Addressing the Costs of Informal Caregiving in the United States

The American Heart Association’s Position

- The projected dramatic rise in CVD prevalence and costs portends increased strain on health system capacity and demands imposed on informal caregivers at the same time the caregiver pool is shrinking. These circumstances place CVD caregivers at risk for their own health deterioration and burnout from the prolonged distress, physical demands, and costs of caregiving.
- The burden of informal caregiving for both patients with CVD and their caregivers is significant.
- The economic value of activities forgone, as a result of caregiving, such as lost wages, has been estimated at $522 billion annually, while the costs of replacing this care by unskilled and skilled paid care are $221 billion and $642 billion, respectively.¹
- A variety of federal and state legislative proposals have emerged in recent years to mitigate challenges confronted by caregivers and help address support system shortfalls.
- The American Heart Association supports policy initiatives that address caregiving needs and costs such as medical leave insurance benefits, appropriations for training and support services programs, developing a national caregiving strategy, caregiving engagement in payment and delivery systems of care, and tax credits.

Fast Facts:
1. In a recent report,² AHA estimated that medical costs and productivity losses of cardiovascular disease (CVD) are expected to grow from $555 billion in 2015 to $1.1 trillion in 2035. Although this burden is significant, the estimate does not include the costs of family, informal or unpaid caregiving provided to patients with CVD.
2. The costs of informal caregiving for patients with CVD were estimated to be $61 billion in 2015 and are projected to increase to $128 billion in 2035.³ Accounting for these costs increases total CVD costs by 11% to $616 billion in 2015 and $1.2 trillion in 2035.³
3. Costs of informal caregiving to stroke patients constitute more than half of the total costs of CVD informal caregiving ($31 billion in 2015 and $66 billion in 2035). At the per person level, the burden of informal caregiving of CVD is the greatest among blacks and persons ages 80 years or older.³

For more information and resources from the American Heart Association’s policy research department on caregiving please visit: https://www.heart.org/en/about-us/policy-research.