common difficulty reported by caregivers is emotional (figure 1).

Figure 1. Difficulties of Caregivers

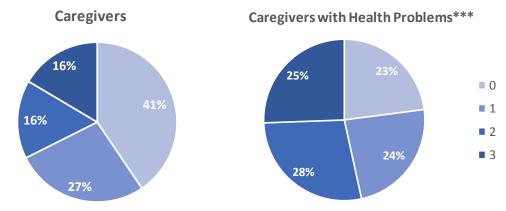


Categories marked with asterisks (***-.001, **-.01, *-.05) indicate a statistically significant difference between caregivers and non-caregivers.

Half of caregivers report emotional difficulties. At the same time, 31% face financial and 27% physical difficulties. These difficulties are more prevalent among caregivers with their own health problems. Over three in five caregivers with a health problem report emotional difficulties associated with their caregiving, about half report that their caregiving is financially difficult, and over two in five report that their caregiving is physically difficult.

Looking across these three types of self-reported difficulties, we see that three in five New York City caregivers report at least one difficulty (figure 2).

Figure 2. Number of Difficulties of Caregivers



Categories marked with asterisks (*** - .001, ** - .01, *-.05) indicate a statistically significant difference between caregivers with a health problem and those without one.

Looking across these three types of self-reported difficulties, we see that three in five New York City caregivers report at least one difficulty (figure 2). Nearly one in three report multiple difficulties. The experience of multiple difficulties is especially pronounced among caregivers who have their own health problems. Over three in four caregivers in the city with a health problem report at least one difficulty, and more than half experience multiple difficulties.

Caregivers Experience Elevated Rates with Respect to Negative Wellbeing Measures

While caregiving is personally difficult for many in New York City, it can also be related to additional hardships. Here we focus on measures of severe hardship, financial stress, and life satisfaction.

Caregivers are somewhat more likely to face hardships and other forms of compromised wellbeing (figure 3). As compared to all New Yorkers, caregivers are more likely to face material hardship (41% vs 33%), financial stress (31% vs 26%), and low life satisfaction (38% vs 33%). While these results do not establish a causal connection between caregiving and these challenges, they do suggest that caregivers experience elevated levels of distress and lower levels of wellbeing. Moreover, low-income¹ caregivers exhibited lower levels of wellbeing across all wellbeing-measures in comparison with high-income caregivers (figure 4).

70% 60% 50% 41% 38% 40% 33% 33% 31% 26% 30% 20% 10% 0% Severe Hardship* Financial Stress Low Life Satisfaction ■ All New Yorkers ■ Caregiver

Figure 3. Life Experiences: Everyone vs. Caregivers

Categories marked with asterisks (*** - .001, ** - .01, *-.05) indicate a statistically significant difference between caregivers and non-caregivers.

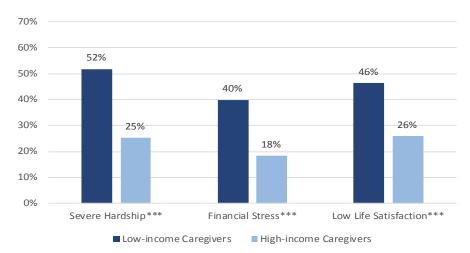


Figure 4. Life Experiences: Low-Income vs. Higher-Income Caregivers

 $Categories\ marked\ with\ asterisks\ (***-.001,\ **-.01,\ **-.05)\ indicate\ a\ statistically\ significant\ difference\ between\ low\ and\ higher-income\ caregivers.$ These differences based on a small sample size should be interpreted with\ caution.

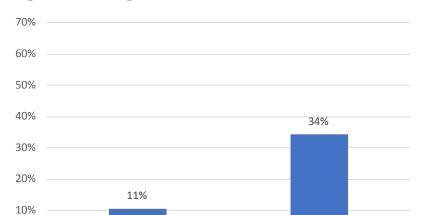
¹ Low-income is defined as less than 200% of SPM poverty line; High-income is greater than 200% of SPM poverty line.

0%

Use of Support Groups and Other Services

The Poverty Tracker also asks about how caregivers respond to the difficulties they face. Specifically, the Poverty Tracker asks if respondents have (in the past year) "gone to a support group for people who provide care for others," and if they have "received help from a home health aide, respite care service, or any other service that helps people take care of their family members."

Some caregivers in New York City report receiving help from a home health aide, respite care service, or any other service (34%) and fewer to attending a support group (11%) (figure 5).



Have Been to Support Group

Figure 5. Caregivers' Use of Certain Services

Although there is little difference by demographics in the prevalence of caregiving (table 1), we did find differences in use of support services. For instance, women were more likely than men to report utilizing services, as were foreign-born caregivers (table 2). However, the sample of caregivers is small and none of these differences are statistically significant.

Have Used Services (respite care, etc)

Table 2. Caregivers' Use of Support Services

Category		Used Support Group/ Services	Total Number (n)
Overall		40%	449
Gender	Male	35%	159
	Female	44%	290
Foreign Born	U.Sborn	36%	313
	Foreign-born	44%	108
Race/Ethnicity	White	43%	140
	Black	47%	114
	Other	30%	51
	Hispanic	35%	144
Educational Status	Less than high school	37%	51
	High school or GED	25%	97
	Some college	51%	116
	BA or above	41%	185
Borough	Manhattan	39%	92
	Brooklyn	38%	130
	Bronx	37%	98
	Queens	35%	88
	Staten Island	57%	41
Spouse	No	37%	259
	Yes	42%	190
Age	18-34	32%	114
	35-50	46%	111
	50-64	42%	157
	65+	35%	67
SPM Poverty Level	<100 percent	44%	101
	100-200 percent	36%	120
	200 percent	41%	228
Job Status	Working full-time	42%	160
	Working part-time	39%	65

Figures are weighted to be representative of the New York City population and are not adjusted for other characteristics. Sample sizes are unweighted. No significance found. Reference groups for each category are listed in bold.

Conclusion

The results presented in this report indicate that caregiving in New York City is a challenge faced by New Yorkers across all social and demographic groups. Overall, about one in six adults report taking care of an ill or disabled relative, and this rate varies little across groups. We also find that many New York City caregivers experience financial, emotional, and physical difficulties related to caregiving, and that these difficulties are more common among caregivers with health problems of their own. Four in ten caregivers have used services such as support groups or respite care, which provides help for those who are caring. Finally, we found that caregivers were more likely to face material hardships, report financial stress, and report lower levels of life satisfaction. Compromised wellbeing was more common among low-income than higher-income caregivers.

These findings indicate that caregiving in New York City is broad-based and fairly common. It is clear that difficulties come with caregiving, especially when caregivers are dealing with their own health challenges. Similarly, it is clear that caregiving is associated with compromised wellbeing, especially for low-income caregivers. Since some groups are less likely to use services related to caregiving, it is important to ensure that all family caregivers can access services that support them as they take care of others.

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